

Housing Authority of Yamhill County

Applicant/Participant Packet

IMPORTANT: **YOU MUST READ AND FOLLOW THE INSTRUCTIONS BELOW.**

1. **This packet is not intended to report any previously unreported changes. If you have any unreported changes you must report them separately in writing.**
2. Complete the packet in blue or black ink only.
3. Have everyone in your household that is 18 or older sign all pages as required. If anyone in your family will turn 18 in the next year, they must also sign all pages.
4. Provide information on everyone living in your unit, regardless of age or relation to you.
5. Make sure to supply **complete** mailing addresses for employers, childcare, and medical expenses.
6. You must provide all documentation as requested. Provide only photocopies of original documents, as documents are not returned.

EXTREMELY IMPORTANT

Late or incomplete packets may result in the following: Termination of assistance, monies owed, short notice of rent changes, reduced deductions, and other processing delays.

REASONABLE ACCOMODATIONS

If you or anyone living in your unit is a person with disabilities, and requires a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority of Yamhill County for a request form.

Warning!! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO AN DEPARTMENT OR AGENCY OF THE UNITED STATES.

135 NE Dunn Place * PO Box 865, McMinnville, OR 97128-0865 * www.hayc.org
Ph: 503-434-6571 * Toll Free: 888-434-6571 * 503-472-4376 * TDD: 800-735-2900

“Equal Housing Opportunity”

AUTHORIZATION FOR RELEASE OF INFORMATION/AUTORIZACION POR DESCARGO DE INFORMACION

PURPOSE: The Housing Authority of Yamhill County uses this authorization and the information obtained with it to administer and enforce housing program rules and policies./*PROPOSITO: La Autoridad de Vivienda del Condado de Yamhill usa esta autorización y la información que esta adentro para obtener, administrar y poner en vigor reglas de la programa de la vivienda y normas.*

INDIVIDUALS OR ORGANIZATIONS REQUESTED TO RELEASE INFORMATION/INDIVIDUOS O ORGANIZACIONES QUE NOS PUEDE DAR INFORMACION

Any of the following individual organizations including any governmental organizations may be asked to release information/*Cualquieras de las siguientes organizaciones individuales incluyendo cualquieras organizaciones gubernamentales:*

- ❖ Post Offices/*Oficinas del correo*
- ❖ Utility Companies/*Compañías de la utilidad*
- ❖ Employers, Past & Present/*Patrones, Pasado y Presente*
- ❖ Professional Personal References/*Referencias Profesionales y Personales*
- ❖ U.S. Department of Veterans Affairs/*U.S. Sección de Asuntos de los Veteranos*
- ❖ Current & Previous Landlords (including Public Housing Agencies)/*Dueños del Presente y pasados (incluyendo Agencias de las Viviendas Públicas)*
- ❖ Courts & Law Enforcement Agencies/*Corte y Agencias del entrada en vigor de la Ley*
- ❖ Banks and Other Financial Institutions/*Bancos y Otro Instituciones Financieras*
- ❖ State Agencies such as Welfare & Social Services/*Agencias del estado como Welfare y Servicios Sociales*
- ❖ Providers of: Alimony, Child Care, Child Support, Credit Handicapped Assistance, Medical Care, Prescriptions, Pensions/Annuities
- ❖ *Proveedores de: Pensión por divorcio, Cuida de Niño, Mantener de Niño, Ayuda Invalido, Aflicción Médica, Pensiones/ anualidades*
- ❖ **INFORMATION COVERED** - Information shared may include: *INFORMACION CUBRIO- Información compartido incluía:*
- ❖ Family Composition/*Composición familiar*
- ❖ Criminal Activity, Legal Issues/*Actividades criminales, ilegales*
- ❖ Identity and Marital Status/*Identidad y Estado de matrimonio*
- ❖ Handicapped Assistance Expenses/*Gastos de la Ayuda de Impedidos*
- ❖ Employment, Income, Pensions and Assets/*Empleo, Ingreso, Pensiones y posesiones*
- ❖ Credit History, Financial Concerns/*Historia del crédito, Preocupaciones Financieros*
- ❖ Federal State, Tribal or Local Benefits/ *Beneficios Tribales o Beneficios Locales, del Estado, o federal*
- ❖ Medical, Psychological, or Psychiatric Issues and records, Out of Pocket Prescription Costs/*Emisiones de tipos Médicales, Psicológicos, o Psiquiátricos*
- ❖ Residences and Rental History/*Residencia y historia de renta*
- ❖ Credit Bureaus/*Agencias del crédito*
- ❖ Schools and Colleges/*Escuelas y Universidades*
- ❖ U.S. Soc. Sec. Admin./*Admin. del seguro social*
- ❖ Child Care Expenses/*Gastos de Cuida de Niño*
- ❖ Soc. Sec. Numbers/*Numeros de Seguros Sociales*

AUTHORIZATION/AUTORIZACION

◆ I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in the Low Rent Public Housing & Section 8 Assistance Programs./*Yo autorizo el descargo de cualquier información (incluyendo documentación y otro materiales) pertinente a elegibilidad por o participación en la Renta Baja Vivienda Pública & Sección 8 Programas de la Ayuda.*

◆ I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the Low Rent Public Housing & Section 8 Assistance Programs./*Yo entiendo que no se puede usar para obtener cualquier información acerca de mí con esta autorización que no es pertinente a mi elegibilidad por y participación continuada en la Renta Baja Vivienda Pública y Sección 8 Programas de la Ayuda.*

◆ I agree that photocopies of this authorization may be used for the purposes stated above. This authorization will stay in effect for fifteen months from the date signed./*Yo estoy de acuerdo que se usan fotocopias de esta autorización por los propósitos declaró sobre. Esta autorización quedará en efecto por quince meses de la fecha firmó.*

Signature/Head/*Firma/Cabeza*

Date/*Fecha*

SS#/# de Seguro Social

Signature/Spouse/*Firma/Esposa*

Date/*Fecha*

SS#/# de Seguro Social

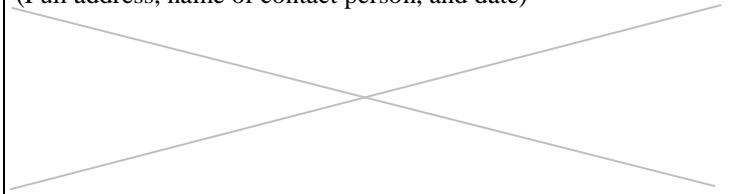
Signature/Other/*Firma/Otro Adulto*

Date/*Fecha*

SS#/# de Seguro Social

**Authorization for the Release of Information/
Privacy Act Notice**
to the U.S. Department of Housing and Urban
Development (HUD) and the Housing Agency/Authority (HA)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

<p>PHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)</p> <p>Housing Authority of Yamhill County 135 NE Dunn Place P.O. Box 865 McMinnville, OR 97128-0865</p>	<p>IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)</p> 
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Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974.5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7) (A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S. C. 2000d), and the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization

ref. Handbooks 7420.7 7420.8 & 7465.1

form HUD-9886 (7/94)

HOUSEHOLD COMPOSITION – list all persons living in your household.

NAME: First, Middle Initial, Last	Social Security Number	Relation To Head	Date of Birth	Age	Sex	Race *	Ethnicity **
		HEAD					

*Enter 1-White 2-Black 3-American Indian/Alaska Native 4-Asian/Pacific Islander **For HUD statistical purposes only. Response is voluntary 1-Hispanic 2-Non-Hispanic

Current Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ Alternate/Message Number _____

For the children listed above, do you have legal custody at least 51% of the time or more? Yes No

List all other first and last names used by members of your household _____

Are any household members temporarily or permanently absent? Yes No

If yes, please explain who, why, and for how long _____

Do you have any overnight guests that spend 2 or more nights a month? Yes No

If yes, please explain who, why, and for how long _____

Does any household member under the age of 6 have an Elevated Blood Lead Level? Yes No

CRIMINAL HISTORY

Is any member of your household currently **involved in or been involved in illegal** drug activity? Yes No

If yes - explain who, when, where, and what activity _____

In the last three years, has any member of your household **committed a violent** criminal act or had a restraining order filed against them? Yes No **If yes** - explain who, what, when, where _____

Is any member of your household required to register as a sex offender? Yes No

If so, who? _____

ASSETS - Include all assets in this section even those held with another person. Attach copies of the current statements for all assets listed below.

Type of Asset	Circle	Household Member(s)	Name and Mailing Address of Company	Value or Balance
Checking	Yes No			
Savings / Certificate of Deposit	Yes No			
Stocks/Bonds/ Annuities/ Money Market	Yes No			
IRA/KEOGH/ Retirement/ Trust	Yes No			
Permanent, Whole, or Universal Life Insurance	Yes No			
Other (Please specify):	Yes No			

List all automobiles, recreational vehicles, boats and similar items owned by all members of your household.

Make / Model	Year / Color	License Plate Number

Does any household member own real estate or rental property? Yes No

If yes, explain what type of property, and how much income is received monthly. A copy of most recent property tax statement and proof of rental income is required. _____

In the past two years has any household member sold, traded, or given away any assets? Yes No

If yes, what assets? _____

Date disposed of: _____ Amount Received _____ Actual Value: _____

Are any assets held with another person? Yes No

If yes, list what assets, the complete name, address, and telephone number of the co-holder: _____

INCOME

EMPLOYMENT / SELF EMPLOYMENT

(also provide copies of your two most recent pay stubs or if self employed, your most recent tax return)

Family Member _____ Employer _____

Employer's Address _____ City _____ Zip Code _____

Employer's Phone Number _____ Rate of Pay _____ per Hour Month _____

Average hours per week _____

Family Member _____ Employer _____

Employer's Address _____ City _____ Zip Code _____

Employer's Phone Number _____ Rate of Pay _____ per Hour Month _____

Average hours per week _____

Family Member _____ Employer _____

Employer's Address _____ City _____ Zip Code _____

Employer's Phone Number _____ Rate of Pay _____ per Hour Month _____

Average hours per week _____

List all bonuses/ commission/ profit shares / incentive pay/ and average tips you receive. _____

OTHER INCOME

For all items marked "yes", you must provide a copy of the current statement of income.

Income	Do you have?	Family Member	How much?	Per? (Month, Week, etc)
Social Security	Yes No		\$	
SSI	Yes No		\$	
Pension	Yes No		\$	
TANF	Yes No		\$	
Unemployment	Yes No		\$	
Child Support	Yes No		\$ \$ \$	Case # Case # Case #
Food Stamps	Yes No		\$	
Military Pay	Yes No		\$	
Educational Grants	Yes No		\$	
Odd Jobs	Yes No		\$	
Other / Tribal Benefits	Yes No		\$	

Other Income Continued on Next Page

OTHER INCOME (con't)

List all other sources of income or help that your household earns or receives such as money, bills paid, groceries bought, etc: _____

Provide the name, complete mailing address, and phone number of the person making the contribution.

EDUCATION / TRAINING

Are any household members enrolled in and education or training? Yes No

List all members of your household currently enrolled in school or a training program: (You must provide copies of current financial aid award letters. If student is 18 years of age or older, you must provide a current class schedule.)

Household Member(s)	Name of School	Current Level	Full or Part Time

Are any of the jobs listed in the employment section part of a training program? _____

If yes, please list the name of the program and contact person at the training program. _____

DEPENDENT ALLOWANCES

CHILDCARE

Do you pay for childcare? Yes No

You need childcare to: work _____ seek work _____ attend school _____

Do you receive help with childcare expenses from DHS or another agency? Yes No

If so, which agency? _____ If so, what is your co-pay amount? _____

Do you pay above your co-pay amount, if so how much? _____

Childcare Provider's Name _____ Phone Number _____

Mailing Address _____

Childcare Provider's Name _____ Phone Number _____

Mailing Address _____

DISABLED DEPENDENTS / CARE

Is anyone besides the head of household or the spouse disabled? Yes No **If yes, who** _____

For the person listed above, do you pay for attendant care or auxiliary equipment in order to:

work _____ seek work _____ attend school _____

If yes, please list the expenses: _____

MEDICAL DEDUCTIONS FOR ELDERLY AND DISABLED

Is anyone in your household elderly and/or disabled as defined below? Yes No

If “No” go to page 6.

If “Yes”:

Name of qualifying household member _____

If disabled, provide doctors name _____ Phone _____

Mailing Address _____

Medical allowances such as medical insurance, other medical expenses (doctors, pharmacies, auxiliary equipment, and attendant care) can be considered in rent calculations when the Head of Household or their spouse is elderly or disabled as defined below:

Elderly is defined as 62 years or more. **Disabled** is defined as a person who a) has a disability as defined in section 223 of the Social Security Act, b) has a physical, mental, or emotional impairment that 1) is expected to be of long continuing and indefinite duration, 2) substantially impedes his/her ability to live independently, and 3) is of such a nature that ability to live independently could be improved by more suitable housing conditions; or c) has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act.

OUT OF POCKET MEDICAL AND PRESCRIPTION EXPENSES:

If you pay or have paid for out of pocket medical expenses in the last year, fill out the section below. If extra space is needed, use an additional piece of paper listing names, mailing addresses and phone numbers of your medical expenses.

Name of Provider	Family Member	Complete Mailing Address / Phone Number	Amount Paid
Medicare		N/A	

OVER THE COUNTER MEDICAL EXPENSES

If you have over the counter expenses, you may be able to receive a deduction for them as it applies to the current IRS Publication 502 Medical / Dental Expenses. In order to receive the deduction you will need to provide the following:

1. A note from a qualified medical professional on the professional’s letterhead prescribing the items and stating the quantity you should be using.
2. At least 3 months of receipts showing the amount you have paid for the items.

Family Obligations

The Family Obligations state the rules and responsibilities that each household member must follow while receiving Section 8 Housing Choice Voucher (Section 8) assistance. All household members must comply with these rules. A violation of any of the Family Obligations may result in termination of Section 8 assistance.

A. THE FAMILY MUST:

1. Supply any information that the HAYC or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition within the time limit set by the HAYC.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information within the time limit set by the HAYC.
3. Supply any information requested by the HAYC to verify that the family is living in the unit or information related to family absence from the unit within the time limit set by the HAYC.
4. Promptly notify the HAYC in writing when the family is going to be away from the unit for more than 14 days.
5. Allow the HAYC to inspect the unit at reasonable times and after reasonable notice.
6. Notify the HAYC and the owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Notify the HAYC in writing of the birth, adoption, or court-awarded custody of a child within 10 business days.
9. Request written approval from the HAYC prior to adding any other family member as an occupant of the unit.
10. Notify the HAYC in writing if any family member no longer lives in the unit within 10 business days of the change occurring.
11. Give the HAYC a copy of any owner eviction notice.
12. Maintain all utilities and appliances that the family is responsible for under the lease agreement.
13. If the family receives a utility allowance, all of that money must be used towards utilities outlined on the lease.
14. Report in writing any change in family size or income within 10 business days of the change occurring.

B. ANY INFORMATION THE FAMILY SUPPLIES MUST BE TRUE AND COMPLETE.

C. THE FAMILY (INCLUDING EACH FAMILY MEMBER) MUST:

1. **NOT** Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
2. **NOT** Commit any serious or repeated violation of the lease.
3. **NOT** Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. **NOT** Engage in drug-related criminal activity, or violent criminal activity, or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
5. **NOT** Sublease or let the unit or assign the lease or transfer the unit.
6. **NOT** Receive Housing Choice Voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
7. **NOT** Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.

CONTINUED ON NEXT PAGE

FAMILY OBLIGATIONS (CON'T.)

- 8. **NOT** Receive Housing Choice Voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the HAYC has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide a reasonable accommodation for a family member who is a person with disabilities.
- 9. **NOT** Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
- 10. **NOT** Allow non-household members to use the unit address for any purpose, including a mailing address.
- 11. **NOT** Allow non-household members to be in the unit more than 14 consecutive days or a total of 30 days in a twelve-month period.
- 12. **NOT** Engage in any threatening, abusive or violent behavior toward any HAYC personnel.
- 13. **NOT** Be a fugitive felon.

MANDATORY TERMINATION

D. HUD REQUIRES THE HAYC TO START THE TERMINATION PROCESS FOR THE FOLLOWING CIRCUMSTANCES.

- 1. The family is court evicted from an assisted unit
- 2. The family fails to sign and submit any consent forms they are required to sign for reexamination.
- 3. The family fails to submit any documentation required concerning any family member's citizenship or immigration status
- 4. The family fails to provide required Social Security documentation
- 5. If students fail to meet on-going eligibility requirements.
- The items listed below require mandatory terminations and lifetime denial of assistance.**
- 6. If any member of the family has been convicted of manufacturing or producing methamphetamine.
- 7. If any member of the family is required to register as a lifetime sex offender.

Warning!! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO A DEPARTMENT OR AGENCY OF THE UNITED STATES.

I do hereby swear and attest that all of the information contained in this packet about my household and myself is true and complete, and I will abide by the Family Obligations as stated above.

Signature of Head of Household _____ Date _____

Spouse/Other Adult's Signature _____ Date _____

Other Adult's Signature _____ Date _____

Other Adult's Signature _____ Date _____

Housing Authority of Yamhill County
135 NE Dunn Place
PO Box 865
McMinnville, OR 97128
