

**HOUSING AUTHORITY OF JACKSON COUNTY
2251 TABLE ROCK ROAD
MEDFORD, OR 97501
(541) 779-5785 Toll Free 1-888-276-7890**

JACKSON COUNTY HOME REPAIR PROGRAM APPLICATION

1 person \$36,500	2 persons \$41,700	3 persons \$46,900	4 persons \$52,100	5 persons \$56,300	6 persons \$60,450
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Please complete **All** the following information:

Name _____ Day Phone _____
Mailing Address _____ Evening Phone _____
City _____ Message Phone _____
ACTUAL STREET ADDRESS _____
Email Address: _____

HOUSEHOLD (including applicant)

<u>Names of household members</u>	<u>Birth Date</u>	<u>Age</u>	<u>Relationship</u>	<u>Disabled?</u>
_____	_____	_____	<u>Applicant</u>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INCOME: LIST ALL INCOME FROM ALL SOURCES AND HOUSEHOLD MEMBERS

<u>Dollar Amount</u>	<u>Source of Income Wages, Pension, Interest</u>	<u>Household Member Receiving Income</u>
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

INFORMATION CONCERNING YOUR HOME:

YOUR HOME MUST BE LOCATED WITHIN THE BORDERS OF JACKSON COUNTY EXCLUDING THE CITIES OF MEDFORD AND ASHLAND!

Has your home been repaired by a repair program in the past? _____ When? _____
Have you attempted to obtain financing to perform repairs? _____ When? _____ Estimate how much your home is worth? _____
Estimate how much you owe on your home (all liens)? _____
How long have you owned your home? _____
Is this an owner-occupied property? _____ Is this a mobile? _____
Year Built? _____ Square footage of home? _____ No. of bedrooms? _____
Do you have a problem with your home that is a hazard or threat to you or your neighbors? If so, what? _____

Please check any items that you would like to address with the funding:

_____ Septic/Sewer _____ Well _____ Disability accommodations _____ Structural
_____ Foundation _____ Plumbing _____ Insulation _____ Heating _____ Roofing
_____ Dry rot repair _____ Water Heater _____ Electrical
Any additional items, list here: _____

The Housing Authority reports data to HUD on the number of minorities and disabled persons that benefit from its programs. The following data is collected voluntarily and used for reporting. **Is Head of household?**

___ White ___ Native American ___ Asian or Pacific Islander ___ Hispanic ___ Black
_____ A person with disabilities?

I declare that the above information is correct and complete to the best of my knowledge. I understand that it is a crime to give false information and I give my consent to share information with other government agencies.

Signature of Applicant

Social Security Number

The Housing Authority is an Equal Opportunity Employer and complies with Section 504 of the Rehabilitation Act of 1973.

SEE REVERSE SIDE

PLEASE SUBMIT THIS WITH YOUR APPLICATION. Thanks!

Housing Authority of Jackson County
2251 Table Rock Road
Medford Oregon 97501

AUTHORIZATION FOR RELEASE OF INFORMATION

Name _____ Date _____

Mailing
Address _____

To Whom It May Concern:

The Housing Authority of Jackson County is required to verify the eligibility of persons seeking help through the housing programs. We would appreciate your cooperation in providing the information specified on the attached form.

NOTE:

THIS BOX IS FOR HOUSING AUTHORITY PERSONNEL ONLY. DO NOT MARK

_____ Social Security Administration	_____ Banking & Other
_____ Financial Institutions	
_____ Adult & Family/Adult Services	_____ Employment Division
_____ Food Stamps Division	_____ Pension/Retire Benefits
_____ Support Enforcement Division	_____ Child Care
_____ Veterans Administration	_____ Educational Grants/Loan
_____ Employers	_____ Other: _____

I hereby authorize the sources checked above to release any information requested by the Housing Authority of Jackson County. The Housing Authority will only seek information for the stated purpose and will not release the information to other persons; nor to other agencies, except (1) as required by law; and (2) to the extent necessary to carry out the verification of eligibility for the Housing Authority's programs.

Date _____

Signature of Applicant

Signature of Applicant

Date of Birth

Date of Birth

Social Security Number

Social Security Number