



HCV ANNUAL RECERTIFICATION

Head of Household:	
Physical Address:	City, State & Zip
Mailing Address:	City, State & Zip
Primary Phone Number(s):	Email Address:
The following information is being requested to comply with Equal Opportunity Requirements and will not affect your housing: Primary Language _____ Translation Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HOUSEHOLD COMPOSITION

Please list YOURSELF and ALL PERSONS living with you at least 51% of the time (list additional members on a separate page)

Are you adding a member or has somebody moved out?

If Yes, come to HAJC and fill out an Add Member Packet or an Interim Change Report to Remove a Member

Full Legal Name	Relation to H.O.H.	Disabled Y/N	Date of Birth
	Self		

OTHER HOUSEHOLD INFORMATION *(Check Yes or No for each question)*

Is your household interested in moving in the next 12 months and would like a copy of your updated shopping limits with your Annual Recertification adjustment? YES NO

Has anyone in your household served in the Armed Forces; is currently serving or is the spouse of someone who has served? YES NO If YES, please list their name(s):

Does anyone in the household have a lifetime sex offender registry requirement? YES NO

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:

STUDENT INFORMATION		
Is anyone currently a student and is 18 years or older?		
<input type="checkbox"/> YES – Complete section + provide Financial aid award letter, current class schedule with cost of attendance, fees, etc. <input type="checkbox"/> NO – Move to the next section		
Name of Household Member	Name of School	List all Financial Aid Received

HOUSEHOLD INCOME
 List all money received by each person in the household per month. If no income, write 0. Live-in aides do not need to list income.

Employment / Job Training
 Provide at least 90 days' record of your most recent paychecks (3 months MINIMUM)

Unemployment Benefits / SNAP / TANF
 List the income below and we will verify with OED and DHS agency partners.

Social Security or SSI / Veterans (V.A.) Benefits / Retirement Benefits / Annuities / Pensions
 Provide proof of your gross monthly benefit

Worker's Compensation / Labor and Industries
 Provide a statement from Labor and Industries, insurance company or law firm, etc. which shows your awarded amount

Alimony
 Provide a court order or a statement with the amount and frequency

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

Self-Employment
 Provide your most recent tax returns; If tax returns are not filed, we will send you a certification to complete.

Other Income: *(e.g. contributions from someone outside of your household, under-the-table money for side jobs, cash from collecting bottles and cans not purchased by you, bills/utilities paid by someone outside of your household)*
 Self-certify any other income below and we will request further documentation if needed

Name of Household Member	Income Source	Gross Amount	Start Date

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

BANK ACCOUNT AND OTHER ASSETS			
Examples of Assets: checking accounts, savings accounts, certificates of deposit (CD), IRA's, bonds, trust funds, stocks, 401K, insurance policies, equity in real property or other financial investments, etc			
Does anyone in your household have a bank account(s) or assets? <input type="checkbox"/> YES – Complete section on the next page <input type="checkbox"/> 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, current passbook rate will be applied)
		\$	
		\$	
		\$	
Combined Total of Asset Values:		\$	
<i>If your family assets total \$5,000 or more, you must provide 6 months of checking account statements and your most recent account statement for all other assets.</i>			
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, explain on a separate sheet of paper.	
Are you part or full owner of a house/mobile or any other property? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide a current payment coupon or statement from your mortgage company showing your current Principle, Interest, Taxes and Insurance. If applicable: 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. If you are a partial owner, provide proof of all owners			

MEDICAL EXPENSE DEDUCTION				
Complete this section ONLY if the head of household, spouse, or co-head are 62 years of age or older or are disabled.				
Does any qualifying member of your household have out-of-pocket medical expenses regularly? <input type="checkbox"/> YES – Complete section, provide proof of payment by submitting statements or invoices paid to each provider you list <input type="checkbox"/> NO – Move to the next section				
Name of Household Member	Expense Type (Co-pay, Rx etc.)	Payments Made To	Amount Paid Monthly	Doctor/Prescriber

CHILDCARE DEDUCTION

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

YES – 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**

NO – Move to the next section

Provider	Provider Address	Provider Phone	Monthly Amount You Pay

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

GROUND FOR DENIAL OR TERMINATION OF ASSISTANCE

The Housing Authority of Jackson County (HAJC) may at ANY TIME deny program assistance for an applicant, or terminate program assistance for a participant, for any of the following grounds:

1. If the family violates ANY family obligations under the program.
2. If the family CURRENTLY owes rent or other amounts to HAJC or to another Public Housing Authority.
3. If the family has engaged in or threatened abusive or violent behavior toward HAJC personnel.
4. If a family fails to attend two scheduled interviews/deadlines without HAJC approval, or if the notice is returned by the post office, a notice of termination will be sent to the family's address of record, and to any alternate address provided in the family's file.
5. If the family has not reimbursed any PHA for amounts HAJC paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.
6. If the family has breached the terms of a repayment agreement entered into with the HAJC.
7. If any household member having a criminal history involving crime of physical violence against persons or property or any other criminal activity, including drug-related criminal activity can be cause to terminate/deny the household's voucher.
8. If any household member is subject to a lifetime registration requirement under a state sex offender registration program.

HOUSING AUTHORITY OF JACKSON COUNTY POLICIES

1. Changes must be reported within 10 business days by submitting an Interim Change Report.
2. The request to add a family member must be submitted in writing and approved by both the HAJC and the landlord prior to the person moving into the unit.
3. No one may use your address as their mailing address unless they have been approved to live in the unit.
4. A guest can remain in the assisted unit no longer than 30 consecutive days or a total of 90 cumulative calendar days during any 12-month period or the time period outlined in their rental agreement, whichever is shorter.
5. Reductions in income to **REDUCE RENT** require filling out and returning an Interim Change Report. by the 15th of the month to affect the following months' rent.

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

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing** OMB Approval No. 2577-0169
(Exp. 04/30/2026)

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.25 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This collection of information is required for participation in the HCV Homeownership program. The information will be used to ensure the family knows their obligations for participating in the program. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by 24 CFR § 982.633(c). The information sets forth the family's obligations when participating in the homeownership program under the Housing Choice Voucher Program. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

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 PHA-required homeownership and housing counseling provided by a HUD certified counselor.

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 PHA determines there is insufficient funding to provide continued homeownership assistance.
- H. The family fails to comply, without good cause, with any family self-sufficiency program contract of participation.
- I. The family fails, willfully and persistently, to fulfill any welfare-to-work program obligations.
- J. 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 any refinancing of such debt).
- K. 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.

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 (mm/dd/yyyy)
Public Housing Agency	
Name of PHA	Address, Telephone Number
PHA Representative Title	
Signature of PHA Representative	Date (mm/dd/yyyy)

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):Housing Authority of Jackson County
2251 Table Rock Rd, Medford, OR 97501Contact Person: Jennifer Jennings, HCV Director
Date: 04/01/2025

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection unless the collection displays a valid control number.



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.



**HOUSING AUTHORITY
of JACKSON COUNTY**

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

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

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)	
<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	
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.



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 Support Payment 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 disclosure and release my confidential child support or spousal support payment records to:

Name of person or entity: Housing Authority of Jackson County

Email address or fax number: caroline@hajc.net

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

Mark the one that applies:

This authorizes the release of the payment history for the last 12 months, to the person or entity listed above, for Oregon Child Support Program case number _____.

This authorizes the release of the payment history for the last 12 months, to the person or entity listed above, for all Oregon Child Support Program cases found using the information provided above.

This authorization expires **six 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