



HOUSING AUTHORITY OF JACKSON COUNTY

2251 TABLE ROCK ROAD MEDFORD OR 97501
PH/TDD (541) 779-5785 FAX (541) 857-1118
www.hajc.net

This application is for the following three programs. Please read the description for each one. Income guidelines are listed below for each program. Annual income must be below or equal to the amounts listed for each program. Check YES after each program for which you want to apply. Check NO for any programs for which you do not want to apply. Please sign below. **Be advised we have no emergency programs.**

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

Applicants receive rental assistance for units owned by private landlords. Rent will be approximately 30% of your monthly adjusted income. The waiting list is approximately 3 to 4 years.

YES _____ NO _____

PROJECT BASED VOUCHER PROGRAM

Applicants receive rental assistance for units in specific apartments located throughout Jackson County. Rent will be approximately 30% of your monthly adjusted income. The waiting list is approximately 3 to 4 years.

YES _____ NO _____

MODERATELY REHABILITATED APARTMENTS

This program includes Grand Hotel and ARC Apartments. **These units are 1 bedroom ONLY.** Rent is based on 30% of monthly adjusted income. The waiting list is approximately 3 to 4 years.

YES _____ NO _____

INCOME GUIDELINES

Number in Family	1	2	3	4	5	6	7	8
Maximum annual gross income	20,650	23,600	26,550	29,450	31,850	34,200	36,550	38,900

This is your receipt for your personal records. The address you provide on your application is the address we will use for any correspondence. **If there is a change in your mailing address please notify our office in writing immediately. We only contact you by mail.**

If you have any questions, please do not hesitate to call us at (541) 779-5785 ext. 1000.

If you need reasonable accommodations, please inform us.

Print Name

Date





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INSTRUCTIONS: PLEASE READ AND COMPLETE ALL AREAS. USE LEGAL NAME FOR ALL HOUSEHOLD MEMBERS AS IT APPEARS ON THEIR SOCIAL SECURITY CARD.

Applicant Name: _____

Residence: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ Message/Work: (____) _____

Household Members: List all persons who will be living in the assisted unit with you. List yourself first.

Legal Name	Sex	Relation to Head	Birth Date	Disabled Yes / No	Social Security Number
1.		Self			
2.					
3.					
4.					
5.					
6.					
7.					

The following information is being requested to comply with equal opportunity requirements and to assure no discrimination occurs. Answering this question is strictly voluntary. Is the Head of Household (check all that apply) White ___ Black ___ American Indian/Alaskan Native ___ Asian ___ Hawaiian/Other Pacific Islander ___ Hispanic ___ Non Hispanic ___

How did you hear about us? Referred by other agency (which one?) _____ T.V. _____ Radio _____ Word of Mouth _____ Newspaper _____ Community Resource Listing or Flyer _____ Internet _____ Other _____

Income

\$ / Mo. (before tax)	SOURCE (Work, AFS, Child Support, Unemployment Insurance, SSI, SSDI, etc.)

Total Assets (dollar amount for bank accounts, property, etc.) \$ _____

Do you require a unit with special features? Not Applicable Grab Rails No stairs
Wheelchair Accessible Hearing Impaired Smoke Detector Other _____

THE ABOVE INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND IT IS A CRIME TO KNOWINGLY AND WILLINGLY GIVE FALSE INFORMATION.

Signature _____ Date _____