



This application is for the following 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 \_\_\_\_\_

**INCOME GUIDELINES**

Number in Family	1	2	3	4	5	6	7	8
Maximum annual gross income	23,950	27,350	30,750	34,150	36,900	39,650	42,350	45,100

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 you must notify us, in writing, and send or bring it to our office immediately! We only contact you by mail. If your notification letter or other mail is returned, you will be removed from list(s)\*\*\****

If you need reasonable accommodations, please inform us.

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

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

\_\_\_\_\_  
Date



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

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

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

Table with 6 columns: Legal Name, Sex, Relation to Head, Birth Date, Disabled Yes / No, Social Security Number. Rows 1-7.

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

Table with 2 columns: \$ / 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 \_\_\_\_\_