



## Section 8 and Public Housing Application Adult Household Member

Full Legal Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Full Physical Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Are you a full-time student?  Yes  No      Are you disabled?  Yes  No

### Adult Household Member History

Have you ever been arrested for a misdemeanor or felony?  Yes  No

If yes, please explain and include dates: \_\_\_\_\_

Have you ever lived in public housing or received Section 8 assistance from another Housing Authority?  
 Yes  No

If yes, please give dates and locations: \_\_\_\_\_

Did you leave owing money to a previous Housing Authority?  Yes  No

Have you applied with HADCO before?  Yes  No      Dates: \_\_\_\_\_

Have you received assistance from HADCO before?  Yes  No

If yes, please give dates: \_\_\_\_\_

What other states have you lived in? \_\_\_\_\_

Is there any other information you'd like to disclose?  Yes  No





**MONTHLY GROSS INCOME**

List all sources of income for this household member.

*Common income types:*

- |                       |                         |                                |
|-----------------------|-------------------------|--------------------------------|
| Employment (Wages)    | Tips/Bonuses/Commission | Supplemental Security (SSI)    |
| Retirement/Pension    | Social Security         | Veteran’s Benefits/Disability  |
| Workers’ Compensation | Unemployment            | SNAP (Food Stamps)             |
| Alimony               | Welfare/TANF/Cash Grant | Military Pay                   |
| Net Business Income   | Child Support           | Scholarships and Grants        |
| Income from Assets    | Self-Employment Income  | Contributions (friends/family) |

<b>Income Type</b>	<b>Source (employer, agency, person)</b>	<b>Address and phone of Source</b>	<b>Gross Income</b>
<i>Wages</i>	<i>Joe’s Textiles, Inc.</i>	<i>1000 Main Street, Roseburg 541-555-1013</i>	<i>\$2,045.00</i>

**Additional income sources can be added on a blank page and attached to the application.**  
*All income must be verified. Please provide award letters for Social Security, SSI, SSD, Unemployment, School Financial Aid, and any other types of non-wage income received. W-2s and paystubs can be used to verify employment income. Ledgers and tax returns can be used to verify business and/or self-employment income.*





**ASSETS**

Please list all assets owned by this household member.

*Common asset types:*

- |                           |                             |                         |
|---------------------------|-----------------------------|-------------------------|
| Checking Account          | Savings Account             | PayPal / Venmo          |
| Cash App / Direct Express | Apple Pay / Google Pay      | Facebook Pay            |
| Trust Account             | Certificate of Deposit      | Money Market Account    |
| Mutual Fund               | Stocks/Bonds                | Retirement Account      |
| Commercial Real Estate    | Residential Real Estate     | Whole Life Insurance    |
| Business Equipment/Assets | Personal Property/Equipment | Vehicles / Collectibles |

<b>Asset Type</b>	<b>Source (bank name, fund name, business)</b>	<b>Address and phone of Source</b>	<b>Gross Value</b>
<i>Checking Account</i>	<i>Roseburg Credit Bank</i>	<i>9000 Main Street, Roseburg 541-555-1123</i>	<i>\$1,195.00</i>

**Additional assets can be added on a blank page and attached to the application.** *All asset ownership and values must be verified. Please provide account statements, property titles, appraisal documents, purchase invoices, etc. for all listed assets. Mortgage statements should include the outstanding balance.*





**INCOME AND ASSETS QUESTIONNAIRE**

Do you anticipate any changes in your reported income over the next 12 months?  Yes  No

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

Do you own any property?  Yes  No If yes, in which state: \_\_\_\_\_

Have you sold or disposed of any business, property, or other assets in the past two years?

Yes  No

If yes, what types of assets were disposed? \_\_\_\_\_

What was the sale/disposal date of disposed assets? \_\_\_\_\_

What was the market value of the assets when they were disposed of? \_\_\_\_\_

How much were the assets sold or disposed? \_\_\_\_\_

**HEALTH AND MEDICAL EXPENSES (DISABLED OR ELDERLY HEADS OF HOUSEHOLD ONLY)**

If the head of household or spouse/co-head is 62 years or older or if one of the heads of household is a person with a disability, list all their unreimbursed monthly health and medical care expenses.

<b>Expense Type</b>	<b>Source (bank name, fund name, business)</b>	<b>Address and phone of Source</b>	<b>Gross Value</b>
<i>Health Insurance</i>	<i>Oregon Mutual Health Plan</i>	<i>8675 Main Street, Roseburg 541-555-0309</i>	<i>\$195.00</i>
Prescriptions			
Medical Travel			
Medical Equipment			





**DISABILITY RELATED EXPENSES**

Disability related expenses are only deducted from total family income if the equipment and services paid for enable the person with disabilities or another member of the household to be employed. Eligible disability expenses are medical attendant care and auxiliary apparatus.

<b>Expense Type</b>	<b>Person Able to Work</b>	<b>Monthly Cost</b>
<i>Attendant Care</i> <i>(Example)</i>	<i>Joe</i>	<i>\$195.00</i>

**CHILDCARE EXPENSES**

Childcare expenses are only deducted from total family income if the children in care are younger than 13 years old and the costs enable a member of the household to work, look for work, or attend school.

<b>Child's Name</b>	<b>Child's Age</b>	<b>Childcare provider's Name, Address, Phone</b>	<b>Person Able to Work or Attend School</b>	<b>Monthly Cost</b>
<i>Joey</i> <i>(Example)</i>	<i>10</i>	<i>Roseburg Play Care – 335 W Harvard – 541-555-0504</i>	<i>Joe</i>	<i>\$495.00</i>





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## Applicant Certifications

**True and Complete Information:** I certify that all the information provided on household composition, income, family assets, and items for allowances and deductions is accurate and complete to the best of my knowledge. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law.

**No Duplicate Residence or Assistance:** I certify that, if I am approved for occupancy with HADCO, the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this program. I will not live anywhere else without notifying HADCO immediately and in writing. I will not sublease my assisted residence.

**Cooperation:** I know that I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, and verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand that my failure to do so may result in delays, termination of assistance, or eviction.

**Social Security Number Verification:** I understand that all family members who are six years of age or older are required by Federal regulations to provide HADCO with verification of their Social Security number unless the family member does not claim to be a United States citizen or noncitizen with eligible immigrant status.

Household Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance received;
- Fined up to \$10,000;
- Imprisoned for up to five years; and/or
- Prohibited from receiving future assistance.

**Beware of Fraud:** You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered in your lease.
- Get a receipt for ANY money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

**Reporting Abuse:** If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, immediately report them to a HADCO Director. If you cannot report to a HADCO Director, call the local HUD office or (202) 708-0390. This is not a toll-free number. You may also write to the HUD Hotline: Room 8274, 451 Seventh Street SW, Washington, DC 20410.





# Criminal Background Check Authorization

Household Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

The following agencies will be contacted when completing your criminal background check:

Criminal Information Services		OJIN	
HAPPY		National Search	
Registered Sex Offender List		Credit Service of Oregon	

To Whom It May Concern:

The individual listed above has applied for Federal housing assistance with the Housing Authority of Douglas County, Oregon.

To determine the eligibility of our applicant, we are required by the Code of Federal Regulations (CFR) to verify any history of criminal activity involving crimes of physical violence to people or property. This includes other criminal acts such as dealing or using drugs which would tend to have adverse effects on the health, safety, or welfare of other tenants. Please see the attached copy of 24 CFR 882.118, Obligations of the Family. Please provide us with any information regarding the criminal history of the above-listed individual.

Are you a registered sex offender?  Yes  No

Household Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Release of Information Authorization

Household Member Name: \_\_\_\_\_

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

In connection to my eligibility for housing occupancy, I hereby authorize the Housing Authority of Douglas County, Oregon, its officers, employees, and designees to access all information pertinent to my occupancy from employers, public and private agencies, individuals, previous and current landlords, financial institutions, and services such as: DHS, Services to Children and Families, Social Security Administration, etc. In addition, I give permission to the Housing Authority of Douglas County, Oregon to disclose Enterprise Income Verification (EIV) with all adult household members listed under my family composition. I further agree to hold harmless and save the Housing Authority of Douglas County, Oregon from any liability resulting from such exchange of information.

Please list below any additional agencies or individuals with whom you would like this information to be exchanged:

_____	_____
Agency/Individual Name	Relationship
_____	_____
Agency/Individual Name	Relationship
_____	_____
Agency/Individual Name	Relationship
_____	_____
Agency/Individual Name	Relationship

Household Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Rental History

## PLEASE LIST TWO PROFESSIONAL REFERENCES

References must be counselors, teachers, pastors, co-workers, and other professionals. Please DO NOT use relatives or friends.

NAME	MAILING ADDRESS	PHONE NUMBER	RELATIONSHIP

Please give full mailing addresses and correct dates of occupancy. Please explain if there was a gap of any duration between rentals such as living with family or homelessness.

Previous or Current Rental Address:	How long at this previous address:  From: _____ To: _____
Landlord's Name:	Landlord's Phone Number:
Landlord's Current Address:	Landlord's Mailing Address (if different):
City:	State: _____ Zip: _____
Rent Amount:	Reason for Leaving:

Previous or Current Rental Address:	How long at this previous address:  From: _____ To: _____
Landlord's Name:	Landlord's Phone Number:
Landlord's Current Address:	Landlord's Mailing Address (if different):
City:	State: _____ Zip: _____
Rent Amount:	Reason for Leaving:

Previous or Current Rental Address:	How long at this previous address:  From: _____ To: _____
Landlord's Name:	Landlord's Phone Number:
Landlord's Current Address:	Landlord's Mailing Address (if different):
City:	State: _____ Zip: _____
Rent Amount:	Reason for Leaving:

Previous or Current Rental Address:	How long at this previous address: From: _____ To: _____
Landlord's Name:	Landlord's Phone Number:
Landlord's Current Address:	Landlord's Mailing Address (if different):
City:	State: _____ Zip: _____
Rent Amount:	Reason for Leaving:

Previous or Current Rental Address:	How long at this previous address: From: _____ To: _____
Landlord's Name:	Landlord's Phone Number:
Landlord's Current Address:	Landlord's Mailing Address (if different):
City:	State: _____ Zip: _____
Rent Amount:	Reason for Leaving:

Please complete the following for any animals you are requesting to be on the rental agreement:

How many animals are in the home? \_\_\_\_\_

1. Species (cat, dog, etc.): \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Size: \_\_\_\_\_ Is the pet required for a disability (yes/no): \_\_\_\_\_  
 Is the pet spayed/neutered (yes/no): \_\_\_\_\_ Is the pet current on vaccinations (yes/no): \_\_\_\_\_
2. Species (cat, dog, etc.): \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Size: \_\_\_\_\_ Is the pet required for a disability (yes/no): \_\_\_\_\_  
 Is the pet spayed/neutered (yes/no): \_\_\_\_\_ Is the pet current on vaccinations (yes/no): \_\_\_\_\_
3. Species (cat, dog, etc.): \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Size: \_\_\_\_\_ Is the pet required for a disability (yes/no): \_\_\_\_\_  
 Is the pet spayed/neutered (yes/no): \_\_\_\_\_ Is the pet current on vaccinations (yes/no): \_\_\_\_\_

**EXPANDED IMPLEMENTATION OF SECTION 214:**  
**Restrictions on Assistance to Noncitizens**  
(Handbook 4350.3 – 24 CFR 880.504)

APPLICANT                       TENANT                      DECLARATION FORM

**INSTRUCTIONS:** Complete this form for each member of the household listed on the Family Summary Sheet.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD: \_\_\_\_\_ SEX: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ ALIEN REGISTRATION #: \_\_\_\_\_

ADMISSION #: \_\_\_\_\_ (if applicable)  
(This is an 11-digit number found on INS form I-94, Departure Record)

NATIONALITY: \_\_\_\_\_  
(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth)

SAVE VERIFICATION #: \_\_\_\_\_ (To be entered by owner, if/when received)

**INSTRUCTIONS:** Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1, 2, or 3:

DECLARATION:

I, \_\_\_\_\_, hereby declare, under penalty of perjury, that I am:

\_\_\_\_\_ 1. a citizen of the United States.

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

- \_\_\_\_\_ 2. a noncitizen with eligible immigration status in the category checked below.
- \_\_\_\_\_ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a)(15) of the INA (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);
- \_\_\_\_\_ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- \_\_\_\_\_ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion, or because of being uprooted by catastrophic national calamity;
- \_\_\_\_\_ (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status];
- \_\_\_\_\_ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom]; or
- \_\_\_\_\_ (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

*If you checked this block and you are 62 years of age or older and receiving assistance on June 19, 1995, you should submit a proof of age document, together with this form, and sign here:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OR**

If you checked this block and you are under 62 years of age, you must submit the following documents:

- a. Applicable Verification Consent Form (page 4 herewith)

AND

- b. One of the following documents:
- (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
  - (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
    - (i) "Admitted as Refugee Pursuant to section 207";
    - (ii) "Section 208" or "Asylum";
    - (iii) "Section 243(h)" or "Deportation stayed by Attorney General";
    - (iv) "Paroled Pursuant to Sec. 212(d)(5) of the INA";

*(continued on next page)*

- (3) If Form I-94, Arrival-Departure Record, is not annotated, then it must be accompanied by one of the following documents:
- (i) A final court decision granting asylum (but only if no appeal is taken);
  - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990);
  - (iii) A court decision granting withholding of deportation; or
  - (iv) A letter from an asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- (4) Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210".
- (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12".
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

*If this block is checked, sign and date below and submit the documentation required above with this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the form.*

*If for any reason, the documents shown in paragraph b above are not currently available, complete the request for extension block below.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

### REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claims is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**TENANT VERIFICATION CONSENT**

**INSTRUCTIONS:** Complete this form for each noncitizen member of the household who declared eligible immigration status on the Declaration Form and is under 62 years of age. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

**CONSENT**

I, \_\_\_\_\_, hereby consent to the following:  
*(print or type first name, middle initial, last name)*

- 1. The use of the attached evidence to verify my eligible immigration status to enable me to continue receiving financial assistance for housing; and
- 2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
  - a. HUD, as required by HUD; and
  - b. The INS for purposes of verification of the immigration status of the individual.

**NOTIFICATION TO TENANTS:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

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

Check here if adult signed for a child: \_\_\_\_\_

**APPLICANT VERIFICATION CONSENT**

**INSTRUCTIONS:** Complete this form for each noncitizen member of the household who declared eligible immigration status on the Declaration Form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

**CONSENT**

I, \_\_\_\_\_, hereby consent to the following:  
*(print or type first name, middle initial, last name)*

- 3. The use of the attached evidence to verify my eligible immigration status to enable me to continue receiving financial assistance for housing; and
- 4. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
  - a. HUD, as required by HUD; and
  - b. The INS for purposes of verification of the immigration status of the individual.

**NOTIFICATION TO TENANTS:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

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

Check here if adult signed for a child: \_\_\_\_\_