

**MID-COLUMBIA HOUSING AUTHORITY**

312 Court St., Suite 419  
The Dalles, Oregon 97058

TEL: 541/296-5462  
FAX: 541/296-8570  
DEAF RELAY: 1-800-735-1232  
TOLL FREE: 1-888-356-8919

OFFICE USE ONLY	
CERT /VOUCHER# _____	COUNTY _____
INITIAL <input type="checkbox"/>	ANNUAL <input type="checkbox"/> MOVE <input type="checkbox"/> SPECIAL <input type="checkbox"/>
EFFECTIVE DATE _____	WORKER _____

Serving: Wasco, Sherman, Hood River, Klickitat & Skamania Counties

Head of Household / Applicant: (Last Name)				(First Name)			Area Code & Phone #		
Current Physical Address				Apt.#	Current Mailing Address if different than physical address / PO Box #				
City		County	State	Zip Code		City		State	Zip Code

- A. Have you moved since your last re-exam?  YES  NO    B. Do you want to move?  YES  NO  
 C. Do you claim handicapped / disabled status?  YES  NO  
 D. Does your spouse claim handicapped / disabled status?  YES  NO  NA

**Part I. Household Members:** List all Family Members that will be living in the assisted living unit: (Begin with Head of Household). Attach additional sheets if needed, When filling out boxes labeled Relation, Citizenship, Race & Ethnicity please use the applicable one letter, two letter or numbered code listed below.

<b>Code</b>	<b>Relation</b>	<b>Code</b>	<b>Citizenship</b>	<b>Code</b>	<b>Race</b>	<b>Code</b>	<b>Ethnicity</b>
H	= head	EC	= eligible citizen	1	= White	1	= Hispanic
S	= spouse	EN	= eligible noncitizen	2	= Black	2	= Not Hispanic
K	= co-head	IN	= ineligible noncitizen	3	= American Indian / Alaska Native		
F	= foster child/foster adult	PV	= pending verification	4	= Asian / Pacific Islander		
Y	= other youth under 18						
E	= full time student 18+						
L	= live-in aide						
A	= other adult						

Member Number 01	Last Name & Sr, Jr, etc.			First Name			MI	Date of Birth	Age	Birthplace, City/State/Country
	Sex	Relation H	Citizenship	Disability (Y/N)	Race	Ethnicity	Social Security #		Alien Registration #	

Member Number 02	Last Name & Sr, Jr, etc.			First Name			MI	Date of Birth	Age	Birthplace, City/State/Country
	Sex	Relation	Citizenship	Disability (Y/N)	Race	Ethnicity	Social Security #		Alien Registration #	

Member Number 03	Last Name & Sr, Jr, etc.			First Name			MI	Date of Birth	Age	Birthplace, City/State/Country
	Sex	Relation	Citizenship	Disability (Y/N)	Race	Ethnicity	Social Security #		Alien Registration #	

Member Number 04	Last Name & Sr, Jr, etc.			First Name			MI	Date of Birth	Age	Birthplace, City/State/Country
	Sex	Relation	Citizenship	Disability (Y/N)	Race	Ethnicity	Social Security #		Alien Registration #	

Member Number 05	Last Name & Sr, Jr, etc.			First Name			MI	Date of Birth	Age	Birthplace, City/State/Country
	Sex	Relation	Citizenship	Disability (Y/N)	Race	Ethnicity	Social Security #		Alien Registration #	

Member Number 06	Last Name & Sr, Jr, etc.			First Name			MI	Date of Birth	Age	Birthplace, City/State/Country
	Sex	Relation	Citizenship	Disability (Y/N)	Race	Ethnicity	Social Security #		Alien Registration #	

**Part 1. Household Members (continued)**

<b>Member Number</b> 07	Last Name & Sr, Jr, etc.			First Name			MI	Date of Birth	Age	Birthplace, City/State/Country
	Sex	Relation	Citizenship	Disability (Y/N)	Race	Ethnicity	Social Security #		Alien Registration #	

<b>Member Number</b> 08	Last Name & Sr, Jr, etc.			First Name			MI	Date of Birth	Age	Birthplace, City/State/Country
	Sex	Relation	Citizenship	Disability (Y/N)	Race	Ethnicity	Social Security #		Alien Registration #	

<b>Member Number</b> 09	Last Name & Sr, Jr, etc.			First Name			MI	Date of Birth	Age	Birthplace, City/State/Country
	Sex	Relation	Citizenship	Disability (Y/N)	Race	Ethnicity	Social Security #		Alien Registration #	

<b>Member Number</b> 10	Last Name & Sr, Jr, etc.			First Name			MI	Date of Birth	Age	Birthplace, City/State/Country
	Sex	Relation	Citizenship	Disability (Y/N)	Race	Ethnicity	Social Security #		Alien Registration #	

**Part II. Assets:** List all Savings, Checking, Annuities, Property, Time Certificates, Stocks, Bonds, Etc. Fill out each box, making sure that you have entered **Account Numbers**. If you do not have an asset listed below, write **NONE** in the column labeled **"Type of Asset"**. Attach additional sheets, if needed.

Type of Asset	Name of Family Member & Account Number	\$ Amount / Value	Provide Name & Mailing Address of Bank or Source
<b>Checking Accounts</b>			Name of Bank
			Mailing Address :
<b>Savings Accounts</b>			Name of Bank
			Mailing Address
<b>Time Certificates</b>			Name of Bank
			Mailing Address
<b>Money Market Certificates</b>			Name of Bank
			Mailing Address
<b>Cash in Safe Deposit Box</b>			
<b>Equity in Real Estate</b>			Name of Verifiable Source
			Mailing Address
<b>Stocks / Bonds</b>			Name of Stock Broker
			Mailing Address
<b>Life Insurance (Surrender Value)</b>			Name of Insurance Co.
	Policy #		Mailing Address
<b>Other Assets (List)</b>			Name of Source
			Mailing Address

**Part III Household Income.** List *all gross income* for persons listed in Part I that are 18 yrs. of age or older. Income includes but is not limited to Wages, Welfare, Social Security, SSI, VA, Pensions, Child Support, Unemployment, etc. **Complete each box.** If you do not receive income from any source listed below, write **NONE** in the column labeled **"Name of Family Member Receiving Income"**. Attach additional sheets, if needed.

Name of Family Member Receiving Income	Enter Name of Income Source / Type	Monthly		Weekly		Provide Mailing Address of Income Source	
		Hrs	\$Amnt	Hrs	\$ Amnt		
	Employment					Mailing Address :	
	Employment					Mailing Address:	
	Unemployment					Mailing Address:	
	Social Security / Head						
	Social Security / Spouse						
	SSI / Head of Household						
	SSI / Other Family Member						
	Veterans' Pension						
	Railroad Retirement						
	Other Pensions (List)						
	Welfare / General Assistance						Mailing Address
	Educational Grants / Scholarships						Mailing Address:
	Disability / Workers Comp						Mailing Address:
	Child Support (Through State)					Mailing address:	
	Child Support (From Parent)					Mailing Address:	
	Alimony					Mailing Address:	
	National Guard / Military Pay					Mailing Address:	
	JTPA / Green Thumb					Mailing Address:	
	Indian Trust / Per Capita					Mailing Address	
	<b>Self-Employment</b> (i.e. babysitting, housecleaning, yard work, paper route etc.)					For Self-Employment we will need a copy of your recent <b>Federal Tax form with Schedule C</b> and a copy of your <b>books showing Income &amp; Expenses.</b>	
	<b>Seasonal Work</b>					For Seasonal Work list all employers on a separate sheet of paper. Provide copies of <b>W-2's</b> & your most recent <b>Federal Income Tax form.</b>	
	Other (List)					Mailing Address:	

**PART IV. EXPENSES**

**A. Child Care:** (1) Do you pay for child care for children *under age 13* to enable you to work OR to enable you to go to school?  YES  NO  
If yes, provide name and mailing address of care provider \_\_\_\_\_

(2) Does Welfare pay any portion of your child care expenses?  YES  NO

**B. Medical Expenses**

(1) Are you or your spouse age 62 or over, or disabled / handicapped?  YES  NO

If NO, skip to Part V below.

If YES, complete information concerning medical below. Please list all medical expenses that **you have to pay yourself**. Include premiums you pay for Health Insurance. **DO NOT INCLUDE** amounts that are reimbursed by Medicare, Medicaid, Social Security or Insurance. Attach additional sheets if needed.

Type of Expense	Name of Family Member	Expense Monthly/	Yearly	Provide Mailing Address of Medical Provider(s)
Medi-Care				
Doctor #1 Name:				Mailing Address
Doctor #2 Name:				Mailing Address
Doctor #3 Name:				Mailing Address
Pharmacy Name:				Mailing Address
Hospital Name				Mailing Address
Eyeglasses/ Optometrist				Mailing Address
Dentist Name				Mailing Address
AARP Insurance				Mailing Address
Health Insurance				Mailing Address
Other Medical (List)				Mailing Address

(2) Does Medicare or Medicaid or Medical Insurance pay any portion of your medical expenses ?  YES  NO

(3) What portion is covered?

**Part V. Criminal / Drug Activity:** (1) Have you or any member of your household ever been **evicted** due to drug related or criminal activity?  YES  NO

(2) Have you or any member of your household ever been **convicted** of drug or violent criminal activity?  YES  NO

(3) If Yes for either (1) or (2) please give name of person, date and location of **eviction or conviction**:

Name \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

**Part VI. Certification:** I understand that program regulations require that participating families report all individuals living in the household at all times and any and all money coming into the household. This includes part time, seasonal and self-employment such as yard work, day care, housecleaning etc. The purpose of this requirement is to assure that the correct amount of housing assistance is being paid for you to your landlord. Generally a small increase in income will only increase your part of the rent by a slight amount. I understand that false statements or information are grounds for termination of housing assistance and constitute fraud. *I certify that the information I have given to the housing agency is full, true and complete to the best of my knowledge. I have no objection to and authorize MCHA to make inquiries concerning my household income, assets, medical expenses and to run criminal background checks on household members as determined necessary for determining my eligibility and benefit amount. I also authorize MCHA to release information about housing to welfare.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_