



HOUSING AUTHORITY OF THE
COUNTY OF UMATILLA, OREGON

SERVING GILLIAM, MORROW, UMATILLA AND WHEELER COUNTIES

SECTION 8 APPLICATION

PLEASE READ CAREFULLY AND COMPLETE ALL AREAS OF APPLICATION

Applications not completed or missing information will not be processed

Application must be in blue or black ink only

- ☉ Must use correct legal name as it appears on the Social Security Card
- ☉ All adults in the household (18 years & older) **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 & 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 by mail 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.

It generally takes about one(1) year for your name to come to the top of the list.

UCHA is an Equal Opportunity Provider and Employer

155 S.W. TENTH STREET, P.O. 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 x771 TDD/TTY

DO NOT WRITE IN THIS AREA

OFFICE USE ONLY

Over 30% <input type="checkbox"/> Under 30% <input type="checkbox"/>	OJIN Completed <input type="checkbox"/> _____	Date Received: _____
County _____	Date Elig. Letter Sent _____	Time Received: _____

Section 8 APPLICATION

Date: _____

PLEASE USE BLACK OR BLUE INK ONLY

Name of Head of Household: _____ Day Phone#: _____

Residence Address: _____

Mailing Address (if different): _____

PERSONS LIVING IN YOUR HOUSEHOLD: Please write Head of Household first.

Last Name	First Name	MI	Sex	Relationship To Head	Birth Date	Birth City/State	Social Security Number
				HEAD			

HOUSEHOLD INCOME: List all gross monthly income for persons listed above over the age of 18. *Income includes but is not limited to: Wages, Welfare, SS, SSI, VA, Pensions, Rental Income, Child Support, Unemployment, payments to you on behalf of a child, etc.* **PLEASE INDICATE IF YOU ARE PAID BY THE HOUR, WEEK, OR MONTH.**

PLEASE FILL IN ONLY ONE BOX

Household Member	Name and Mailing Address of Source	Pay Rate	PLEASE FILL IN ONLY ONE BOX		
			By the Hour	By the Week	By the Month

This information is requested by the Housing Authority in order to assure the Federal Government, Acting through HUD that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, national origin, religion, sex marital status, color, 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 Housing Authority is required to note the race/national origin of individual applicants on the basis of visual observation or surname.**

Race: White_____ Black_____ Hispanic_____ American Indian_____ Asian_____

Alaskan Native_____ Other Minority_____ Prefer not to Answer_____

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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 and termination of tenancy.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national Toll-free Hot Line 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 DATA SUMMARY), a computer generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

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SIGNING THIS FORM

Do not sign any form unless you have read it, understand it and are sure everything is complete and accurate.

When you sign the certification forms, you are claiming that they are complete to the best of your knowledge and belief. **You are committing fraud if you sign a form knowing that it contains false or misleading information or if you omit information requested.**

Information you give on these forms will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies.

I certify that all the information provided is true to the best of my knowledge.

Signature:_____ Date:_____

Signature:_____ Date:_____

Signature:_____ Date:_____

Signature:_____ Date:_____

BACKGROUND QUESTIONNAIRE

REQUIRED TO BE FILLED OUT FOR EVERY ADULT HOUSEHOLD MEMBER

HAS ANYONE IN YOUR HOUSEHOLD EVER BEEN EVICTED OR ASKED TO MOVE? () YES () NO

If YES, whom and why: _____

HAS ANYONE IN YOUR HOUSEHOLD PREVIOUSLY LIVED IN HUD ASSISTED HOUSING? () YES () NO

If YES, whom, when and where: _____

HAS ANYONE IN YOUR HOUSEHOLD EVER BEEN CONVICTED OF A SEX OFFENSE? () YES () NO

If YES, whom: _____
Please explain: _____

HAS ANYONE IN YOUR HOUSEHOLD BEEN CONVICTED OF MANUFACTURING OF METHAMPHETAMINE?

() YES () NO If YES, whom: _____
Please explain: _____

HAS ANYONE IN YOUR HOUSEHOLD EVER BEEN CONVICTED OF A CRIME NOT LISTED ABOVE?

() YES () NO If yes, whom: _____
Please explain: _____

FELONS AND PERSONS WHO HAVE COMMITTED OR ENGAGED IN ANY DRUG RELATED OR VIOLENT CRIMINAL BEHAVIOR MAY BE DENIED HOUSING ASSISTANCE.

Signature Date

Signature Date

Signature Date

Signature Date



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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 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 head of household

***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

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

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

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.