

## APPLICATIONS FOR PUBLIC HOUSING RENTAL ASSISTANCE HOUSING AUTHORITY OF THE COUNTY OF UMATILLA

<u>Office Use Only:</u>	Date Received: _____	Time Received: _____
Household Income _____	LI Limit _____	Worker _____

Head of Household Applicant Name \_\_\_\_\_ / \_\_\_\_\_  
First Last

Current Address \_\_\_\_\_ Apt#/P.O. Box \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Day Phone # \_\_\_\_\_

**A. HOUSEHOLD MEMBERS:** List all family members below that would be living in the assisted unit  
 Beginning with the Head of Household.

Last Name	First Name	M I	Relation To Head	Sex	Date of Birth	Social Security Number

Have you or any other member of the Household listed above been a tenant of any other Housing Authority? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, What Housing Authority and under what Name?

\_\_\_\_\_

Do you owe any money to another Housing Authority? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you or any member of your household require a unit that is barrier free 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.

\_\_\_\_\_

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

Has any of the above used any other name than what is listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain

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

Has any of the above members of the Household ever been arrested? Yes \_\_\_\_\_ No\_\_\_\_\_ If yes, list the name of each, date of the occurrence and the details of the arrest:

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

Type of Offense:

\_\_\_\_\_

Are you or any member of your household currently an illegal abuser of a controlled substance? If so, Who? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any member of your household been convicted of the illegal manufacture or distribution of a Controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, who? \_\_\_\_\_

Are you or any member of your household affiliated with gangs? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, who? \_\_\_\_\_

Have you or any member of your household been convicted of criminal activity? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, Who? \_\_\_\_\_

If yes, what year \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Explain Details of conviction

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

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

Race of Head: White \_\_\_\_\_ Black \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_

Ethnicity of Head: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

B. HOUSEHOLD INCOME: List all gross monthly income for persons living in household above the age of 18. *Income includes but not limited to: Wages, Welfare, 55, SSI, VA, Pensions, Rental Income, Child Support, Unemployment, etc.*

Family Member Names	Source/Type of Income	Gross Monthly Amount Received

1. DO YOU HAVE ANY OF THE FOLLOWING?

Checking Account? Bank Name \_\_\_\_\_ Acct# \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Savings Account? Bank Name \_\_\_\_\_ Acct# \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Money Market Funds? Bank Name \_\_\_\_\_ Acct# \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Trusts? Yes \_\_\_\_\_ No \_\_\_\_\_  
    If yes, is trust irrevocable? Yes \_\_\_\_\_ No \_\_\_\_\_  
IRA/KEOGH accounts or Other Company Retirements? Yes \_\_\_\_\_ No \_\_\_\_\_  
Stocks and/or Bonds? Yes \_\_\_\_\_ No \_\_\_\_\_  
Certificate Of Deposits? Bank Name \_\_\_\_\_ Acct# \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Cash Held (Safety Deposit Boxes, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

2. HAVE YOU RECEIVED ANY LUMP SUM PAYMENTS SUCH AS:

Inheritances Yes \_\_\_\_\_ No \_\_\_\_\_  
Lottery Winnings, Bingo, Gambling? Yes \_\_\_\_\_ No \_\_\_\_\_  
Insurance Settlements (health, accident, workers comp.)? Yes \_\_\_\_\_ No \_\_\_\_\_  
Capital Gains, dividends? Yes \_\_\_\_\_ No \_\_\_\_\_  
Social Security Benefits, Unemployment Comp. Etc.? Yes \_\_\_\_\_ No \_\_\_\_\_  
Any other lump sum payments not listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

3. HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE PAST TWO YEARS?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. ARE ANY ASSETS HELD JOINTLY WITH ANOTHER PERSON?

Yes \_\_\_\_\_ No \_\_\_\_\_

S. DO YOU RECEIVE INCOME SUCH AS:

Employment Yes \_\_\_\_\_ No \_\_\_\_\_  
Welfare, Retirement Funds, Pension, Death Benefits, VA Yes \_\_\_\_\_ No \_\_\_\_\_  
Social Security/Survivor Benefits Yes \_\_\_\_\_ No \_\_\_\_\_  
Child and/or Spouse Support Yes \_\_\_\_\_ No \_\_\_\_\_  
Annuities Yes \_\_\_\_\_ No \_\_\_\_\_  
Insurance Policies Yes \_\_\_\_\_ No \_\_\_\_\_  
Disability, Workers Comp., SAIF Yes \_\_\_\_\_ No \_\_\_\_\_  
Child Care Moneys from Welfare, Job Training or School Yes \_\_\_\_\_ No \_\_\_\_\_  
Income through RSVP or Foster Grandparent Program Yes \_\_\_\_\_ No \_\_\_\_\_  
Plasma Yes \_\_\_\_\_ No \_\_\_\_\_  
Any other income not listed above Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, explain) \_\_\_\_\_

6. DO YOU REGULARLY RECEIVE MONETARY GIFTS OR NON-CASH CONTRIBUTIONS FROM PERSONS OUTSIDE THE HOUSEHOLD? Yes\_\_\_\_\_ No\_\_\_\_\_

Rent? Yes\_\_\_\_\_ No\_\_\_\_\_

Utilities? Yes\_\_\_\_\_ No\_\_\_\_\_

Groceries (Do not include food stamps) Yes\_\_\_\_\_ No\_\_\_\_\_

Clothing? Yes\_\_\_\_\_ No\_\_\_\_\_

Miscellaneous Household Supplies (i.e. soap, pet food, gas etc.) Yes\_\_\_\_\_ No\_\_\_\_\_

Health Insurance, Care Payments Yes\_\_\_\_\_ No\_\_\_\_\_

Any other items provided not listed above? Yes\_\_\_\_\_ No\_\_\_\_\_

(If yes please explain) \_\_\_\_\_

7. IF ANY OF THE ABOVE ITEMS ARE YES PLEASE SUPPLY THE NAME AND ADDRESS OF THE PERSON OR PERSONS THAT PROVIDE YOU THESE CONTRIBUTIONS:

8. ARE THERE ANY HOUSEHOLD MEMBERS TEMPORARILY ABSENT? Yes\_\_\_\_\_ No\_\_\_\_\_

9. ARE THERE ANY FULL-TIME STUDENTS, 18 YEARS OF AGE OR OLDER, IN YOUR HOUSEHOLD THAT IS ATTENDING GRADES 1 THROUGH 12? Yes\_\_\_\_\_ No\_\_\_\_\_

IF YES, PLEASE LIST THEIR NAME AND SCHOOL ATTEND:

\_\_\_\_\_

\_\_\_\_\_

10. ARE THERE ANY FAMILY MEMBERS ATTENDING A TRADE SCHOOL, COLLEGE OR ANY OTHER SCHOOL FROM WHICH THEY RECEIVE GRANTS, SCHOLARSHIPS, ETC.? Yes\_\_\_\_\_ No\_\_\_\_\_

C. **MONTHLY ASSET INCOME:** List all gross monthly income for persons living in household above the age of 18. Income includes but not limited to: *Savings/Checking interest, Annuities, Stocks/Bonds, Land, Property etc.* (You must list all your bank information here even if you think there is no income)

Family Member Receiving Income	Source/Type of Income Bank Name (if applicable)	Account Number	Monthly Gross Income
			\$
			\$
			\$

Have you or any family member listed given away or sold any assets in the last 2 years? Yes \_\_\_ No\_\_\_

If yes, please explain \_\_\_\_\_

D. **CHILD CARE EXPENSES:** Does AFS help on this bill? Yes \_\_\_\_\_ No \_\_\_\_\_

Hours used per month \_\_\_\_\_ Hourly rate\$ \_\_\_\_\_

Name and address of Child Care Provider

\_\_\_\_\_

Day Phone Number of Child Care Provider \_\_\_\_\_

D. **MEDICAL EXPENSES:** (For Elderly or disabled families ONLY that have a balance owing that is being paid monthly or the responsibility of the family member) example: Doctor bills and/or medical insurance payments.

Family Member Name Responsible for the monthly Payment	Agency & Company Address	Account # If any	Monthly Payment

F. **PRESCRIPTIONS:** (for Elderly or Disabled families ONLY) List only prescriptions that are not being covered by Medical/Welfare Card or other sources.

Family Member Name Responsible for Payments	Agency & Complete Address of Pharmacy

G. **RENTAL HISTORY:** 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 alternate references. All references must be able to provide information concerning the applicant family's past performance in meeting financial obligations and lease obligations, including rent obligations and past performance in caring for rental property (housekeeping) and past performance in getting along with neighbors. If applicant has no rental history you may be asked to provide a credit worthy co-signer. (landlord or alternate references cannot be relatives and must be persons other than family members)

CURRENT LANDLORD NAME: \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your address is \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Move-in date \_\_\_\_\_ Move-out date \_\_\_\_\_

PREVIOUS LANDLORD NAME \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your address was \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Move-in date \_\_\_\_\_ Move-out date \_\_\_\_\_  
Name you used when renting above \_\_\_\_\_

PREVIOUS LANDLORD NAME \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your address was \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Move-in date \_\_\_\_\_ Move-out date \_\_\_\_\_  
Name you used when renting above \_\_\_\_\_

PREVIOUS LANDLORD NAME \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your address was \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Move-in date \_\_\_\_\_ Move-out date \_\_\_\_\_  
Name you used when renting above \_\_\_\_\_

**H. ALTERNATE REFERENCES**

Fill out only if you cannot provide the names of landlords. Please supply us with the names of 4 non-relatives only (teachers, ministers, case managers, medical staff, previous or current employer, etc.)

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position/Agency \_\_\_\_\_ How long known? \_\_\_\_\_  
Name of applicant \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position/Agency \_\_\_\_\_ How long known? \_\_\_\_\_  
Name of applicant \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position/Agency \_\_\_\_\_ How long known? \_\_\_\_\_  
Name of applicant \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position/Agency \_\_\_\_\_ How long known? \_\_\_\_\_  
Name of applicant \_\_\_\_\_

1. OTHER INFORMATION:

1. Have you or any member in your household ever been evicted from any previous housing or been asked to move by the landlord/owner? Yes\_\_\_\_\_ No\_\_\_\_\_ If so, Who and for what reason? \_\_\_\_\_

2. Do you or any member of your household owe any previous housing charges for rent or damages? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, Who and to whom owed? \_\_\_\_\_

*Applicant Certification: I/We certify that the information given to the Housing Authority of the County of Umatilla on this application is accurate and complete to the best of my/our knowledge and belief I/We understand that false statements or misinformation given to UCHA by us is a violation of section 1001 of Title 18 of the U.S. Code and is a criminal offense. Incidence of fraud, willful misrepresentation or intent to deceive with regard to the Public Housing Program will be subject to criminal prosecution under this Title. I/We also understand that false statements or misinformation is grounds for termination of housing assistance and termination of tenancy.*

*In accordance with State and Federal laws you are hereby notified that an Investigation may be made by The Housing Authority of the County of Umatilla or its Agent of the information you provided on this application, together with information as to your character, general reputation, personal characteristics and mode of living. You have the right to dispute the accuracy of information provided by the entities you have disclosed herein and upon written request the right to complete and accurate disclosure of the nature and scope of the investigation and or written summary of your rights under OR Fair Credit Reporting Act. I/We authorize UCHA or its Agent to obtain such credit reports, character reports, verification of rental and employment history it deems is necessary to verify all information set forth in the above application.*

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

Signature of Spouse or other Adult \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse or 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) I-IUD 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.



HOUSING AUTHORITY OF THE  
COUNTY OF UMATILLA, OREGON

SERVING GILLIAM, MORROW, UMATILLA AND WHEELER COUNTIES

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

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

\_\_\_\_\_  
Signature of tenant/applicant

\_\_\_\_\_  
Signature of co-tenant/applicant

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

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

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

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





**HOUSING AUTHORITY OF THE  
COUNTY OF UMATILLA, OREGON**

SERVING GILLIAM, MORROW, UMATILLA AND WHEELER COUNTIES

**NOTICE OF OBLIGATION TO RELEASE INFORMATION**

**Housing Authority of Umatilla County  
115 SW 101h Street  
Hermiston, OR 97838  
(541) 567-3241**

According to 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



155 S.W. TENTH STREET, RO. BOX 107, HERMISTON, OREGON 97838

(541) 567-3241 Voice \* 1-800-221-6729 Oregon - (541) 567-6776 Section 8 - (541) 567-3246 Fax - 1-800-545-1833 x 771 TDD/TTY

**REQUEST FOR VERIFICATION OF SOCIAL SECURITY NUMBER/BENEFITS**

24 CFR PART 750 requires applicants that seek to receive and certain recipients of housing assistance under any of the covered programs to disclose and to submit documentation to verify their Social Security Numbers. The failure of any person to make the required disclosure and verification constitutes grounds for denial of eligibility or termination of assistance or tenancy (or both) under the program involved.

Required Documentation: Documentation necessary to verify the SSN of covered individuals is presentation to the PHA of a valid SSN card issued by the Social Security Administration of the U.S. Department of Health and Human Services or such other substantiation of the SSN as the PHA may prescribe.

Certification of Inability to meet Documentation Requirements: Any covered individual who is required to disclose his or her or covered family member SSN(s) but cannot meet the documentation requirements above must sign and submit to the PHA the following certification:

The undersigned certifies that the Social Security Number(s) shown on this form is the correct taxpayer identification number, is complete and accurate, assigned to me and to each member of my household who is at least six (6) years of age, but acceptable documentation to verify the SSN(s) cannot be provided and consents to the Social Security Administration to release information concerning my SSN and/or benefits and the SSN(s) of my family members to the PHA (The Housing Authority of the County of Umatilla, Oregon) (Any household member who has been assigned a Social Security Number but cannot provide the required documentation must sign and date this certification and give it to the PHA.. You will then have 60 days from the date of this certification to obtain a SSN and furnish it to the PHA. An additional 60 days extension may be granted if the individual is at least 62 years of age and is unable to submit the required documentation within the initial 60 day period.)

APPLICANT/TENANT \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of birth \_\_\_\_\_ Print Name

CO-APPLICANT/TENANT \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of birth \_\_\_\_\_ Print Name

Dependent Household Member (anyone 6 years old or older)

Name \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant/Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**SOCIAL SECURITY ADMINISTRATION VERIFICATION**

- 1. Except as noted, our records show that the above SSN(s) have been assigned to the individuals listed.
- 2. Our records show the following Social Security and/or Supplemental Security Income amounts for:  
Name \_\_\_\_\_ Claim# \_\_\_\_\_  
Gross Benefit Amt:\$ \_\_\_\_\_ Medicare Deduction\$ \_\_\_\_\_  
Net Check Amount \$ \_\_\_\_\_ SSI\$ \_\_\_\_\_

Signature of releasing SSA official \_\_\_\_\_ 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  
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*
<p>If witnessed by Employment Department staff the portion below must be completed.</p> <p>Printed name of witness _____</p> <p>Signature of witness _____</p> <p>Field Office _____</p>	<p>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.</p> <p>Partner organization <u>Umatilla County</u> <u>Housing Authority</u></p> <p>Printed name of witness _____</p> <p>Signature of witness _____</p> <p>Telephone number of witness <u>541-567-3241</u></p>
NOTARY	
<p>If notarized the following must be completed:</p> <p>State of _____ County _____</p> <p>Signature (of notary) _____</p> <p>Commission expires _____</p>	<p><i>*Authorized partner staff must have signed the Employment Department's Commitment to Confidentiality</i></p>



**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 (delnotario) _____  Fecha en que expira su comisión _____	*Empleados de agencias compañeras autorizadas deben haber firmado el cometido a confidencialidad del Departamento de Empleo.