

# MID-COLUMBIA HOUSING AUTHORITY APPLICATION FOR SECTION 8\* HOUSING ASSISTANCE

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

Deaf Community Relay OR 1-800-735-1232

WA 1-800-833-6384

**Complete and Return to:** 312 Court St Ste.419

Fax (541) 296-8570

The Dalles, Oregon 97058

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

**Part 1. Household Members:** List all Family Members that will be living in the assisted living 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	Birthplace City/State /Country

**PLEASE CHECK ANY OF THE FOLLOWING THAT MAY APPLY TO YOU:** (NOTE: If you are a *single person* low income household, you are eligible for housing assistance if you are:  Elderly (age 62 or older)  Disabled or Handicapped  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 II. Household Income.** List *all gross* income for persons listed above over 18. Income includes but is not limited to Wages, Welfare, Social Security, SSI, VA, Pensions, Child Support, Unemployment, etc.

Family Member Receiving Income	Source/Type	Monthly		Weekly		Yearly \$Amount
		Hrs	\$Amount	Hrs	\$Amount	
	Employment					
	Employment					
	Unemployment					
	Social Security/Head					
	Social Security/ Spouse					
	Pensions					
	Public Assistance					
	Interest Income					
	Other					

**Office Use Only:**

Date Received:	Time Received:	Official's Initials	
		Rec'g	Processing
Gross Annual Income:	Income Limit:	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
County:		Date Notice Sent:	

**Part III. U.S. Citizenship or Immigration Status:** Complete attached declaration for *each* family member. **Bring in proof of Social Security Numbers for each member of the household as soon as possible.**

**Part IV. Assets:** List all Savings, Checking, Annuities, Property, Time Certificates, Stocks, Bonds, Etc.

Type of Asset	\$Amount/Value	Type of Asset	\$Amount/Value
Checking Account		Time Certificates	
Savings Account		Cash in Safe Deposit Box	
Stocks/Bonds		Equity in Real Estate	
Other Assets (List)			

**Part V. Circle Y for Yes, or N for No**

- Do you want to move? Y/N If yes, Why? \_\_\_\_\_
- Have you or any other member of the household listed above been a tenant of any other Housing Authority? Y/N If Yes, what Housing Authority? \_\_\_\_\_
- Do you owe money to another Housing Authority? Y/N
- Do you or any member of the household have a disability which requires a unit with special features? Y/N If yes, what features do you require for your disability? \_\_\_\_\_
- Do you or any member of your family have a disability which requires an auxiliary aid? Y/N. If yes, what auxiliary aid(s) do you require for your disability? \_\_\_\_\_  
Do you or any member of the household require a live-in attendant? Y/N
- Do you claim ELDERLY, HANDICAPPED OR DISABLED ELIGIBILITY status? Y/N
- Have you or any member of the household used any other name than that listed on Page1? Y/N  
If yes, please explain \_\_\_\_\_
- Have you or any member of your family been convicted of drug or criminal activity? Y/N
- Have you or any member of your household been evicted for drug or criminal activity? Y/N
- Name of person to contact in emergency : \_\_\_\_\_ Phone No. \_\_\_\_\_
- Child Care:** (a) Do you pay for child care for children *under age 13* to enable you to work? Y/N  
If yes, provide name and address of provider. \_\_\_\_\_  
\_\_\_\_\_
- (b) Does Welfare pay any part of your child care costs? Y/N

**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 VII. 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.*