



HOUSING AUTHORITY OF MALHEUR & HARNEY COUNTY
Serving South Eastern Oregon

HOUSING AUTHORITY OF MALHEUR &
 HARNEY COUNTY
 APPLICATION(S) FOR HOUSING PROGRAMS

959 Fortner Street
 Ontario, OR 97914

Phone: 541-889-9661/ Fax: 541-889-6487

(PLEASE SELECT WHICH PROGRAMS OR PROPERTIES YOU'RE APPLYING
 FOR LISTED BELOW BY MARKING AN "X" IN THE INDICATED BOX)

Mark Program or Property Name
 "X" & Location

Description and Qualifications for Waiting Lists

	Section 8 Housing Choice Voucher (Malheur & Harney County)	<ul style="list-style-type: none"> • Meet the "Very Low Income" Guidelines listed below • Anyone can apply, but at least one household member MUST be a Citizen or Eligible Immigrant. • No recent criminal activity within the last 3 years • Rent is based on income
	Public Housing (located only in Ontario, OR)	<ul style="list-style-type: none"> • Meet the "Low Income" Guidelines listed below • Must be a family of 2 or more as defined by PHA in accordance with applicable law. • Must have at least 2 years of rental references (cannot be related) • No recent criminal activity within the last 3 years • Rent is based on income
	Riverside Manor- Ontario, OR	<ul style="list-style-type: none"> • Meet the "Very Low Income" Guidelines listed below • Be disabled or 62 years of age or older • No recent criminal activity within the last 3 years • These are only Studio and One Bedroom Units • Rent is based on income
	Parkview Village Apartments- Ontario, OR	<ul style="list-style-type: none"> • Meet the "Very Low Income" Guidelines listed below • No recent criminal activity within the last 3 years • Must have at least 2 years of rental references (cannot be related) • These are 2, 3, and 4 Bedroom Units • Rent is NOT based on income
	Meadowlark House- Single Family Home- Ontario, OR	<ul style="list-style-type: none"> • Single Family Home – 3 bedrooms • Tenant pays only electric • Rent is NOT based on income. • Must have at least 2 years of rental references (cannot be related) • This is only one house that the HAMHC owns.
	Washington Square Apartments- Vale, OR	<ul style="list-style-type: none"> • Meet the "Very Low Income" Guidelines listed below • Be disabled or 62 years of age or older • No recent criminal activity within the last 3 years • Must have at least 2 years of rental references (cannot be related) • This complex has 1- two-bedroom unit, and 7- one-bedroom units. • Rent is based on income
	Rio Vista Apartments- Nyssa, OR	<ul style="list-style-type: none"> • Meet the "Very Low Income" Guidelines listed below • Must have current employment in agriculture or handling raw product. Must continue to have employment in order to remain eligible for the unit. • No recent criminal activity within the last 3 years. • Must have at least 2 years of rental references (cannot be related)

		<ul style="list-style-type: none"> • Rent is based on income
	Nyssa Court Apartments- Nyssa, OR	<ul style="list-style-type: none"> • Meet the “Very Low Income” Guidelines listed below • No recent criminal activity within the last 3 years • Must have at least 2 years of rental references (cannot be related) • These are 3-bedroom units only. Must qualify for a 3-bedroom unit. • Rent is based on income.

***** All applications require copies of Birth Certificates and Social Security Cards for each member of the household and Identification Cards for each adult (18 years of age or older) in order to be placed on any waiting list. *****

Income limits are as follows for **Fiscal Year 2022**:

Bedroom Size	1	2	3	4	5	6	7	8
“Very Low Income”	\$25,150	\$28,750	\$32,350	\$35,900	\$38,800	\$41,650	\$44,550	\$47,400
“Low Income”	\$40,250	\$46,000	\$51,750	\$57,450	\$62,050	\$66,650	\$71,250	\$75,850

Please fill out application COMPLETELY, DO NOT LEAVE ANYTHING BLANK, put N/A if it does not apply to you or your household.

ATTENTION: Applications cannot be accepted without a **COMPLETE MAILING ADDRESS**

FOR ADDITIONAL INFORMATION OR QUESTIONS:

Housing Authority of Malheur & Harney County

959 Fortner Street, Ontario, OR 97914

Office Hours: Monday through Thursday from 9:00 AM to 12:00 PM and 1:00 PM to 5:00 PM

Fridays are closed to the public.

Phone : 541-889-9661/ Fax : 541-889-6487/ Email : Amber@hamhc.org

Pre- Application for Programs listed on the previous page

Would you like help in filling out this application? Yes No

If yes, how can we help? _____

List yourself and everyone who will be living in the household

Name	Relation to Head	US Citizen Y/N	Disabled Y/N	Sex M/F	Date of Birth	Assigned Social Security Number	Place of Birth
1.	HEAD						
2.							
3.							
4.							
5.							

6.							
7.							

Use a separate sheet for additional household members (if necessary) and email additional list to email above if filling out application online.

Current Address (Include city, state and zip code) Mailing Address (if different)	Phone Numbers: Home: _____ Message: _____ Email: _____
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RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

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

Check the appropriate race. (More than one category may be entered if applicable)

- White Black/African American American Indian/Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander
 Ethnicity: Hispanic or Latino Not Hispanic or Latino

SCREENING POLICY FOR CRIMINAL HISTORY

The Housing Opportunity Program Extension Act of 1996 authorizes Housing Authorities to screen applicants for any criminal activity including violent crimes and any other crimes that would pose a threat to the life, health, safety, or peaceful enjoyment of resident's drug and alcohol related criminal activities, and sex offender registration. This screening is in addition to requirements of eligibility on income. Applicants will be denied housing assistance if they fail to pass screening criteria. Criminal screening is required for all applicants 18 years or older.

You are required to answer honestly. Failure to disclose criminal history may result in denial or termination of assistance.

- Have you or any member of your household ever been convicted of any criminal offense, felony or drug charge? Including but not limited to crimes involving violence against persons or property, or crimes involving fraud or deception. (Please Check) Yes No
- Have you or any member of your household ever been convicted of manufacturing or producing methamphetamine or any other controlled substance? (Please Check) Yes No
- Are you or any member of your household required to register under a State Sex-Offender Registration Program anywhere in the United States? (Please Check) Yes No
 Household Member's Name _____

If yes to any answers above, please explain: _____

Answer the following questions about all member of the household (Please Check Yes or No):

1. Has any adult who will live in the home previously lived in a State other than this State? Yes No If Yes, which family member(s)? _____ State lived? _____
2. What is the name and location of any absent parent(s) of the household, if applicable _____
3. Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? Yes No If Yes, who? _____
4. Are you entitled to receive child support? Yes No
5. Do you have an open child support case? Yes No If Yes, what state? _____ Please provide the case number _____
6. Is anyone who will be part of the household expecting a child? Yes No If Yes, who? _____
7. Is there anyone not listed on the application who is temporarily absent from the home? Yes No If Yes, who? _____
8. Has anyone who will be living in the home ever used another social security number other than the one listed on this application? Yes No If yes, who? _____
9. Has anyone who will be living in the home ever used another name, other than the one they are using now? Yes No If yes, who? _____
10. Does anyone in the household require a handicap unit? Yes No
11. Are you or anyone in your household a US Veteran? Yes No
12. Is there anyone who will be living in the home who is 18 or over and is a full-time college student? Yes No If yes, who? _____
13. Has any household member ever been evicted from any type of housing? Yes No If yes, explain when, where and for what reason(s) _____
14. Has any household member received rental assistance in Public Housing or Section 8? Yes No If yes, when? Year(s) _____ Housing Agency Name _____

Under what name? _____ Who was Head of Household? _____

**INFORMATION ABOUT THE INCOME OF ALL MEMBERS OF THE HOUSEHOLD.
(Income includes money or contributions from any and all sources paid to or on behalf of a family member)**

Did you or any family member file a federal income tax return for the past year? Yes No
If yes, who? _____

Is anyone claiming you or any of your household members on their tax return? Yes No

If yes, who? _____

Do you or any member(s) of the family receive any of the following or anticipate to receive any of the following during the next twelve (12) months? Mark ALL income sources that apply to any household members.

Wages, salaries, tips, fees, or commissions from an employer? (Full or part time)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income from the operation of a business or profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interest, dividends, or other income from real or personal property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payments from Social Security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payments from annuities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payments from insurance policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payments from retirement funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payments from pensions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payments from disability benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payments from death benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lump-sum payments for the delayed start of periodic payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Worker's compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Severance Pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foodstamps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TANF/Cash Assistance Payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alimony payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Support payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular contributions or gifts from anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money from self-employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular or special military pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial Aide or Financial assistance to attend school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List the sources and amounts of all income (money) expected for the coming 12 months for ALL family members from any and all sources. **(If you have an employer, please include the complete name, address, and phone number for them)**

Family Member Name	Income Source	Amount \$	Frequency (Check One)
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

If you are employed, please provide us with the following information:

EMPLOYER	EMPLOYER ADDRESS	EMPLOYER PHONE #

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INFORMATION ABOUT THE ASSETS OF ALL FAMILY MEMBERS

(An asset is something of value that can be converted to cash)

Do you or any family member own or have access to any of the following? (Please check any box that is applicable)

Savings Checking Account Certificate of Deposit (CD) Money Market Account Child Acct.

FAMILY MEMBER NAME	INSTITUTION NAME	ACCOUNT NUMBER	VALUE/ BALANCE

Do you or any family member own or have access to the following? (Please check Yes or No)

House, Condo, Mobile Home, Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mutual Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRA (Individual Retirement Account)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Treasury Bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Life Insurance Policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stocks/Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business Ownership/Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cash held in a safety deposit box or home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trust Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Assets held in another state or foreign country	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Assets (Explain below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain other assets _____

If indicated yes on any asset above, please provide the following information:

FAMILY MEMBER NAME	TYPE OF ASSET	ACCOUNT NUMBER	VALUE/ BALANCE

MEDICAL EXPENSES

These questions only apply if the head, spouse, or co-head is 62 years or older OR is disabled. Do you or any member of the family pay for any of the following items? (Please check Yes or No)

Medical Insurance Premiums? Yes No Long-Term Care Insurance? Yes No
 Out of pocket prescription expenses? Yes No Past due Medical Bills? Yes No
 Other anticipated medical expenses? Yes No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Medical Expense	Address/Phone # of Provider	Amount paid per month

Landlord Reference Information: Please provide the correct name, mailing address, phone number and the dates must be provided. There is a requirement of two (2) years of rental references required for all programs except for the **SECTION 8 PROGRAM**. **Landlord references from relatives are not accepted!**

Current Landlord:	Dates Rented:
Name:	From:
Address:	To:
City/State/Zip:	Phone #:
Previous Landlords:	Dates Rented:
Name:	From:
Address:	To:
City/State/Zip:	Phone#:
Name:	From:
Address:	To:
City/State/Zip:	Phone#:

Reasonable Accommodation: HAMHC is committed to the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities and equal opportunity to use and enjoy their housing communities. If you are disabled and want to request such an accommodation, this may be made by writing the Housing Authority or by email at Amber@hamhc.org. The request must include information on the accommodation you are requesting and how it is necessary to accommodate your disability. Information provided for reasonable accommodation is subject to verification.

I hereby authorize representatives of the Housing Authority of Malheur & Harney County to contact any agency offices, groups, organizations, and/or individuals necessary to obtain information needed to determine my household's eligibility to be placed on a Housing Authority of Malheur & Harney County program or property waiting list. I/we understand that this is a request for placement on a waiting list and that eligibility for any HAMHC program may not be determined until my name comes to the top of the list. I understand that placing my name on a program or project waiting list does not constitute eligibility for that program.

I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I have included all sources of income. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law and is grounds for denial of housing assistance. All adult (18 & over) members must sign below. I also certify that the apartment (if applicable) will be my primary residence.

I understand I must contact HAMHC IN WRITING of any change of address, telephone number, household composition or income.

SIGNATURE (Head of Household)	DATE
SIGNATURE (Co-Head of Household or other adult)	DATE
SIGNATURE (Other Adult)	DATE

WARNING: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

EQUAL OPPORTUNITY HOUSING

IMMEDIATE NOTICE - Medical Marijuana and Recreational Marijuana Usage in Federally Assisted Housing

The Housing Authority of Malheur & Harney County (HAMHC) is fully aware that the state of Oregon has legalized marijuana for medical reasons and effective July 1, 2015, for recreational usage. However, marijuana is still illegal in federally assisted housing. Therefore, please note the following:

The Controlled Substances Act (CSA) lists marijuana as a Schedule I drug, a substance with a very high potential for abuse and no accepted medical use in the United States. The Quality Housing and Work Responsibility Act (QHWRA) of 1998 (42 U.S.C 13661) requires that the HAMHC administering federally assisted programs prohibit admission or terminate any illegal use of controlled substances, including state legalized medical marijuana. State laws that legalize medical marijuana directly conflict with the admission and continued occupancy requirements set forth in QHWRA and are thus subject to federal preemption.

The food and Drug Administration (FDA) has approved drugs for medical uses which are comprised of marijuana synthetics, such as Marinol and Cesamet. These drugs are not medical marijuana and are legal under federal laws. These products have been through the FDA's rigorous approved process and have been determined to be safe and effective for their indications. They are therefore allowed in the federally assisted programs.

Therefore, the HAMHC **will not permit** the use of medical marijuana as a reasonable accommodation because:

- 1) Persons who are currently using illegal drugs, including medical marijuana, are categorically disqualified from protection under the disability definition provision of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act; and
- 2) Such accommodations are not reasonable under the Fair Housing act because they would constitute a fundamental alteration in the nature of the HAMHC's operations.

Be advised the policy of the HAMHC is to not grant reasonable accommodations for medical marijuana use and **will terminate housing assistance** of any current participant(s) are found to be engaging in such use, as set forth in QWHRA.

The recreational use of marijuana **will not be permitted** in federally assisted housing as well. If it is found that a participant in using marijuana while being assisted through HAMHC, **the assistance will be terminated**.

As the Executive Director of the HAMHC, if you have any questions you will need to contact me directly regarding this notice at (541) 889-9661 ext. 111

By signing below, ALL adults and members of the household acknowledge that the above stated must be followed and will be in compliance in order to keep federal housing assistance. ALL adults and members of the household also acknowledge that **HOUSING ASSISTANCE WILL BE TERMINATED IF IT IS FOUND THAT THE USE OF EITHER MEDICAL OR RECREATIONAL MARIJUANA IS BEING USED BY ANY PARTICIPANT ON OUR PROGRAMS.**

SIGNATURE (Head of Household)	DATE
SIGNATURE (Co-Head of Household or other adult)	DATE
SIGNATURE (Other Adult)	DATE

DECLARATION OF IMMIGRATION STATUS

This declaration must be completed for each family member of the household. All adults, 18 years of age or older, must sign their own declaration. **The declaration for children, under 18 years of age, must be signed by an adult member of the family residing (or who will reside) in the assisted housing unit and who is responsible for the child.**

UNDER PENALTY OF PERJURY, I DECLARE THAT:

THE FOLLOWING FAMILY MEMBERS ARE CITIZENS OF THE UNITED STATES

Print Name	Adult Signature	Date

THE FOLLOWING FAMILY MEMBERS ARE NONCITIZENS WITH ELIGIBLE IMMIGRATION STATUS. IT IS UNDERSTOOD THAT DOCUMENTATION MUST BE PROVIDED OF THE ELIGIBLE STATUS FOR THE FAMILY MEMBERS LISTED BELOW:

Print Name	A- (Alien Number)	Adult Signature	Date

THE FOLLOWING FAMILY MEMBERS ARE CHOOSING NOT TO CERTIFY THAT THEY ARE A CITIZEN OR HAVE ELIGIBLE IMMIGRATION STATUS. IT IS UNDERSTOOD THAT THIS MAY AFFECT THE HOUSEHOLD ELIGIBILITY TO RECEIVE HOUSING ASSISTANCE:

Print Name	Adult Signature	Date

CONSENT: I consent to allow the Housing Authority of Malheur & Harney County (HAMHC) to request and obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that the HAMHC cannot use it to delay, deny or terminate housing assistance because of the immigration status of a family member except as provided in the guidelines. In addition, I understand I must be given an opportunity to contest the determination with the INS or the HAMHC, or both.

Privacy Act Statement- The information on this form is being collected by the Housing Authority of Malheur & Harney County to determine the applicant's eligibility for housing assistance. The HAMHC may release this information, without responsibility for the further use or transmission of the evidence by the entity receiving it to: (1) the Department of Housing and Urban Development (HUD), as required by HUD; and (2) to the Immigration and Naturalization Service (INS) for purposes of verification of the immigration status of each individual and not for any other purpose.

HAMHC’S CRIMINAL ACTIVITY POLICY

- A. Housing WILL be denied or terminated:
 - If any household member is found to be or becomes a registered sex offender.
 - Any household member who is evicted from Public Housing or any Section 8 program for drug related or violent criminal activity is ineligible for assistance for at least three years from the date of the eviction.
 - Any household member who has been convicted of any drug related or violent criminal activity in the past three years will be denied/terminated with no exceptions.

- B. Housing MAY be denied or terminated if:
 - Any member of the household has been convicted of any non-violent, non-drug related criminal activity in the past three to five years, such as forgery, petty theft, etc. at the discretion of the HAMHC.
 - Any member of the household has been convicted of any drug related or violent criminal activity at any time.

**REPORTING REQUIREMENTS AND POLICY TO PARTICIPATE IN HOUSING
ASSISTANCE PROGRAMS AND PENALTIES FOR NON-COMPLIANCE
Housing Authority of Malheur & Harney County**

FAMILY COMPOSITION:

ADDING AN ADULT MEMBER TO THE HOUSEHOLD : You must request Housing Authority approval **prior** to the individual moving in with you. **If you move an adult in without prior approval, your assistance may be terminated!**
Do not move them in until after they have been approved by the Housing Authority

ADDING A CHILD TO OR REMOVING ANY INDIVIDUAL FROM THE HOUSEHOLD: Notify your caseworker **IN WRITING** of the change within **10 DAYS** of the occurrence. (Please Check “I agree” or “I disagree”)

I fully understand the above underlined statement: I agree I disagree

INCOME CHANGES:

It is required that you report **IN WRITING within 10 DAYS** of the occurrence of any of the following: changes in the **source** of your income, any **increases** in income, any significant decreases in allowable childcare costs, any significant decreases in allowable medical costs. It is recommended that you report any decrease in income immediately. Your caseworker *will* respond to reported changes. If you do not receive a response within two weeks, please contact your caseworker again.

I fully understand the above underlined statement: I agree I disagree

GUEST POLICY:

If you have a guest more than 14 days per calendar year, they are considered an occupant of the unit and treated accordingly.

I fully understand the above underlined statement: I agree I disagree

PENALTIES FOR NON-COMPLIANCE:

Knowingly failing to report or intentionally falsifying reporting documents and information in order to receive assistance will result in termination/denial of your assistance. The above actions may be considered fraudulent and as such, could result in criminal prosecution.

I fully understand the above underlined statement: I agree I disagree

I/we certify that I/we have read and understand the above statements. I/we understand that failing to comply with these requirements could result in termination of my housing assistance, as well as criminal prosecution.

SIGNATURE (Head of Household)	DATE
SIGNATURE (Co-Head of Household or other adult)	DATE
SIGNATURE (Other Adult)	DATE

**HOUSING AUTHORITY OF MALHEUR & HARNEY COUNTY
AUTHORIZATION TO RELEASE & SHARE INFORMATION**

Purpose: The Housing Authority of Malheur & Harney County (HAMHC) uses this authorization and the information obtained with it to administer and enforce our housing program(s) rules and policies.

INDIVIDUALS OR ORGANIZATIONS REQUESTED TO SHARE & RELEASE INFORMATION:

Any information or organization including any governmental organization but not limited to, may be asked to release information, i.e.:

<ul style="list-style-type: none"> • Identity and Marital Status 	<ul style="list-style-type: none"> • Residential Activity
<ul style="list-style-type: none"> • Law Enforcement Agencies, Courts, Criminal Background Checks, Post Office 	
<ul style="list-style-type: none"> • Employers, Past and Present Landlords 	<ul style="list-style-type: none"> • Utility Companies
<ul style="list-style-type: none"> • Credit Providers, Credit Reports & Credit Bureaus 	<ul style="list-style-type: none"> • Pensions/ VA Benefits
<ul style="list-style-type: none"> • Unemployment Benefits 	<ul style="list-style-type: none"> • Child Support
<ul style="list-style-type: none"> • Insurance Annuities 	<ul style="list-style-type: none"> • Educational Grants
<ul style="list-style-type: none"> • Social Security and Disability Benefits 	<ul style="list-style-type: none"> • Workman’s Comp
<ul style="list-style-type: none"> • Spousal Support (Alimony) 	<ul style="list-style-type: none"> • TANF and Public Assistance
<ul style="list-style-type: none"> • Family Assistance (Contributions) 	<ul style="list-style-type: none"> • Child Care Verifications
<ul style="list-style-type: none"> • Full Time Student Status 	<ul style="list-style-type: none"> • Hospitals & Clinics, Dental/ Orthodontists
<ul style="list-style-type: none"> • Medical Insurance Premiums, Pharmacies & Physicians 	<ul style="list-style-type: none"> • X-ray and Imaging Facilities
<ul style="list-style-type: none"> • Department of Human Services (DHS) 	<ul style="list-style-type: none"> • Community in Action (CinA)

AUTHORIZATION

**** I AUTHORIZE FOR A PERIOD OF 12 MONTHS FROM THE DATE BELOW TO RELEASE AND SHARE ANY INFORMATION (INCLUDING DOCUMENTATIO AND OTHER MATERIALS) PERTINENT TO**

ELIGIBILITY FOR OR PARTICIPATION IN ASSISTED HOUSING PROGRAMS INCLUDING THE FOLLOWING:

- LOW RENT PUBLIC HOUSING
- HOUSING CHOICE VOIUCHER PROGRAM (SECTION 8)
- ELDERLY/DISABLED HOUSING
- LOW INCOME HOUSING
- SUBSIDIZED HOUSING

** I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I understand that my housing assistance may be denied or terminated. I authorize all sources to fax, mail or email information the Housing Authority of Malheur & Harney County (HAMHC).

Head of Household Signature	Printed Name	Social Security Number	Date
Spouse or Other Adult Signature	Printed Name	Social Security Number	Date
Other Adult Signature	Printed Name	Social Security Number	Date
Other Adult Signature	Printed Name	Social Security Number	Date