

UMATILLA COUNTY HOUSING AUTHORITY  
FOXWOOD APARTMENTS  
APPLICANT INFORMATION

This project is financed by USDA, Rural Development, and operated in accordance with Rural Development guidelines.

Applicants/Tenants must meet eligibility guidelines established by RD.

.....  
In order to file an application, you need to:

1. Complete a written application which includes:
  - a. Disclosing names, ages and relationship of all household members;
  - b. Disclosing total amounts and sources of income for all household members;
  - c. Disclosing credit and landlord references.
  
2. Provide written permission to allow the Owner/Owner's authorized representative to verify, in writing, all household income, allowable expenses, previous landlord references and any information necessary to determine eligibility for occupancy in this project.

You will be notified, in writing, at the address on your application, unless otherwise specified by you, as to your eligibility for occupancy in this project and an apartment is not immediately available, you will be placed on a waiting list.

.....  
When an apartment is available, you will be required to:

1. Sign a Tenant Certification (Form RF 1944-8);
2. Sign a written lease and its attachments;
3. Sign Project Rules and Regulations;
4. Pay a security deposit in advance;
5. Pay the first month's rent in advance;
6. Have utilities immediately turned on in your name;
7. Complete and sign a move-in inspection form of the apartment with the Owner/Owner's authorized representative.

If you do not understand or need assistance in completing our application, please contact us immediately.

NOTICE

Applicants for occupancy are considered on a first come, first served basis in accordance with FmHA income levels, established by the filing of a completed application for housing. We will be unable to accept this application if all required information is not provided.

All information required by this application must be verifiable within thirty (30) days from the date of determination of initial eligibility. If the required information cannot be verified within this thirty (30) day period, the applicant's name will be removed from the waiting list.

PLEASE RETURN TO: Umatilla County Housing Authority  
P.O. Box 107, 155 SW 10th Street  
Hermiston, OR 97838

**Applicant's name (last, first, middle initial):** \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Name of Present Landlord:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Length of residency: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Reason for moving: \_\_\_\_\_

.....  
LIST ALL PERSONS WHO WISH TO RESIDE IN YOUR UNIT: (Starting with yourself)

**Applicant's name:** \_\_\_\_\_

Social Security #- \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race/Ethnic Group: \_\_\_\_\_ I am a U.S. Citizen: Yes \_\_\_ No \_\_\_

Are you applying for deductions for facilities available to individuals with a disability or handicap? Yes \_\_\_\_\_ No \_\_\_\_\_

**Co-Applicant's name:** \_\_\_\_\_

Social Security #- \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race/Ethnic Group: \_\_\_\_\_ I am a U.S. Citizen: Yes \_\_\_ No \_\_\_

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

Social Security #- \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race/Ethnic Group: \_\_\_\_\_ I am a U. S. Citizen: Yes \_\_\_ No \_\_\_

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

Social Security #- \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race/Ethnic Group: \_\_\_\_\_ I am a U.S. Citizen: Yes \_\_\_ No \_\_\_

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

Social Security #- \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race/Ethnic Group: \_\_\_\_\_ I am a U. S. Citizen: Yes \_\_\_ No \_\_\_

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

Social Security #- \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race/Ethnic Group: \_\_\_\_\_ I am a U.S. Citizen: Yes \_\_\_ No \_\_\_

.....

NOTE: The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through its Farmer's Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap 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/owner's representative is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**SOURCE OF INCOME:**

List all income sources. This includes, but is 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 # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \_\_\_\_\_  
 # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \_\_\_\_\_

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

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

Do you own any type of bonds or stocks? \_\_\_\_\_ Yes \_\_\_\_\_ No Face Value \_\_\_\_\_

.....  
 REAL PROPERTY: Do you own any property? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Location \_\_\_\_\_

Appraised Market Value \$ \_\_\_\_\_

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

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

Do you have any other assets not listed above (excluding personal property)?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what \_\_\_\_\_

Have any of the individuals (applicants) listed on this application ever been arrested?  
\_\_\_ Yes \_\_\_ No If yes, list the date and place of occurrence.

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

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.**

Applicant and/or Co-Applicant hereby certifies that this apartment will be their permanent residence and that they will not maintain a separate subsidized rental unit in a different location.

I agree to give the owner or owner's representative that authority to investigate and obtain my credit rating, my current and past rental records, my employment history, any sources of income to my household, my current/past utility records and any information necessary to determine my eligibility. The information obtained will be used for management purposes only and will be held in confidence. This is a preliminary application, additional information may be requested at a later date to complete the processing of applicants. Your signature below certifies that the statements made on this application are TRUE and CORRECT, and gives management CONSENT to verify the information contained in this application. I/We acknowledge that I must keep management informed of my continued interest at least every 90 days.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

.....

**APPLICANT - DO NOT WRITE IN THIS SPACE**

Owner/owner's representative's signature: \_\_\_\_\_

Date received: \_\_\_\_\_ Time received: \_\_\_\_\_

Project: \_\_\_\_\_ Bedroom size: \_\_\_\_\_

Income Limit: \_\_\_\_\_ Family income: \_\_\_\_\_

**Personal references: (2 persons not related or living with you, whom you have known at least one year.)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

.....  
**Credit References:**

Name: \_\_\_\_\_ Acct. # \_\_\_\_\_

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

Name: \_\_\_\_\_ Acct. # \_\_\_\_\_

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

.....  
**Automobiles:**

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

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

.....  
Have you ever lived in a HUD or FmIIA project? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where \_\_\_\_\_

.....  
**Please complete this section ONLY if the applicant or co-applicant is elderly (62 years or older), disabled or handicapped.**

Name and address of qualified individual/agency to verify status:  
\_\_\_\_\_

**Amount of anticipated expense(s) for prescriptions and non-prescription items prescribed by a doctor for the next 12 months:**

Name and address of pharmacy(s) where purchased:	Amount:
_____	_____
_____	_____
_____	_____

**Amount of anticipated expense(s) of hospital, medical, dental, optical and medical insurance for the next twelve months:**

Name and address of place(s) where you receive service (please include policy number(s) of medical insurance).	Amount
_____	_____
_____	_____
_____	_____

## 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. (See items 5 through 8) 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: \_\_\_\_\_

Your address was: \_\_\_\_\_

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

Move in Date: \_\_\_\_\_ Move out Date: \_\_\_\_\_

Name you used when renting: \_\_\_\_\_

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

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

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

Your address was: \_\_\_\_\_

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

Move in Date: \_\_\_\_\_ Move out Date: \_\_\_\_\_

Name you used when renting: \_\_\_\_\_

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

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

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

Your address was: \_\_\_\_\_

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

Move in Date: \_\_\_\_\_ Move out Date: \_\_\_\_\_

Name you used when renting: \_\_\_\_\_

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

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

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

Your address was: \_\_\_\_\_

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

Move in Date: \_\_\_\_\_ Move out Date: \_\_\_\_\_

Name you used when renting: \_\_\_\_\_

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

1. Have you rented before? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Have you or any member in your household been evicted from any previous housing or been asked to move by the landlords? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Do you or any member of your household owe any previous housing charges for rent or damages? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Are you or any member of your household currently an illegal abuser or addict of a controlled substance? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Have you or any member of your household been convicted of the illegal manufacture or distribution of a controlled substance? YES \_\_\_\_\_ NO \_\_\_\_\_
6. Are you or any member of your household affiliated with gangs? YES \_\_\_\_\_ NO \_\_\_\_\_
7. Have you or any member of your household been convicted of criminal activity? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, 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.

**1 CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE:  
ALL ADULT HOUSEHOLD MEMBERS MUST SIGN.**

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

## 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).

5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position/Agency: \_\_\_\_\_ How Long Known?: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_

6. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position/Agency: \_\_\_\_\_ How Long Known?: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_

7. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position/Agency: \_\_\_\_\_ How Long Known?: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_

8. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position/Agency: \_\_\_\_\_ How Long Known?: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_





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



**NOTICE OF OBLIGATION TO RELEASE INFORMATION**

**Housing Authority of Umatilla County  
155 SW 10th 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



**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 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 _____ _____
NOTARY	Printed name of witness _____  Signature of witness _____  Telephone number of witness _____
If notarized the following must be completed:  State of _____ County _____  Signature (of notary) _____  Commission expires _____	          <p align="center"><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)

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*
<p>De ser atestiguado por un empleado M Departamento de Empleo debe completarse la porción indicada abajo.</p> <p>Nombre del testigo en letra de molde _____</p> <p>Firma del testigo _____</p> <p>Sucursal _____</p>	<p>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.</p> <p>Organización compañera _____</p> <p>Nombre M testigo en letra de molde _____</p> <p>Firma del Testigo _____</p> <p>Numero de teléfono del testigo _____</p>
NOTARIO	
<p>De ser notarizado debe completarse lo siguiente:</p> <p>Estado de _____ Condado de _____</p> <p>Firma <i>(delnotario)</i> _____</p> <p>Fecha en que expira su comisión _____</p>	<p><small>*Empleados de agencias compañeras autorizadas deben haber firmado el cometido a confidencialidad del Departamento de Empleo.</small></p>

# 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

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  
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  
Turnkey 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.

# 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

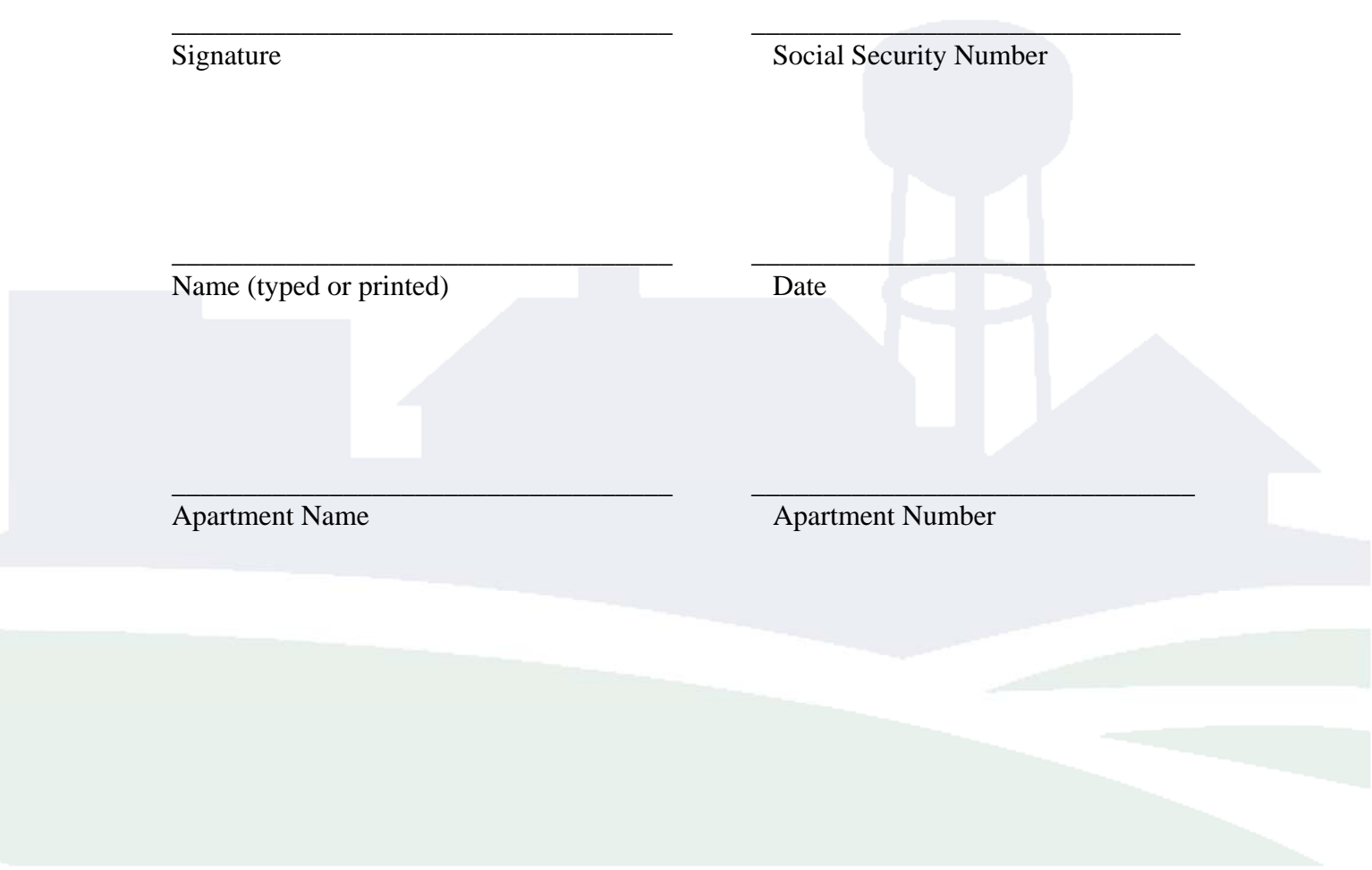
\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
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.

\_\_\_\_\_  
Asignarura

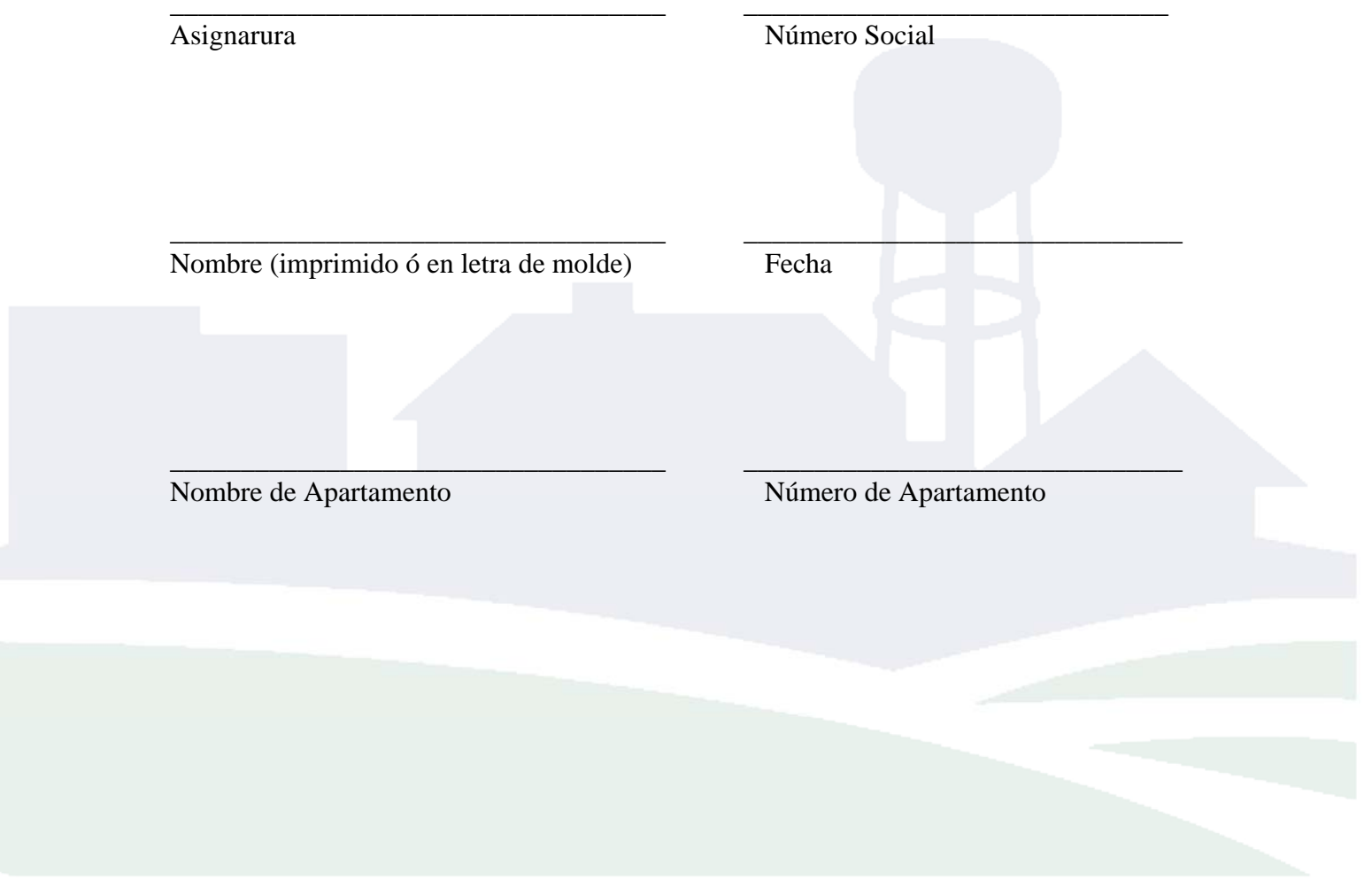
\_\_\_\_\_  
Número Social

\_\_\_\_\_  
Nombre (imprimido ó en letra de molde)

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre de Apartamento

\_\_\_\_\_  
Número de Apartamento





**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