



HOUSING AUTHORITY  
of JACKSON COUNTY

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

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	30,750	35,150	39,550	43,900	47,450	50,950	54,450	57,950

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



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**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 \_\_\_

Does anyone in the household have a lifetime sex offender registry requirement? Yes/No

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

Legal Name	Sex	Relation to Head	Birth Date	Disabled Yes / No	Social Security Number
1.		Self			
2.					
3.					
4.					
5.					
6.					
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**

\$ / 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 \_\_\_\_\_

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.