



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)*

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?

☐ **YES** – Complete section + provide Financial aid award letter, current class schedule with cost of attendance, fees, etc.

☐ **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?

☐ YES – Complete section on the next page ☐ 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?

☐ YES – Complete section, provide proof of payment by submitting statements or invoices paid to each provider you list

☐ 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

GROUNDNS 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.

6. Adult members will not be removed from the household unless the adult has been out of the household for at least 30 consecutive calendar days. Special consideration will be made for victims of domestic violence and other good cause.
7. Temporary income reductions lasting less than 30 consecutive calendar days will not result in an interim reduction in the family share of rent.
8. Participant families that owe HAJC monies will be banned from further assistance until these monies are paid IN FULL.
9. Anyone terminated from the Section 8 program, or evicted from Public Housing or Federally Funded housing for FRAUD or TENANT CAUSED FED EVICTIONS will be ineligible for further assistance for a period of three (3) years. DRUG RELATED CONVICTIONS or VIOLENT CRIMINAL ACTIVITY can make you ineligible for further assistance for a period of three to five years, depending on the conviction.

TENANT CERTIFICATION

I certify that the information given to HAJC on household composition, income, family assets, allowances and deductions, and/or criminal records 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.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____



HOUSING AUTHORITY
of JACKSON COUNTY

Obligations of the Family

The purpose of this document is to clarify these obligations so the family can clearly understand what is expected. If you have any questions regarding the obligations that are outlined below, please ask your caseworker. Please understand that your failure to fulfill these program obligations may result in the termination of program benefits and criminal prosecution. For your benefit and protection, please read the following:

- A. When the family's unit is approved and the Hap contract is expected, the family must follow the rules listed below in order to continue participating in the housing voice voucher program.
- B. The family must:
 - 1. Supply any information that the Housing Authority of Jackson County or HUD determined to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
 - 2. Disclose and verify Social Security Numbers and must sign and submit consent forms for obtaining information.
 - 3. Supply any information requested by the HAJC to verify the family is living in the unit or information related to family absence from the unit.
 - 4. Promptly notify the HAJC in writing when the family is away from the unit for an extended period of time in accordance with HAJC policies.
 - 5. Allow the HAJC to inspect the unit at reasonable times and after reasonable notice.
 - 6. Notify the HAJC and the owner in writing before moving out of the unit or terminating the lease.
 - 7. Use the assisted unit for a residence by the family. The unit must be the family's only residence.
 - 8. Promptly notify the HAJC in writing of the birth, adoption, or court-awarded custody of a child.
 - 9. Request the HAJC written approval to add any other family member as an occupant of the unit.
 - 10. Promptly notify the HAJC in writing if any family member no longer lives in the unit.
 - 11. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- C. Any information the family supplies must be true and complete.
- D. The family (including each family member) must not:
 - 1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).

2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery, or any other corrupt or criminal act in connection with the programs.
4. Engage in drug-related criminal activity or other violent criminal activity or 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.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal State, or local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless the HAJC has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
9. Engage in abuse of 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.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

By its signature, the family agrees to fulfill the program responsibilities noted above and understands that failure to do so may result in permanent loss of housing assistance eligibility, and criminal prosecution. Further, as the signer of this document, I acknowledge that I have read, or had read to me in a language I understand, the above responsibilities and obligations and I agree to accept them.



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 inquiries 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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> 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. **Form HUD- 92006 (05/09)**



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*):

☐ 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: HAJC

Email address or fax number: _____.

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 _____

RESET FORM