



APPLICATION FOR HOUSING CHOICE VOUCHER (SECTION 8) ASSISTANCE

Complete and Return to:

500 East 2nd Street
The Dalles, Oregon 97058

Head of Household Applicant: (Last Name)				(First Name)	
Current Mailing Address:				Apt. # or P.O. Box #	
City	County	State	Zip	Day Phone :	

Part I. Household Members: List all Family Members that will be living in the assisted unit: (Begin with Head of Household)

Social Security Number	Last Name	First Name	M.I	Sex	Age	Relation to Head	Birth date Mo/Day/Yr	Race - See below	Ethnicity - See Below

RACE: 1 - White, 2 - Black, 3 - American Indian/Alaskan Native, 4 - Pacific Islander/Asian ETHNICITY: 1 - Hispanic or Latino, 2 - Non-Hispanic or Latino

Part II. Household Income.

List *all gross* income for persons listed above. Income includes but is not limited to Wages, Welfare, Social Security, SSI, VA, Pensions, Child Support, Unemployment, etc.

Annual Income:	
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Part III: PLEASE CHECK ANY OF THE FOLLOWING THAT MAY APPLY TO YOU:

Elderly (age 62 or older) Disabled or Handicapped Disabled Veteran Displaced by Government Action Pregnant or In the process of securing legal custody of any individual who has not attained the age of 18.

Part IV. Circle Y for Yes and N for No.

Have you or anyone in your household been convicted of manufacturing methamphetamine? **Y / N**

Are you or anyone in your household required to register as a sex offender? **Y / N**

PART V.

Do you wish a caseworker or another individual to be notified when you are contacted for housing assistance? Yes__ No__ . If yes, give us the name of caseworker or other person _____	
Telephone Number _____	Address _____

Part VI. Certification: I understand that this is not a contract and does not bind either party. The information is full, true and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements made herein, or giving my name and address to other housing agencies.

Signature: _____ Date: _____

EQUAL HOUSING OPPORTUNITY. The Mid-Columbia Housing Authority does not discriminate on the basis of race, color, national origin, religion, sex, age, physical or mental disability, or familial status.

500 East 2nd Street, The Dalles, OR. 97058
Deaf Community Relay - (OR) 1-800-735-1232 (WA) 1-800-833-6384

(Phone) 1-541-296-5462 (Toll Free) 1-888-356-8919
(Fax) 1-541-296-8570



Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): MID-COLUMBIA HOUSING AUTHORITY 500 E 2ND ST, THE DALLES, OR 97058
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:		Additional Signatures, if needed:	
_____	_____	_____	_____
Head of Household	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Spouse	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
_____	_____	_____	_____
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.



REASONABLE ACCOMMODATION VERIFICATION

Clientele Who Can Qualify for a Reasonable Accommodation

It is the MCHA/CGHA policy to provide a reasonable accommodation in housing for Housing Choice Voucher (Section 8) clients with a disability who are otherwise qualified for MCHA/CGHA services. This policy is furtherance of MCHA/CGHA's goal to provide and develop quality affordable housing opportunities for people regardless of disability and remain in compliance with applicable federal, state and local law.

A person with a disability is one who:

- Has a physical or mental impairment that substantially limits one or more major life activities such as caring for one's self, doing manual task, walking, seeing, hearing, breathing, learning and working;
- Has a record for such an impairment; or
- Is regarded of having such impairment.

To be completed by a Qualified Professional to fill out (E.G., Counselor, social worker, doctor rehabilitations center, service agencies, or other entity identified by the person requesting a reasonable accommodation.

A Reasonable Accommodation has been requested by _____ (name of client) in order for MCHA/CGHA to provide the following accommodation:

Please list what accommodation you are requesting MCHA/CGHA provide:

Please explain why you are requesting this accommodation and how it will provide your Client an equal opportunity to participate in and use our housing program.



MCHA/CGHA is required by law to provide reasonable accommodations to disabled participants that will provide them with equal opportunity to participate in the use of our housing programs. MCHA/CGHA will not provide reasonable accommodations when the request is a matter of convenience or preference only.

Please verify that the above requested accommodation:

- 1) Is related to the participants disability; and 2) would provide the participant with equal opportunity in and use our housing program in their unit.

I, _____ do _____ do not _____ (please check one)

Believe that the above requested accommodation is related to the participants disability and would provide equal opportunity to participate in the housing program.

I HEARBY CERITY THAT I HAVE READ PAGE 1 FOR COMPLETING THE QUALIFIED PROFESSIONAL VERIFICATION OF NEED FOR AN ACCOMMODATION IN HOUSING BECAUSE OF A DISABILITY AND I UNDERSTAND ITS CONTENTS. I FURTHER CERTIFY THAT ALL INOFRMATION I HAVE PROVIDED IN THE FORM IS ACCURATE, COMPLETE, AND CURRENT. FINALLY, I UNDERSTAND THAT I CAN BE SUBPOENDAED TO TESTIFY IN ANY TRIALS OR HEARINGS RELATED TO THE PARTICIANTS REQUEST.

Signature Date

Printed Name Phone #

Professional title

Please return this form to: ATTN _____, Housing Certifier II

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