

**MID-COLUMBIA HOUSING AUTHORITY**

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

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| 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.

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

|                            |                          |          |             |                  |      |           |                   |               |                      |                                |
|----------------------------|--------------------------|----------|-------------|------------------|------|-----------|-------------------|---------------|----------------------|--------------------------------|
| Member Number<br><b>02</b> | 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<br><b>03</b> | 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<br><b>04</b> | 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<br><b>05</b> | 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<br><b>06</b> | 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><br>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><br>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><br>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><br>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><br>(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/<br>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: \_\_\_\_\_