



# MID-COLUMBIA HOUSING AUTHORITY

## APPLICATION FOR HOUSING CHOICE VOUCHER (SECTION 8) ASSISTANCE

**Complete and Return to:**

500 East 2<sup>nd</sup> Street  
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 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.

<b>Annual Income:</b>	
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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.**

<b>Do you wish a caseworker or another individual to be notified when you are contacted for housing assistance?</b> 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 2<sup>nd</sup> 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

