



**PLEASE READ AND COMPLETE ALL AREAS OF APPLICATION**  
**Applications not completed or missing information will not be processed.**

This project is financed by USDA Rural Development and operated in accordance with their guidelines. Applications/Tenants must meet eligibility guidelines established by Rural Development.

- Use correct legal name for all household members as it appears on Social Security cards.
- All adults eighteen (18) years and older in the household MUST sign all forms that require signatures.

These signatures certify that the information you provide the Housing Authority regarding your household composition, citizenship or eligible alien status, income, assets and deductions are accurate and complete to the best of your knowledge and belief.

DATE and Time of receipt of your application determines your position on the waiting list. A preliminary determination of your eligibility is made at that time for placement on the waiting list. When your name comes to the top of the waiting list, you will be contacted and requested to submit updated information to verify if you still qualify.

**It is your responsibility to contact the Housing Authority if your address, income or family composition changes.**

**APPLICATIONS ARE ACCEPTED TUESDAY AND THURSDAY**  
**Between 9:00 a.m – 12:00 p.m. and 1:00 p.m. – 4:00 p.m.**

Applications received by mail on days other than Tuesday or Thursday will be processed on the following Tuesday or Thursday.



210 Klickitat A100 – Umatilla, OR 97882  
541-922-4609 – 541-922-5417 FAX – 1-800-545-1833 x771 TDD/TTY



# THINGS YOU SHOULD KNOW

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and re-certification forms.

May 1988 P-88-2

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<b>Purpose</b>	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
<b>Penalties for Committing Fraud</b>	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or re-certification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>• Evicted from your apartment or house;</li><li>• Required to repay all overpaid rental assistance you received;</li><li>• Fined up to \$10,000;</li><li>• Imprisoned for up to 5 years; and or</li><li>• Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>
<b>Asking Questions</b>	<p>When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so.</p> <p><u>That person can answer your question or find out what the answer is.</u></p>
<b>Completing the Application</b>	<p>When you give your answers to application questions, you must include the following information:</p> <p>Income</p> <ul style="list-style-type: none"><li>• All sources of money you and any member of your family receive; (wages, welfare payments, alimony, social security, pension, etc.)</li><li>• Any money you receive on behalf of your children (child support, Social Security for children, etc.);</li><li>• Income from assets (interest from a savings account, credit union, or Certificate of deposit, dividends from stocks, etc.);</li><li>• Earnings from second job or part time job;</li><li>• Any anticipated income (such as a bonus or pay raise you expect to Receive).</li></ul>



**Household Members:** Please **list all** members who will be living in your home including yourself.

Last Name	First Name	Social Security #	Date of Birth	Sex	Relationship

Do you or any member of your household require special accommodations due to being handicapped/disabled?-----Yes \_\_\_ No \_\_\_

Do you or any member of your household require a live-in attendant? Yes \_\_\_ No \_\_\_

Do you claim ELDERLY, HANDICAPPED OR DISABLED eligibility status? Yes \_\_\_ No \_\_\_

If yes, please furnish the name and address of qualified individual/agency to verify status.

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Name of individual/s claiming status: \_\_\_\_\_

Has any member of the household listed above used any other name than listed? Yes \_\_\_ No \_\_\_

If yes who and explain: \_\_\_\_\_

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Will this be your primary residence ? Yes \_\_\_ No \_\_\_ If No please explain \_\_\_\_\_

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Are you or any member of your household a full time student? Yes \_\_\_ No \_\_\_ If yes who and where are they enrolled. \_\_\_\_\_

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**Source of Income:**

List all Income Sources: This includes, but not limited to, full and/or part time employment, all income from welfare agencies, social security pensions, SSI disability, armed forces reserves, unemployment compensation, child care, alimony, child support, student grants, contract for deed, interest on assets, dividends, annuities and regular contributions from people not living with you.

Family Member Name	Employer, Agency, Bank, etc. who are sources of income to you. List name and address of sources.	Annual Gross Income

Checking Acct(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \_\_\_\_\_

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \_\_\_\_\_

Savings Acct(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \_\_\_\_\_

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \_\_\_\_\_

Trust Acct(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \_\_\_\_\_

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \_\_\_\_\_

Certificates # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \_\_\_\_\_

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \_\_\_\_\_

Credit Union # \_\_\_\_\_ Name \_\_\_\_\_ Balance \_\_\_\_\_

# \_\_\_\_\_ Name \_\_\_\_\_ Balance \_\_\_\_\_

Savings Bond # \_\_\_\_\_ Maturity Date \_\_\_\_\_ Value \_\_\_\_\_

Life Insurance Policy # \_\_\_\_\_ Face Value \_\_\_\_\_

Do you own any types of bonds or stocks? \_\_\_\_\_ YES \_\_\_\_\_ NO Face Value \_\_\_\_\_

**Real Property:** Do you own any property \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, type of property \_\_\_\_\_

Location of Property \_\_\_\_\_

Appraised Market Value \$ \_\_\_\_\_ Date Last Appraised \_\_\_\_\_

Have you sold/disposed of any property/assets in the last 2 years? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, type of property/assets \_\_\_\_\_ Date sole/disposed of \_\_\_\_\_

Do you have any other assets not listed above (excluding personal property)? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, what \_\_\_\_\_

Has any of the individuals (applicants) listed on this application ever been arrested?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, list the date and place of occurrence and charges.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the name and address of the agency or authority involved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAILURE TO COMPLETE THIS APPLICATION FULLY OR GIVING FALSE INFORMATION MAY RESULT IN THIS APPLICATION BEING REFUSED OR EVICTION AFTER TENANCY.**

I certify that the statements above are true and complete to the best of my/our knowledge. I/we understand that false statements are punishable under Federal Law, and may result in the termination of my application. **I also certify that the unit I am applying for will be my household's permanent residence, and I will not maintain a separate rental unit in a different location.**

The information on this form is being collected by the Federal Government to determine the applicant's recommended unit size and the amount of contribution by the family. It will be used to provide the basis for managing the programs covered by this form, for protecting the government's financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies when relevant, to civil, criminal or regulatory investigators. 42 USC 1437 et reg. OHCS 1981, PL 97-35, Stat 348.408.

I/We the undersigned authorize The Tri-Harbor Landing Limited Partnership or their representatives to investigate and obtain my/our credit rating, my/our current and past rental records, my/our employment history, my/our criminal records, any sources of income to my household, my/our current/past utility records and any other information which may be requested

at a later date to complete the processing of application. In addition I/We authorize the release of wage matching data to Rural Housing Services (RHS) and the borrower as needed from time to time throughout our tenancy. Your signature below certifies that the statements made on this application are TRUE and CORRECT, and gives owner or their representative and RHS CONSENT to verify the information contained in this application. I/We acknowledge that I/We must keep management informed of our continued interest at least every 90 days.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>APPLICANT – DO NOT WRITE IN THIS SPACE</b>	
Owner/owner's representative's Signature: _____	
Date received: _____	Time received: _____
Project: _____	Bedroom Size: _____
Income Limit: _____	Family Income: _____

**STATISTICAL INFORMATION:** The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

**Ethnicity:**

Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

**Gender:**

Male \_\_\_\_\_

Female \_\_\_\_\_

**Race: (Mark One or More)**

1. American Indian/Alaska Native \_\_\_\_\_

2. Asian \_\_\_\_\_

3. Black or African American \_\_\_\_\_

4. Native Hawaiian or Other Pacific Islander \_\_\_\_\_

5. White \_\_\_\_\_

## APPLICANT REFERENCE INFORMATION

Please complete the following landlord information. A minimum of 2 years rental history is required. If you have not had any previous landlords, you must provide us with at least 4 alternative references. All references must be able to provide information concerning the applicant family's (1) past performance in meeting financial obligations and lease obligations, including rent obligations, and (2) past performance in caring for rental property (housekeeping) and (3) past performance in getting along with neighbors.

1. **MOST RECENT LANDLORD NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Address was: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_

Your Name used when renting: \_\_\_\_\_

2. **PREVIOUS LANDLORD NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Address was: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_

Your Name used when renting: \_\_\_\_\_

3. **PREVIOUS LANDLORD NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Address was: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_

Your Name used when renting: \_\_\_\_\_



**4. PREVIOUS LANDLORD NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Address was: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_

Your Name used when renting: \_\_\_\_\_

**5. PERSONAL REFERENCES:** (2 Persons NOT RELATED or LIVING WITH YOU, whom you have known at least one year.)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**6. Nearest living relative or friend we can contact in the event of an emergency:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**7. CREDIT REFERENCES:**

Name: \_\_\_\_\_ ACCT. # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_ ACCT. # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**8. AUTOMOBILES:** All Automobiles that are driven onto or parked in designated parking for the community must be registered to the resident, must be currently licensed, must be insured for the duration of the lease and must be operational at all times.

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Lic. # \_\_\_\_\_ State \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Lic. # \_\_\_\_\_ State \_\_\_\_\_

**Please answer all of the following questions:**

1. Have you ever lived in or rented from The Housing Authority of the County of Umatilla before? \_\_\_\_\_ YES \_\_\_\_\_ NO If YES where? \_\_\_\_\_

2. Have you ever rented from another Housing Authority before? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, Where? \_\_\_\_\_

3. Have you rented before? \_\_\_\_\_ YES \_\_\_\_\_ NO

4. Have you or any members in your household been evicted from any previous housing or been asked to move by the Landlords? \_\_\_\_\_ YES \_\_\_\_\_ NO

5. Do you or any members of your household owe any previous housing charges for rent or damages? \_\_\_\_\_ YES \_\_\_\_\_ NO

6. Are you or any member of your household currently an illegal abuser or addict of a controlled substance? \_\_\_\_\_ YES \_\_\_\_\_ NO

7. Have you or any members of your household been convicted of the illegal manufacture or distribution of a controlled substance? \_\_\_\_\_ YES \_\_\_\_\_ NO

8. Are you or any members of your household affiliated with gangs? \_\_\_\_\_ YES \_\_\_\_\_ NO

9. Have you or any member of your household been arrested or convicted of any criminal activity? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, who? \_\_\_\_\_ What year? \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Type of Offense: \_\_\_\_\_

Probation/Parole Officer \_\_\_\_\_ Phone: \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation at any department or agency of the U.S. as to any matter within its jurisdiction. The project you are applying for received federal funding as part of its funding source and therefor requires federal reporting and monitoring.

**I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE:  
(ALL ADULT HOUSEHOLD MEMBERS MUST SIGN)**

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date

## APPLICANT/TENANT QUESTIONNAIRE

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate questionnaire. Check "Yes" if the question applies to your current situation, "No" if it does not apply now (or over the next 12 months), or "Anticipated" (Antic.) if it doesn't currently apply but will within the next 12 months. Include assets of children. **Management may not complete this form.**

Applicant/Tenant Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

Applicant/Tenant Estimated **GROSS** Monthly Income: \$ \_\_\_\_\_

Yes	No	Antic.	
			I am entitled to file a joint tax return.
			I am employed and receive wages.
			I am employed and receive tips/commissions/bonuses.
			I am employed at more than one job (NOT self-employed).
			I am self-employed and/or own a business.
			I am on leave of absence from work. If yes, for how long? _____
			I receive unemployment benefits.
			I receive Workman's Compensation.
			I am a full or part-time student.
			I intend to become a full or part-time student within the next 12 months.
			I receive (or have been awarded) financial assistance to attend college.
			I receive Social Security income.
			I receive Supplemental Social Security (SSI).
			I have a pension plan at work (NOT yet receiving income).
			I have an IRA (NOT yet receiving income).
			I receive income from a pension/annuity/retirement/IRA fund/Trust fund.
			I receive income from multiple pension/annuity/retirement/IRA funds/Trust funds.
			I am receiving (or entitled to receive) child support.
			I am receiving (or entitled to receive) alimony.
			I receive assistance from a Public Housing Authority.
			I receive AFDC/TANF assistance (NOT including Food Stamps).
			I receive money periodically from my family, church, friends, etc.
			I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple savings account(s).
			I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple checking account(s).
			I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple money market account(s).
			I own (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple certificate of deposit(s).
			I own stocks/bonds (not held in a retirement plan).
			I have a Life Insurance policy (exclude Term Life).
			I own real estate or I am in the process of selling real estate.
			I have another form of income not specifically referenced above.
			I have disposed of assets (including cash, real estate, etc.) for less than Fair Market Value (FMV) during the past two years.

I have **NO** assets:  True  False – If under \$5,000, complete the Under \$5,000 Certification.  
 If over \$5,000, third-party verification must be obtained.

**Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.**

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

**NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

## APPLICANT/TENANT QUESTIONNAIRE

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate questionnaire. Check "Yes" if the question applies to your current situation, "No" if it does not apply now (or over the next 12 months), or "Anticipated" (Antic.) if it doesn't currently apply but will within the next 12 months. Include assets of children. **Management may not complete this form.**

Applicant/Tenant Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

Applicant/Tenant Estimated **GROSS** Monthly Income: \$ \_\_\_\_\_

Yes	No	Antic.	
			I am entitled to file a joint tax return.
			I am employed and receive wages.
			I am employed and receive tips/commissions/bonuses.
			I am employed at more than one job (NOT self-employed).
			I am self-employed and/or own a business.
			I am on leave of absence from work. If yes, for how long? _____
			I receive unemployment benefits.
			I receive Workman's Compensation.
			I am a full or part-time student.
			I intend to become a full or part-time student within the next 12 months.
			I receive (or have been awarded) financial assistance to attend college.
			I receive Social Security income.
			I receive Supplemental Social Security (SSI).
			I have a pension plan at work (NOT yet receiving income).
			I have an IRA (NOT yet receiving income).
			I receive income from a pension/annuity/retirement/IRA fund/Trust fund.
			I receive income from multiple pension/annuity/retirement/IRA funds/Trust funds.
			I am receiving (or entitled to receive) child support.
			I am receiving (or entitled to receive) alimony.
			I receive assistance from a Public Housing Authority.
			I receive AFDC/TANF assistance (NOT including Food Stamps).
			I receive money periodically from my family, church, friends, etc.
			I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple savings account(s).
			I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple checking account(s).
			I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple money market account(s).
			I own (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple certificate of deposit(s).
			I own stocks/bonds (not held in a retirement plan).
			I have a Life Insurance policy (exclude Term Life).
			I own real estate or I am in the process of selling real estate.
			I have another form of income not specifically referenced above.
			I have disposed of assets (including cash, real estate, etc.) for less than Fair Market Value (FMV) during the past two years.

I have **NO** assets:  True  False – If under \$5,000, complete the Under \$5,000 Certification.  
 If over \$5,000, third-party verification must be obtained.

**Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.**

\_\_\_\_\_  
 Signature of Applicant/Tenant

\_\_\_\_\_  
 Date

**NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

HOMELESSNESS SELF-CERTIFICATION AFFIDAVIT

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Management Use:

Property Name: \_\_\_\_\_

Date Verified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name: \_\_\_\_\_

Verified by: \_\_\_\_\_

(Please answer all questions)

My current housing conditions are: (Check all that apply)

\_\_\_\_\_ Myself and/or my family are currently without housing

\_\_\_\_\_ Myself and/or my family are currently living with relative/friends in an overcrowded condition in a temporary situations.

\_\_\_\_\_ Myself and/or my family are living in housing that is being condemned and are going to be without housing through no fault of our own.

\_\_\_\_\_ Myself and/or my family are currently living in housing that has no (mark all that apply)

\_\_\_\_\_ water, \_\_\_\_\_ sewer, \_\_\_\_\_ heat, \_\_\_\_\_ electricity, \_\_\_\_\_ other (specify)

Other reasons (be specific) \_\_\_\_\_

I certify that the above statements are true. I further understand that making false statements to a government agency is a crime and can be prosecuted to the full extent of the law under state and/or federal statute.

\_\_\_\_\_  
Tenant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Tenant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date

**DECLARATION OF ELIGIBILITY**

Head of Household (print name)	Spouse/Co-Tenant/Other Adult (print name)
I certify that I am (check one)  <input type="checkbox"/> a U.S. citizen <input type="checkbox"/> a non-citizen with eligible immigration status <input type="checkbox"/> choosing not to state if I am a U.S. citizen or have eligible immigration status	I certify that I am (check one)  <input type="checkbox"/> a U.S. citizen <input type="checkbox"/> a non-citizen with eligible immigration status <input type="checkbox"/> choosing not to state if I am a U.S. citizen or have eligible immigration status
Other Adult (18 years and older) (print name)	Other Adult (18 years and older) (print name)
I certify that I am (check one)  <input type="checkbox"/> a U.S. citizen <input type="checkbox"/> a non-citizen with eligible immigration status <input type="checkbox"/> choosing not to state if I am a U.S. citizen or have eligible immigration status	I certify that I am (check one)  <input type="checkbox"/> a U.S. citizen <input type="checkbox"/> a non-citizen with eligible immigration status <input type="checkbox"/> choosing not to state if I am a U.S. citizen or have eligible immigration status

Please complete the following section if there are **minor children** in the family and you are the responsible adult family member.

> I certify that the following minor child(ren) listed in my household are: (please check the appropriate box and list the minor child's name)

<input type="checkbox"/> <b>U.S. CITIZENS</b>	
* _____ * _____ * _____	* _____ * _____ * _____
<input type="checkbox"/> <b>NON-CITIZEN(S) with eligible immigration status</b>	
* _____ * _____ * _____	* _____ * _____ * _____
<input type="checkbox"/> <b>Choosing not to state if U.S. citizen or have eligible immigration status</b>	
* _____	* _____

> **By my/our signature/s I/we declare, under penalty of perjury, that the above information is true and correct to the best of my/our knowledge.**

Head of Household Signature & Date	Spouse/Co-Tenant/Other Adult Signature & Date
Other Adult Signature & Date	Other Adult Signature & Date

# RELEASE OF INFORMATION AUTHORIZATION

I authorize the Employment Division, State of Oregon, to release to:

USDA RURAL DEVELOPMENT  
RURAL HOUSING SERVICE  
PENDLETON RD AREA OFFICE  
200 SE HAILEY AVE., STE 105  
PENDLETON, OR 97801

Information from my records on file with the Employment Division. I understand that this authorization will be in effect for the term of assistance received from Rural Development.

\_\_\_\_\_  
Signature

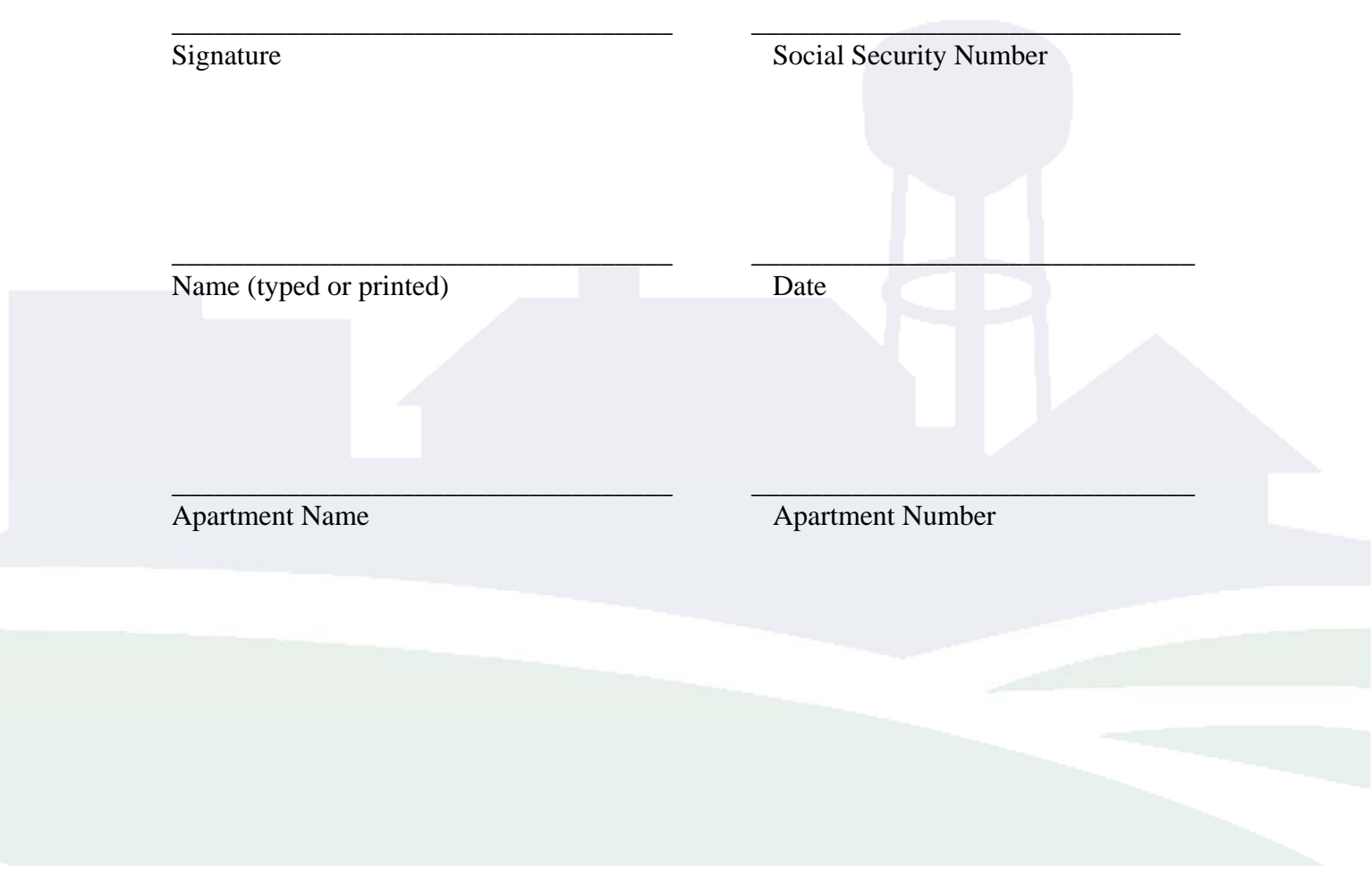
\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name (typed or printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Apartment Name

\_\_\_\_\_  
Apartment Number



# AUTORIZACIÓN PARA LA DIVULGADA DE INFORMACIÓN

Autorizo el Divición de Empleo, del Estado de Oregón, a divulgar a:

USDA RURAL DEVELOPMENT  
RURAL HOUSING SERVICE  
PENDLETON RD AREA OFFICE  
200 SE HAILEY AVE., STE 105  
PENDLETON, OR 97801

Información de mis archivos con el Divición de Empleo. Yo intiendo que este autorización va a ser en efecto por el periodo de ayuda recibido de Develoepmento Rural.

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Asignarura

---

Número Social

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Nombre (imprimido ó en letra de molde)

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Fecha

---

Nombre de Apartamento

---

Número de Apartamento







**OREGON**  
**EMPLOYMENT**  
**DEPARTMENT**  
 WORKSOURCE OREGON

**AUTORIZACION PARA ENTREGA DE INFORMACION**  
**DEBE SER ATESTIGUADO O NOTARIZADO**

Nombre (*En letra de molde*) \_\_\_\_\_

Numero de Seguro Social (se utiliza con propósitos de identificación solamente) \_\_\_\_\_

Yo autorizo al Departamento de Empleo, de; Estado de Oregon, que suministre a: (nombre del individuo u organización)

The Umatilla County Housing Authority

la siguiente información de mis archivos con el Departamento de Empleo: (*Favor de poner sus iniciales en los puntos que affiquen*)

- \_\_\_\_\_ mi nombre, domicilio, numero de teléfono e información demográfica,
- \_\_\_\_\_ información acerca de los servicios que ya he recibido o que recibiré,
- \_\_\_\_\_ historia de trabajo y otra información que yo he provisto con propósitos de buscar trabajo,
- \_\_\_\_\_ información de mi archivo de ingresos,
- \_\_\_\_\_ Información de mi archivo de seguro de desempleo (ejemplos: ECLM y/o reporte de ingresos y beneficios, etc.),
- \_\_\_\_\_ otra información (debe identificar específicamente que información puede suministrarse)

\*\*\*\*\*

Yo entiendo que esta autorización estará en vigencia hasta que yo la cancele por escrito (para información de trabajo) o por el tiempo que dure mi reclamo de; seguro de desempleo (para información sobre el Seguro de Desempleo),

Yo entiendo que la información en mis archivos es confidencial y que yo autorizo que se suministre la información alistada arriba,

Yo entiendo el propósito de esta autorización,

Yo estoy firmando de mi propia voluntad y lo hago sin ser presionado(a) a hacerlo.

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

DEPARTAMENTO DE EMPLEO	AGENCIAS COMPAÑERAS*
De ser atestiguado por un empleado M Departamento de Empleo debe completarse la porción indicada abajo.  Nombre del testigo en letra de molde _____  Firma del testigo _____  Sucursal _____	De ser atestiguado por una agencia compañera* la porción abajo debe completarse. La agencia compañera debe retener este documento y someterlo al Departamento de Empleo con cualquier/cada solicitud de información.  <div style="text-align: right;">Umatilla County</div> Organización compañera <u>Housing Authority</u>  Nombre M testigo en letra de molde _____  Firma del Testigo _____  Numero de teléfono del testigo <u>541-567-3241</u>
NOTARIO	
De ser notarizado debe completarse lo siguiente:  Estado de _____ Condado de _____  Firma ( <i>delnotatio</i> ) _____  Fecha en que expira su comisión _____	*Empleados de agencias compañeras autorizadas deben haber firmado el cometido a confidencialidad del Departamento de Empleo.



**RELEASE OF INFORMATION AUTHORIZATION  
MUST BE WITNESSED OR NOTARIZED**

Name *(please print)* \_\_\_\_\_

Social Security Number *(used for identification purposes only)* \_\_\_\_\_

I authorize the Employment Department, State of Oregon, to release to: *(individual's or organization's name)*  
The Umatilla County Housing Authority

the following information from my records on file with the Employment Department: *(please initial those that apply)*

- \_\_\_\_\_ my name, address, telephone number and demographic information,
- \_\_\_\_\_ information about services that I have received or will receive,
- \_\_\_\_\_ work history and other information that I provided for job placement purposes,
- \_\_\_\_\_ wage record information,
- \_\_\_\_\_ unemployment insurance information (i.e. ECLM and/or Wage & Benefit report, etc.),
- \_\_\_\_\_ other information *(the Information to be released must be specifically identified)*

\*\*\*\*\*

**I understand this authorization will** be in effect until cancelled in writing by me (for placement information) or for the duration of my unemployment insurance claim *(for UI information)*,

**I understand that information in my records is confidential** and that I approve the release of the information listed above,

**I understand the purpose of this authorization,**

**I am signing on my own** and have not been pressured to do so.

Signature \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYMENT DEPARTMENT	ONE-STOP PARTNER*
If witnessed by Employment Department staff the portion below must be completed.  Printed name of witness _____  Signature of witness _____  Field Office _____	If witnessed by a one-stop partner* the portion below must be completed. Partners should retain this document and submit it to the Employment Department with any/each request for information.  Partner organization <u>Umatilla County</u> <u>Housing Authority</u>
NOTARY	Printed name of witness _____  Signature of witness _____  Telephone number of witness <u>541-567-3241</u>
If notarized the following must be completed:  State of _____ County _____  Signature (of notary) _____  Commission expires _____	*Authorized partner staff must have signed the Employment Department's Commitment to Confidentiality



GENERAL INFORMATION RELEASE AUTHORIZATION

A. The Umatilla County Housing Authority requires that applicants and participants in assisted housing programs provide a social security number for each family member. The social security number will be used to establish the computer record and the identification of applicants/participants and their family members. These numbers will also be used to verify former tenancy in subsidized housing programs: to confirm prior rent payment history and to verify eligibility information (i.e. income, assets, etc.)

I/We have read the above and understand and agree to provide social security numbers to HAP for the purposes mentioned.

B. I/We do hereby authorize the Umatilla County Housing Authority to contact any agencies, employers or organizations to obtain any information or materials deemed necessary to determine my eligibility for participation in the Housing Authority programs. I/We further authorize the same information to be made available on an on-going basis for continued participation and copies of this form to be used in place of the original.

C. I/We give any credit bureau permission to release my/our credit history to the Housing Authority for the purposes of verifying eligibility or continued eligibility for federal rent assistance (business transaction have a personal, family or household purpose for the consumer); AND

D. I/We give permission to any police authority, parole or probation authority, or any other entity or agency which maintains or has access to records of criminal arrests, conviction, incarceration, probation, parole and the like and copies of this form to be used in place of the original.

\_\_\_\_\_  
Print name of tenant/applicant

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print name of other adult

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print name of other adult

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth





**NOTICE OF OBLIGATION TO RELEASE INFORMATION**

**Housing Authority of Umatilla County  
115 SW 10<sup>th</sup> Street  
Hermiston, OR 97838  
(541) 567-3241**

According to the Federal Regulation Rule 982.307 the Housing Authority must give the owner the following:

The family's current address (as shown in the Housing Authority's records);  
The name and address (if known to the Housing Authority) of the landlord at the family's current and prior address.

When a family wants to lease a dwelling unit, the Housing Authority may offer the owner other information in the Housing Authority possession about the family, including information about the tenancy history of family members or about drug trafficking by the family members.

I/We have read and do understand the above statements and do hereby acknowledge it in writing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
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

PHA requesting release of Information; (cross out space if none)  
(Full address, name of contact person and date)

Housing Authority of Umatilla County  
155 S. W. 10TH ST.  
HERMISTON, OR 97838

07131/2003

IHA requesting release of Information; (cross out space if none)  
(Full address, name of contact person and date)

xx xx  
xx xx  
xx xx  
xx xx  
xx xx

**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 the 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  
Tumkey 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 Certification  
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 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 RA 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 EWD'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 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 effect 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 purpose 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.



**CERTIFICATION REGARDING DISPOSITION OF ASSETS/PROPERTY**

I certify, under penalty of law, that I have not disposed of any assets/property in the previous two years.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\*\*\*\*\*

COMPLETE THE FOLLOWING if the Applicant/Tenant has disposed of any assets/property in the previous two years.

I certify, under penalty of law, that I have disposed of assets/property in the previous to years. I also certify that the following information is true and accurate:

Date on which Applicant/Tenant disposed of asset: \_\_\_\_\_

Fair Market Value of the assets/property disposed  
Of in the previous two years: \$ \_\_\_\_\_

Actual amount received for the assets/property \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed





## APPLICANT/TENANT CERTIFICATION

I/We certify that the information given to the Housing Authority of the County of Umatilla, Oregon on household composition, income, net family assets, allowance and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant/Tenant

\_\_\_\_\_  
Date

If you believe you have been discriminated against, you may call the fair Housing and Equal Opportunity Nation Toll-free Hot Line at 800-424-8590, within the Washington D.C. Metropolitan Area call 426-3500.

After verification by the Housing Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (TENANT DATE SUMMARY), a computer generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

\*\*\*\*\*

## HOUSING AUTHORITY OFFICE'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 of Housing Authority Official

\_\_\_\_\_  
Date

