

**HOUSING CHOICE VOUCHER HOMEOWNERSHIP
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 you turn the packet 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 www.ssa.gov
<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"/> Homeownership Participants	A current payment coupon or statement from your mortgage company showing your current Principle, Interest, Taxes and Insurance. A printout from your mortgage company showing the most recent 12 months of payments. A current Property Tax Statement. A statement showing your current Condo or HOA dues. A current statement for any Ground Lease fee. A current statement showing any Home Equity Lines of Credit.
<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.

THIS PAGE INTENTIONALLY LEFT BLANK

However, we will use it to tell you:

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



**HOUSING AUTHORITY
of JACKSON COUNTY**

2251 Table Rock Road | Medford, OR 97501
P 541-779-5785 | F 541-857-1118
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? YES NO
If YES, list CASE NUMBER: _____ Monthly Amount: _____

Is anyone in your household disabled? YES 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? YES 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? YES NO
Name: _____ Address: _____ Phone: _____

Have you or has any family member of your household been convicted of a crime within the past 3 years? YES NO
Charge: _____ Probation Officer: _____ Phone Number: _____

CURRENT EMPLOYMENT INFORMATION

Is anyone in your household currently employed? YES – Complete this section 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? YES – Complete this section 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?		<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES , how much did you receive?
Have you sold an asset/property in the last two years?		<input type="checkbox"/> NO	<input type="checkbox"/> 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 caseworker **NO** – Move to the next section**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

**Statement of Homeowner Obligations
Housing Choice Homeownership
Voucher Program**

**U.S. Department of Housing OMB Approval No. 2577-0169
and Urban Development
Office of Public and Indian Housing** (Exp. 07/31/2022)

Public Reporting Burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and re viewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a

This collection of information is authorized under Section 8(y) of the U.S. Housing Act. The information sets forth the family's obligations when participating in the homeownership program under the Housing Choice Voucher Program.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family members' names and address is mandatory. The information sets forth the family's obligations when participating in the homeownership program under the Housing Choice Voucher Program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation in the voucher homeownership program.

- 1. Homeowner Obligations.** A family participating in the homeownership voucher program of the undersigned public housing agency (PHA) must follow the rules listed below in order to receive homeownership assistance. Any information the family supplies must be true and complete. Each family member (plus any PHA-approved live-in aide for rules associated with criminal activity or alcohol abuse) must:
- A. Disclose and verify social security numbers and employer identification numbers, sign and submit consent forms for obtaining information (including criminal conviction records of adult household members), and supply any other information that the PHA or HUD determines to be necessary (including evidence of citizenship or eligible immigration status, information for use in determining eligibility to receive homeownership assistance, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition).
 - B. Submit any PHA-required reports on the family's progress in finding and purchasing a home.
 - C. Attend and satisfactorily complete any PHA-required homeownership and housing counseling.
 - D. Select and pay for a pre-purchase inspection by an independent professional inspector. The inspection must be conducted in accordance with PHA requirements.
 - E. Enter into a contract of sale with the seller of the unit and promptly provide a copy of the contract of sale to the PHA. The provisions of the contract of sale must comply with PHA requirements.
 - F. Obtain and maintain flood insurance for homes in special flood hazard areas.
 - G. Comply with the terms of any mortgage securing debt incurred to purchase the home (or any refinancing of such debt).
 - H. Promptly notify the PHA in writing when (1) the family is away from the home for an extended period of time in accordance with PHA policies, and (2) before the family moves out of the home. Supply any information or certification requested by the PHA to verify that the family is living in the home or information related to family absence from the home.

I. Only use the assisted home for residence by the PHA-approved family members, live-in aide or foster child. No other person may reside in the home. The home must be the family's only residence and no family member may have any ownership interest in any other residential property. Any legal profit making activities in the home must be incidental to the primary use of the home as a residence. The family must not lease any portion of the home or grounds.

J. Promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child, and request PHA written approval to add any other family member as an occupant of the home. Promptly notify the PHA in writing if any family member no longer lives in the home.

K. Supply any information as required by the PHA or HUD concerning: (1) any mortgage or other debt incurred to purchase the home, any refinancing of such debt (including information needed to determine whether the family has defaulted on the debt, and the nature of any such default), and information on any satisfaction or payment of the mortgage debt; (2) any sale or other transfer of any interest in the home; or (3) the family's homeownership expenses.

L. Promptly notify the PHA in writing if the family defaults on a mortgage securing any debt incurred to purchase the home.

M. Not commit fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program. Not engage in drug-related criminal activity or violent criminal activity. Not engage in 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. Not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. Not engage in or threaten abusive or violent behavior toward PHA staff. Not engage in other criminal activity which may threaten the health or safety of persons performing a contract administration function or responsibility on behalf of the PHA (including PHA staff and PHA contractor/subcontractor/agent staff).

N. Not lease, let, transfer or convey the home except to grant a mortgage on the home for debt incurred to finance purchase of the home or any refinancing of such debt.

O. Not receive homeownership voucher program assistance while receiving another housing subsidy for the same home or a different unit under any duplicative Federal, State or local housing assistance program.

P. Comply with any additional PHA requirements for family search and purchase of a home and continuation of homeownership assistance for the family. The PHA must attach to this document a list of any such requirements.

2. Termination of assistance. Homeownership assistance may only be paid while the family is residing in the home. The PHA may deny or terminate homeownership assistance for any of the reasons listed below:

A. The family violates or has violated any family obligation under section 1.

B. Any member of the family has been evicted from federally assisted housing in the last five years, or any household member has been evicted from federally assisted housing for drug-related criminal activity in the last three years.

C. A PHA has ever terminated assistance under the certificate or voucher program for any member of the family.

D. The family currently owes any money to the PHA or another PHA in connection with Section 8 or public housing assistance. The family has not reimbursed any PHA for amounts paid to an owner under a housing assistance

payments contract for rent, damages to the unit, or other amounts owed by the family. The family breaches an agreement with the PHA to pay amounts owed to a PHA, or amounts paid to an owner by a PHA.

E. Any household member is subject to a lifetime registration requirement under a State sex offender registration program.

F. Any household member has ever been convicted for manufacture or production of methamphetamine on the premises of federally assisted housing.

G. The family fails to comply, without good cause, with any family self-sufficiency program contract of participation.

H. The family fails, willfully and persistently, to fulfill any welfare-to-work program obligations.

I. The family has been dispossessed from the home pursuant to a judgment order of foreclosure on any mortgage securing debt incurred to purchase the home (or an y refinancing of such debt).

J. The PHA determines that homeownership assistance has been provided for the maximum term permitted under the homeownership voucher program, or it has been 180 calendar days since the last homeownership assistance payment on behalf of the family.

K. The PHA determines there is insufficient funding to provide continued homeownership assistance.

KEEP THIS DOCUMENT FOR YOUR RECORDS

Family

Name of Head of Household
Address, Telephone Number:

Names of Other Family Members

Signature of Family Representative

Date: (dd/mm/yyyy)

Public Housing Agency

Name of PHA

Address, Telephone Number:

PHA Representative Title
Signature of PHA Representative

Date: (dd/mm/yyyy)



Head of Household:

March 14, 2022

Housing Authority of Jackson County Housing Choice Voucher Homeownership Program

Statement of Ongoing Homeowner Obligations

Families who participate in the Housing Choice Voucher Homeownership Program are required to comply with the Ongoing Homeowner Obligations. All responsibilities, listed below, must be carried out by you and all household members to maintain eligibility in the program and to avoid termination.

The Family Must:

- Be able to make the monthly payment of the family's portion of the mortgage in a timely manner
- Agree to full responsibility for all homeownership expenses not covered by the Housing Authority Payments
- Notify the Housing Authority within five days of receipt of any late payment or default notice
- Agree to participate in foreclosure counseling with a designated agency to become current on a delinquent loan
- Agree to maintain the condition of the home and property in a decent, safe, and sanitary manner
- Allow HAJC to inspect the unit biannually and correct any notice of deficiency within 30 calendar days
- Continue to report all changes of income and household composition, in writing, within 10 business days
- Complete an annual recertification each year
- Agree that the family may not sell, refinance, or take a home equity line of credit on the home without prior written approval from the Housing Authority
- Notify the Housing Authority of any absence from the unit greater than 30 days
- Notify the Housing Authority at least 30 days prior to vacating the home
- Acknowledge that the family is prohibited from moving more than one time in any one-year period
- Acknowledge that the family may only deduct a percentage of the mortgage interest and real estate taxes that is equal to the percentage of the homeownership expensed covered by the family during the tax year for the purpose of filing the IRS long form
- Acknowledge that upon death or a family member who holds title, homeownership assistance may continue pending settlement of the deceased's estate, so long as the home is solely occupied by remaining Housing Authority approved family members however, should the sole homeowner die, assistance will cease on the date of death
- Acknowledge that for all households that are not elderly or disabled, the maximum term of assistance is 15 years of the initial mortgage has a term of 20 years or longer. If the mortgage term is less than 20 years, the maximum term of assistance will be 10 years.
- Acknowledge that the family becomes obligated for the whole mortgage payment in the event of termination of assistance or upon an increase of income that disqualifies the family from receiving a Housing Assistant Payment
- Acknowledge that should the family lose the home to foreclosure, that the family will not be able to use the HCV voucher for rental housing and will have to reapply for the waitlist



HOUSING AUTHORITY
of JACKSON COUNTY

2251 Table Rock Road | Medford, OR 97501
P 541- 779-5785 | F 541-857-1118
www.hajc.net

I/We have read, understand, and agree to comply with ALL Ongoing Homeownership Obligations.

Head of Household Signature

Date

Other Adult Name

Signature

Date

Other Adult Name

Signature

Date

Other Adult Name

Signature

Date

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)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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:

_____	_____	_____	_____
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
_____	_____	_____	_____
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.

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 inquires 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. 2577-0286
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.

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
Emergency Unable to contact you Termination of rental assistance Eviction from unit Late payment of rent	Assist with Recertification Process Change in lease terms Change in house rules Other: _____
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

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Oregon Department of Justice

Oregon Child Support Program

Supporting Parents to Support Children

Division of Child Support

PO Box 14680

Salem OR 97309

800-850-0228

OregonChildSupport.gov

Authorization to Disclose Oregon Child Support Program Records

I, (print or type full name) _____, further identified by (*select one*):

the last four digits of my Social Security number _____, or

date of birth (mm/dd/yyyy) / ____ / _____,

authorize the Oregon Child Support Program to disclose and release my confidential child support or spousal support records or information, which may include discussing details of my case or cases, to:

Name of person or entity: Housing Authority of Jackson County

Email address or phone number: 541 779-5785

I certify that this person is over the age of 18.

Mark the one that applies:

This authorization covers my records and information requested by the person or entity named above only for Oregon Child Support Program case number _____

This authorization covers all my records and information for the Oregon Child Support Program, as requested by the person or entity named above.

This authorization expires 12 months from the date of signature unless revoked by me before that date in writing to the Oregon Child Support Program.

Signature Printed Name Date

Cell #: _____ Text? Yes No Message #: _____

Home #: _____ Email: _____

Mailing Address City State Zip