

**MID-COLUMBIA HOUSING AUTHORITY
APPLICATION FOR SECTION 8*PROJECT BASE HOUSING ASSISTANCE
HOOD RIVER CROSSING- HOOD RIVER, OREGON 97031**

Complete and Return to:

312 Court St Ste.419
The Dalles, Oregon 97058

Phone (541) 296-5462
Toll Free# 1-888-356-8919
Fax (541) 296-8570
Deaf Community Relay OR 1-800-735-1232
WA 1-800-833-6384

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

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. Farmworker

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

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