



Section 8 Request for Live-In Aide

Tenant Name _____

CASE COORDINATOR:

Live-In aide is a person approved by the Housing Authority of Jackson County who resides in the unit to care for a family member who is disabled or at least 50 years of age, and who; is determined to be essential to the care and well-being of the person(s); Is not obligated for support of the person(s); and who would not be living in the unit except to provide necessary supportive services.

Step 1: Landlord Permission

I agree to the addition of this person to the current lease I have with the above-named Voucher-holder.

Landlord Name	Phone number
Landlord Signature	Date

Step 2: Requested Live-In Aide's Information

Addition's Name _____	Date of Birth _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
SS Number _____	Phone Number _____	
List all vehicles; cars, boats, RV's, etc (WORKING OR NOT)		
Make _____	Model _____	Year _____
Make _____	Model _____	Year _____
Make _____	Model _____	Year _____
Are you legally married? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SEPARATED		
Emergency Contact _____	Relationship _____	
Address _____	Phone _____	

Step 3: Criminal Background

Have you or any member of your family ever been arrested or convicted of illegal usage, possession, distribution or manufacture of a controlled substance? YES NO If YES, please explain:

Have you or any member of your family ever been arrested or convicted of a felony? YES NO If YES, please explain:

Is anyone currently on probation or parole? YES NO If YES, please explain:

Do you have a life-time sex offender registry requirement? YES NO



Step 4: Required Attachments for All Additions

- | | |
|---|---|
| <input type="checkbox"/> Legal ID (such as driver’s license for adults or birth certificate for minors) | <input type="checkbox"/> Original Social Security number verification |
| <input type="checkbox"/> Declaration of Citizenship or Immigration Status | <input type="checkbox"/> Live -In Aide Certification (below) |
| <input type="checkbox"/> Non-citizens: Original Homeland Security I-551 or annotated I-94 | <input type="checkbox"/> General Release of Information |

Step 5: Live-In Aide Certification

I, _____ do hereby certify that I am residing with _____ solely to provide medical care as deemed necessary by their attending physician. I am not obligated for his/her support nor do I share expenses with him/her. I would not be living in the unit except to provide the necessary supportive services. I also understand that in the event something should happen to _____ I would have no residual rights to the Section 8 assistance.

Signature of Live-In Attendant

Date

DOB

Social Security Number

Step 6: Section 8 Participant Certification

I certify that the information given to the Housing Authority of Jackson County on the above live-in aide information is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Section 8 Participant Signature

Date

OFFICE USE ONLY: HOUSING AUTHORITY OFFICIAL’S CERTIFICATION FOR TENANT’S FILE

I certify that:

1. *The attached information given to the Housing Authority by the household of _____, on household composition, income, net family assets, and allowances and deductions has been verified as required by Federal Law;*
2. *The family was eligible at admission, and;*
3. *The family has certified that it has given our agency accurate and complete information.*

Signature

Date

NOTES:

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



DECLARATION OF CITIZENSHIP STATUS

This declaration must be completed for each family member. All adults, 18 years of age or older, must sign their own declaration. The declaration for children, under 18 years of age, must be signed by an adult member of the family residing (or who will reside) in the assisted housing unit and who is responsible for the child.

UNDER PENALTY OF PERJURY, I DECLARE THAT:

FAMILY MEMBER NAME: _____

A citizen of the United States

A noncitizen with eligible immigration status; I understand that I must provide documentation of the eligible status for the family member listed above.

Choosing not to certify that he or she is a citizen or has eligible immigration status; I understand that this may affect the amount of assistance that my family will receive.

CERTIFIED BY: _____ DATE: _____

ADULT'S SIGNATURE REQUIRED

UNDER PENALTY OF PERJURY, I DECLARE THAT:

FAMILY MEMBER NAME: _____

A citizen of the United States

A noncitizen with eligible immigration status; I understand that I must provide documentation of the eligible status for the family member listed above.

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