



## HOUSING CHOICE VOUCHER | ANNUAL RECERTIFICATION CHECKLIST

### WHAT TO SUBMIT TO COMPLETE YOUR REVIEW

Carefully complete all enclosed forms and attach required documents. Review your packet, checking off all the items below, before your turn it in. If anything is missing, it will take us longer to process your review. **Proof must be current within 60 days of submission.**

<input type="checkbox"/> Employment / Job Training	At least 90 days' record of your most recent paychecks (3 months MINIMUM)
<input type="checkbox"/> Unemployment Benefits	Your most recent weekly statement
<input type="checkbox"/> Public Assistance (TANF or Welfare)	DHS benefit letter (only if the amount is changing in a future month)
<input type="checkbox"/> Social Security or SSI	Most recent benefit award letter. 1-800-772-1213 <a href="http://www.ssa.gov">www.ssa.gov</a>
<input type="checkbox"/> Veterans (V.A.) Benefits	Most recent benefit award letter. 1-800-827-1000
<input type="checkbox"/> Worker's Compensation / Labor and Industries	A statement from Labor and Industries, insurance company or law firm, etc. which shows your awarded amount
<input type="checkbox"/> Alimony	A court order or a statement with the amount and frequency
<input type="checkbox"/> Regular Contributions or Gifts from organizations or individuals	For example, your brother gives you \$20 in groceries every week or your mom pays your phone bill every month; Provide a statement from the organization or individual
<input type="checkbox"/> Child Support	For support not paid through the Office of Support Enforcement, submit a statement from the non-custodial parent stating amount paid for last 12 months; For support paid through the Office of Support Enforcement, submit a 12-month statement
<input type="checkbox"/> Retirement Benefits / Annuities / Pensions	A statement from the account administrator verifying your gross monthly benefit
<input type="checkbox"/> Trusts	Verification from the trust administrator of the current value of the trust, the type of trust (irrevocable or revocable), and the date and type of any disbursements over the past twelve months
<input type="checkbox"/> Self Employment / Social Service Payment System	Your most recent tax returns; If tax returns are not filed, we will send you a certification to complete; If not self-employed, submit three months of DHS provider and co-pay statements
<input type="checkbox"/> Student Status / Income	Financial aid award letter, current class schedule with cost of attendance, fees, etc.; This is required for all adult household members <u>currently enrolled</u> in school
<input type="checkbox"/> Medical Expenses, Insurance Premiums & Medications *MUST BE ELIGIBLE*	If your household's head, co-head or spouse are elderly (62+) and/or disabled and have unreimbursed medical expenses you pay out of pocket, complete the Medical Expense section on page 3. List all household's expenses paid in the past 12 months; Must include proof of payment by submitting statements or invoices paid to each provider you list
<input type="checkbox"/> Child Care Expenses	If you or an adult member of your household is employed or going to school and pay for child care, submit a statement from the provider of any child care subsidy (DHS, City of Medford, employer, etc.); We may contact your provider to verify your expense; Provide proof of payment for last 12 months
<input type="checkbox"/> Disability Assistance Expenses	If a member of your household (other than head, co-head or spouse) is disabled and you must pay out of pocket expenses that are necessary to allow a family member to work, submit verification of type of expense and payments you have made for the last 12 months. Provide proof of payment for last 12 months
<input type="checkbox"/> SIGNATURES REQUIRED	Fill out all pages (front and back) completely – DO NOT leave any box or line blank; If something does not apply to you or another family member, write "N/A" or "none" on the line or in the box; You and all members who are living in your household who are 18 years or older must sign and date the forms.



HOUSING AUTHORITY  
*of* JACKSON COUNTY

## THIS PAGE INTENTIONALLY LEFT BLANK

But, we will use it to tell you:

1. There are 5 pages which require all adults in the household to sign...



## Section 8 Annual Recertification

Housing Authority of Jackson County | 2251 Table Rock Road, Medford, OR 97501

PH/TDD 541-779-5785 • Fax 541-857-1118 • [www.hajc.net](http://www.hajc.net)

Head of Household	Social Security Number		
Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Primary Phone Number(s)	Email Address		

### HOUSEHOLD COMPOSITION AND INCOME

List every person living with you at least 51% of the year, INCLUDING YOURSELF. Live-In Aides do not need to list income.

Last, First, Middle Initial	Relation to H.O.H.	Social Security Number	Sex	Date of Birth	Race	Income: List all money received by each person in the household per month. If no income, write 0.
	Head					

### OTHER HOUSEHOLD INFORMATION

Is anyone in your household receiving child support payments or have an active case with the State of Oregon?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, list CASE NUMBER: _____ Monthly Amount: _____	
Is anyone in your household disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please list their name(s): _____	
Has anyone in your household served in the Armed Forces; is currently serving or the spouse of someone who has served?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please list their name(s): _____	
Does anyone outside your household regularly pay any of your bills or contribute money to help pay for household expenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____ Address: _____ Phone: _____	
Have you or has any family member of your household been convicted of a crime within the past 3 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Charge: _____ Probation Officer: _____ Phone Number _____	

### CURRENT EMPLOYMENT INFORMATION

Is anyone in your household currently employed?	<input type="checkbox"/> YES – Complete this section <input type="checkbox"/> NO – Move to the next section		
Name of Household Member	Start Date	Name & Address of Employer	Employer Phone & Fax

### STUDENT INFORMATION

Is anyone currently a student and is 18 years or older?	<input type="checkbox"/> YES – Complete this section <input type="checkbox"/> NO – Move to the next section	
Name of Household Member	Name of School	List all Financial Aid Received

**BANK ACCOUNT AND OTHER ASSETS**

Does anyone in your household have a bank account(s) or assets?

☐ **YES** – Complete this section☐ **NO** – Move to the next section

Name of Household Member	Type of asset (Checking, savings, IRA, house, trusts, etc.)	Current Value	Interest Rate (if left blank, standard rate will be applied)	Name of Financial Institution/Bank
		\$		
		\$		

Have you cashed in an asset in the past 60 days?

☐ **NO** ☐ **YES**If **YES**, how much did you receive?

Have you sold an asset/property in the last two years?

☐ **NO** ☐ **YES**If **YES**, provide an explanation on a separate sheet of paper.**REASONABLE ACCOMMODATIONS**

Is there anything that prevents your household from applying for housing, occupying your unit and/or participating fully with the program?

☐ **YES** – You must request additional forms from your☐ **NO** – Move to the next section

caseworker

**CHILDCARE DEDUCTION**

Do you pay out of pocket expenses for childcare and anticipate the expense to continue over the next 12 months?

☐ **YES**

Complete this section

☐ **NO** - Move to the next section

Provider	Provider Address	Provider Phone	Monthly Amount You Pay

**MEDICAL EXPENSE DEDUCTION (ELDERLY AND DISABLED HOUSEHOLDS ONLY)**

Does any qualifying member of your household have out-of-pocket medical expenses on a regular basis?

☐ **YES** –

Complete this section

☐ **NO** – Move to the next section

Name of Household Member	Expense Type (Co-pay, Rx etc.)	Payments Made To	Amount Paid Monthly	Doctor/Prescriber
			\$	
			\$	
			\$	

**EMERGENCY CONTACT(S)**

Contact Name	Relationship	Cell/Home Phone	Work Phone	Address

**CERTIFICATION:** I understand all changes to my household composition, income or other circumstances that occur after I complete this form must be reported in writing to the Housing Authority of Jackson County (HAJC) within 10 business days of the change. I understand my eligibility for housing depends on my household's full completion of this form as verified by HAJC. I certify this information is true and accurate and acknowledge that falsifying or manipulating information may result in denial or termination from the Housing Choice Voucher program.

Head of Household Signature

Date

Spouse or Co-Head Signature

Date

Signature of other household member (18+)

Date

Signature of other household member (18+)

Date

## FAMILY OBLIGATIONS

THE PURPOSE OF THIS DOCUMENT IS TO CLARIFY THESE OBLIGATIONS SO THE FAMILY CAN CLEARLY UNDERSTAND WHAT IS EXPECTED. IF YOU HAVE ANY QUESTIONS REGARDING THE OBLIGATIONS THAT ARE OUTLINED BELOW, PLEASE ASK YOUR CASEWORKER. PLEASE UNDERSTAND THAT YOUR FAILURE TO FULFILL THESE PROGRAM OBLIGATIONS COULD LEAD TO TERMINATION OF PROGRAM BENEFITS AND CRIMINAL PROSECUTION. FOR YOUR BENEFIT AND PROTECTION, PLEASE READ THE FOLLOWING:

**A. This section states the obligations of the participant family under the program**

1. The family must supply any information that the Housing Authority of Jackson County or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status. Information includes any requested certification, release or other documentation.
2. The family must supply any information requested by the Housing Authority of Jackson County or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
3. The family must disclose and verify Social Security Numbers and must sign and submit consent forms for obtaining information.
4. Any information supplied by the family must be true and complete.
5. You must report any changes within 10 days from the change. Failure to do this could result in termination from the program

**B. Housing Quality Standard breach caused by the Family**

1. The family is responsible for any HQS breach caused by the family or its guests.

**C. Allowing the Housing Authority of Jackson County inspections.**

1. The family must allow the Housing Authority of Jackson County to inspect the unit at reasonable times and after at least 2 days notice.

**D. Violation of Lease**

1. The family may not commit any serious or repeated violation of the lease. If a Fed is filed and judgment is awarded to the owner and enforced, the family will be terminated from the program.

**E. Family Notice of Move or Lease Termination**

1. The family must notify the Housing Authority of Jackson County and the owner before the family moves out of the unit or terminates the lease by a notice to the owner.

**F. Owner Eviction Notice**

1. The family must promptly give the Housing Authority of Jackson County a copy of any owner eviction notice it receives.

**G. Use and Occupancy of the Unit**

1. The family must use the assisted unit for a residence by the family. The unit must be the family's only residence.
2. The Housing Authority of Jackson County must approve the composition of the assisted family residing in the unit. The family must promptly inform the Housing Authority of Jackson County of the birth, adoption or court- awarded custody of a child. The family must request approval from the Housing Authority of Jackson County to add any other family member as an occupant of the unit. No other person (i.e., no one but members of the assisted family) may reside in the unit (except for a foster child/foster adult or live-in aide as provided in paragraph (4) of this Section ).
3. The family must promptly notify the Housing Authority of Jackson County if any family member no longer resides in the unit.
4. If the Housing Authority of Jackson County has given approval, a foster child/foster adult or a live-in aide may reside in the unit. The Housing Authority of Jackson County has the discretion to adopt reasonable policies concerning residence by a foster child/foster adult or a live-in aide and defining when the Housing Authority of Jackson County consent may be given or denied.
5. Members of the household may engage in legal profit-making activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family. Any business uses of the unit must comply with zoning requirements and the affected household member must obtain all appropriate licenses.
6. The family must not sublease or let the unit.
7. The family must not assign the lease or transfer the unit.
8. The family must not allow any person who is not an approved member of the household to use the participant's address as a mailing address as it will establish proof of residency and may result in termination of assistance



**H. Absence from the Unit**

1. The family must supply any information or certification requested by the Housing Authority of Jackson County to verify that the family is living in the unit, or relating to family absence from the unit, including any Housing Authority of Jackson County requested information or certification on the purposes of family absences. The family must cooperate with the Housing Authority of Jackson County for this purpose. The family must promptly notify the Housing Authority of Jackson County in writing of its absence from the unit.
2. Absence means that no member of the family is residing in the unit. The family may be absent from the unit for up to 30 calendar days. The family must request permission from the Housing Authority of Jackson County for absences exceeding 30 calendar days. The Housing Authority of Jackson County will make a determination within 10 business days of the request. An authorized absence may not exceed 180 calendar days. Any family absent for more than 30 calendar days without authorization will be terminated from the program.
3. Authorized absences may include, but are not limited to:
  - A. Prolonged hospitalization
  - B. Absences beyond the control of the family (i.e., death in the family, other family member illness) C. Other absences that are deemed necessary by the Housing Authority of Jackson County

**I. Interest in the Unit**

1. The family may not own or have any interest in the unit (except for owners of manufactured housing renting the manufactured home space).

**J. Fraud and Other Program Violation**

1. The members of the family must not commit fraud, bribery, or any other corrupt or criminal act in connection with the programs.

**K. Crime by Family Members**

1. The members of the family may not engage in drug-related criminal activity or other violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. The use of medical marijuana is not included in the ban.

**L. Other Housing Assistance**

1. An assisted family, or members of the family, may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) Federal, State or local housing assistance program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By its signature, the family agrees to fulfill the program responsibilities noted above and understands that failure to do so may result in permanent loss of housing assistance eligibility, and criminal prosecution. Further, as the signer of this document, I acknowledge that I have read, or had read to me in a language I understand, the above responsibilities and obligations and I agree to accept them.*



## Authorization for the Release of Information/ Privacy Act Notice

to the U.S Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

Housing Authority of Jackson County  
2251 Table Rock Rd.  
Medford OR 97501

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.



**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

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Head of Household

Date

---

Social Security Number (if any) of Head of Household

Other Family Member over age 18

Date

---

Spouse

Date

Other Family Member over age 18

Date

---

Other Family Member over age 18

Date

Other Family Member over age 18

Date

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Other Family Member over age 18

Date

Other Family Member over age 18

Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper



## **GENERAL RELEASE OF INFORMATION**

**Authority:** This release of information is in addition to the HUD-9886 Authorization for the Release of Information/Privacy Act Notice

**Who May sign the consent form – (General Release of Information form):** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

**Failure to sign consent form - (General Release of Information form):** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to HAJC's grievance and Housing Choice Voucher informal hearing procedures.

**Privacy Act Notice:** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42U.S.C. 1437 et.seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members is mandatory, and not provided the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for misusing this consent:** HUD, HAJC, and any owner (or any employee of HUD, HAJC or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited on the form. Any person knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek the relief, as may be appropriate, against the officer or employee of HUD, HAJC or the owner responsible for the unauthorized disclosure or improper use.



## GENERAL RELEASE OF INFORMATION

I hereby authorize Housing Authority of Jackson County (HAJC) and the U.S. Department of Housing and Urban Development (HUD) to obtain the information listed below for the purpose of determining my eligibility to receive and continue receiving housing assistance. HAJC may use this release to make inquiries or secure information from any source whatsoever, including a person, business, or organization that has, or may have, any information listed below. If HAJC makes any negative determination(s) based upon the information obtained, I will have the opportunity to contest such determinations, if I participate in the Project-based or Mod-Rehab program, I also authorize HAJC and the owner and/or manager of the building in which I reside to share with each other any information needed to verify my continued eligibility and suitability for subsidized. This consent expires 15 months after it is signed.

- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to live independently, take care of rental property, and get along with neighbors;
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives;
- References from employers, including wage and salary information and job performance;
- Criminal history, including fingerprint submission where necessary to effect positive identification;
- Credit reports;
- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community;
- (HUD only) U.S. Social Security Administration and U.S. Internal Revenue Service;
- Income and asset information from any source, including State Wage Information Collection Agencies, for all family members;
- Immigration status, citizenship status, and legal identity verifications;
- School registration for minor children, and for family members over the age of 18 where required to establish program eligibility;
- Registration in educational or vocational training programs including information about participation/completion of such programs;
- Verification of disability or handicap, if necessary for program eligibility (not including details of actual disability or handicap);
- Verification of need for reasonable accommodation, if requested;
- Credit reports and/or tenant screening reports from private contractors;
- Outstanding debt to other housing agencies
- I consent to authorize the Oregon Child Support Program, Department of Justice, and any district attorneys providing Title IV-D services, to release records relating to my child support case. This is for the purpose of verifying the amount of child support I am entitled to receive and/or to obtain a record of payments I have received. This permission is granted to verify my eligibility for housing assistance;
- Verification of medical expenses.

\_\_\_\_\_  
Head of Household (printed name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head, Spouse, Partner or Other Adult (printed name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult (printed name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult (printed name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult (printed name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 25770286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency;  
or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

Form HUD-5382

(12/2016)

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**



1. Date the written request is received by victim: \_\_\_\_\_
2. Name of victim: \_\_\_\_\_
3. Your name (if different from victim's): \_\_\_\_\_
4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_
5. Residence of victim: \_\_\_\_\_
6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_  
\_\_\_\_\_
7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_
8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_
10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

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This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



HOUSING AUTHORITY  
of JACKSON COUNTY



## Oregon Department of Justice

Ellen F. Rosenblum, Attorney General  
Frederick M. Boss, Deputy Attorney General

### Authorization to Disclose Support Records

I, \_\_\_\_\_ (print or type name), Social Security number \_\_\_\_\_, Date of Birth \_\_\_\_\_ (mm/dd/yyyy), authorize the disclosure and release of my confidential child and/or spousal support payment records to:

\_\_\_\_\_ (name of person or entity)

\_\_\_\_\_ (email address or fax)

Mark the one that applies:



This authorization covers my support records in Oregon CSP case # \_\_\_\_\_

☐ I authorize the release of the payment history for the last twelve full months to the person or entity listed above.

This authorization covers my support records in all cases found using the information provided above. I authorize the release of the payment history for the last twelve full months to the person or entity listed above.

This authorization shall remain in effect for six months from the date of signature unless revoked in writing by me prior to that date to the person or entity named above or directly to the Oregon Child Support Program.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_