



# 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	22,700	25,950	29,200	32,400	35,000	37,600	40,200	42,800

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: (\_\_\_\_) \_\_\_\_\_

Are you currently homeless? Yes \_\_\_ No \_\_\_

**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 \_\_\_\_\_