

HOUSING AUTHORITY OF YAMHILL COUNTY
PO BOX 865 • 135 NE DUNN PLACE
MCMINNVILLE, OR 97128-0865
(503) 434-6571 // FAX (503) 472-4376
• 1-888-434-6571 (Newberg, Dundee, Yamhill) •

APPLICATION FOR HOUSING ASSISTANCE

ANY INDIVIDUAL WITH A DISABILITY WHO NEEDS AN ACCOMMODATION OR ASSISTANCE IN COMPLETING THE APPLICATION SHOULD INFORM THE RECEPTIONIST.

RETAIN THIS FORM

EXPLANATION OF WAITING LIST POLICY

The following policy guidelines pertain the following application. **READ THESE POLICIES CAREFULLY.**

The following changes must be reported in writing within 10 (ten) working days. The failure to report these changes can result in your application being terminated.

- Any change in physical address.
- Any change in mailing address.
- Any change to family size.
- Any change in employment.
- Any change school enrollment status.

The person that is listed as the "Head of Household" is the authorized party on the application. The "Head of Household" cannot be removed unless written notice is given by that person. Verification of the request will be made.

MUST SUBMIT ORIGINAL APPLICATION

Description of the Program

SECTION 8 VOUCHER:

Applicants for Section 8 are placed on the waiting list until such time as there are Section 8 vouchers available in this jurisdiction. Applications are pulled by date and preference points. Current points in Yamhill County are given for:

1. Applicants who live or work in Yamhill County.
2. Head of household or spouse are:
 - 62 years of age or older, or
 - has a verifiable disability, or
 - working at least 20+ hours per week, or
 - receiving unemployment or enrolled in a full-time job search, or
 - enrolled in school or a jobs training program full time.

Qualified applicants are issued a Section 8 Voucher that allows them to rent from any private landlord who agrees to work with the HAYC. The Voucher is portable nationwide. If you do not live in Yamhill County at the time you apply for rental assistance, you must reside in Yamhill County for one year before being able to transfer to another housing agency. Your portion of the rent is paid directly to the landlord and repairs are the responsibility of the landlord. Under this program, the contract rent is not limited, (but it must be reasonable), and you can rent a larger or smaller bedroom unit.

Your portion of the rent is based on a "payment standard" for the bedroom size of your voucher or the unit size. The HAYC's portion of the rent is the payment standard minus 30% of your adjusted monthly income. You will be responsible for the amount of the rent the HAYC is unable to pay. After the first year, the landlord can raise the rent with 60 days written notice to you and the HAYC.

APPLICATION FOR HOUSING ASSISTANCE

HOUSING AUTHORITY OF YAMHILL COUNTY
135 NE DUNN PLACE – PO BOX 865, MCMINNVILLE, OR 97128
(503) 434-6571 ☎ TOLL FREE: 1-888-434-6571 ☎ FAX: (503) 472-4376

THE HOUSING AUTHORITY OF YAMHILL COUNTY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, PHYSICAL OR MENTAL DISABILITY, OR FAMILIAL STATUS.

*Any individual who needs accommodation or assistance in making application
 At any time during the application process should inform the receptionist.*

A. STARTING WITH THE HEAD OF THE HOUSEHOLD, list each person who will be living with you if you receive assistance. If any family member is pregnant, please indicate by writing the word %EXPECTING+ under %NAME+ and the due date under %BIRTHDATE+. **Please PRINT using black or blue ink only.**

| Name - Last, First, Middle Initial | Soc. Sec. # | Relationship | Birthdate | Sex | US Citizen (Yes or No) | Age |
|------------------------------------|-------------|--------------|-----------|-----|------------------------|-----|
| | | HEAD | | | | |
| | | | | | | |
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B. Total YEARLY Household Income before taxes (Employment, cash assistance, benefits, child support and others.):
 \$ _____

C. Are any adults (18+) in the household working 20+ hours per week? YES NO

D. Are any adults (18+) in the household receiving unemployment benefits? YES NO

E. If you live outside of Yamhill County, do you currently work in Yamhill County? YES NO

F. Is any member of the family a farm worker? YES NO

G. Are any adults (18+) in the household enrolled in college full time or involved in a training program such as Jobs plus? YES NO

H. Is any adult (18+) in the family:

- Elderly (62+) A Person with Disabilities (verifiable) Require a Live-In-Caregiver

I. Current Street Address _____

City _____ State _____ Zip _____

* Mailing address (if different) _____

Home Phone _____ Message/Office/Cell Phone _____

| |
|---|
| <p><i>For office use only:</i> <input type="checkbox"/> Happy OK? Yardi Code: _____</p> |
|---|

- J. Is any family member in need of a unit with special features to accommodate the special needs of his/her disability? **YES** **NO** If yes, please explain: _____

- K. Have you or a family member ever received help with rent from a Federal, state, or local assisted housing or HUD program? **YES** **NO** If yes, family member: _____
 Name of program or apartment: _____ Address: _____
 City: _____ St: _____ Zip: _____ Phone: _____
- L. Have you or any household member been evicted from a HUD program due to drug-related criminal activity in the last 3 years or violated a HUD family obligation? **YES** **NO**
- M. Has any household member used alcohol or drugs within the last 3 years to the degree that it has caused a problem? **YES** **NO**
- N. Is any household member a registered sex offender or required to register as a sex offender? **YES** **NO**
- O. Are you currently working with Yamhill County Adult Mental Health? **YES** **NO**
- P. Are you currently working with Yamhill County Adult Developmental Disabilities or with a brokerage?
 YES **NO**

Important : ALL FAMILY SIZE CHANGES AND ADDRESS CHANGES MUST BE REPORTED IN WRITING WITHIN 10 WORKING DAYS.

CERTIFICATION

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 ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I do hereby certify that all of the information above about my household and me is true and correct. I also understand that changes in address or household members must be reported to the HAYC in writing within 10 working days.

Signature of Head of Household _____ Date _____

Other Adult's Signature _____ Date _____

IMPORTANT NOTICE FOR APPLICANTS

Federal regulations prohibit rental assistance to persons other than United States citizens, nationals, or certain categories of eligible non-U.S. citizens. Eligible non-U.S. citizens are:

1. A non-U.S. citizen lawfully admitted for permanent residence as an immigrant or special agricultural worker;
2. A non-U.S. citizen who entered the U.S. before January 1, 1972, AND has continuously maintained residence, AND who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence by the Attorney General;
3. A non-U.S. citizen who is lawfully present pursuant to Grant of Asylum, Conditional Entry, due to **Persecution** or Catastrophic Calamity;
4. A non-U.S. citizen lawfully present as a result of an exercise of discretion by the Attorney General for Emergent **Reasons** or reasons deemed strictly in the public interest (Parole Status);
5. A non-U.S. citizen lawfully present in the U.S. as a result of the Attorney General's withholding deportation;
6. A non-U.S. citizen lawfully admitted for temporary or permanent residence (Amnesty granted under Immigration and Naturalization Act Section 245A).

NOTE: FAMILIES WITH SOME ELIGIBLE FAMILY MEMBERS AND SOME INELIGIBLE FAMILY MEMBERS MAY BE ENTITLED TO PRORATED HOUSING ASSISTANCE.

ALL APPLICANTS must complete the DECLARATION OF U.S. CITIZEN OR IMMIGRATION STATUS form in this packet for each family member, regardless of age, and return it to the Housing Authority with their application.

COMPLETING THE DECLARATION OF U.S. CITIZEN OR IMMIGRATION STATUS

- U.S. CITIZENS: Complete the top section if you are "A citizen of the United States," sign and date the **DECLARATION**. This is all that is needed.
- NON-U.S. CITIZENS: If 62 years of age or older, on June 19, 1995, mark the middle section if "A non-U.S. citizen with eligible immigration status," sign and date the **DECLARATION**, and provide a proof of age document. This will be all that is needed.

All other non-U.S. citizens will need to either: 1) fill in the middle section, sign and date the **DECLARATION**, and provide Immigration and Naturalization documents of eligible immigration status, OR, 2) complete bottom section, sign and date the **DECLARATION**.

Rental assistance will be prorated, denied, or terminated, as appropriate, upon a final determination of ineligibility after all appeals have been exhausted, or, if appeals are not pursued, at a time to be specified in accordance with U.S. Department of Housing and Urban Development requirements.

ALL FAMILY SIZE CHANGES AND ADDRESS CHANGES MUST BE REPORTED IN WRITING WITHIN 10 WORKING DAYS. FAILURE TO DO SO MAY CAUSE YOUR APPLICATION TO BE CANCELLED.

Housing Authority of Yamhill County
DECLARATION OF U.S. CITIZEN OR IMMIGRATION STATUS

This declaration must be completed for each family member. All adults, 18 years of age or older, must sign their own declaration. The declaration for children, under 18 years of age, must be signed by an adult member of the family residing (or who will reside) in the assisted housing unit and who is responsible for the child.

UNDER PENALTY OF PERJURY, IT IS DECLARED THAT:

THE FOLLOWING FAMILY MEMBER(S) ARE CITIZENS OF THE UNITED STATES

| | |
|-----------------------------------|----------------------------------|
| ADULTS: Print Names | Adult Signatures Required |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| | |
|-------------------------------------|-------------------------------------|
| CHILDREN: Print Names | CHILDREN: Print Names |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

SIGNATURE OF PARENT/GUARDIAN: _____

THE FOLLOWING FAMILY MEMBER(S) ARE NONCITIZENS WITH ELIGIBLE IMMIGRATION STATUS. IT IS UNDERSTOOD THAT DOCUMENTATION MUST BE PROVIDED OF THE ELIGIBLE STATUS FOR THE FAMILY MEMBERS LISTED BELOW. By my signature below, I hereby acknowledge that evidence of the eligible immigration status for all family members listed herein may be released by the Housing Authority of Yamhill County to (1) HUD as required by HUD, and (2) Immigration and Naturalization Services (INS) for purposes of verification of immigration status. HUD may release evidence of eligible status only to INS for purposes of establishing eligibility for financial assistance.

| | |
|-----------------------------------|----------------------------------|
| ADULTS: Print Names | Adult Signatures Required |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| | |
|-------------------------------------|-------------------------------------|
| CHILDREN: Print Names | CHILDREN: Print Names |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

SIGNATURE OF PARENT/GUARDIAN: _____

THE FOLLOWING FAMILY MEMBER(S) ARE CHOOSING NOT TO CERTIFY THAT THEY ARE A CITIZEN OR HAVE ELIGIBLE IMMIGRATION STATUS. IT IS UNDERSTOOD THAT THIS MAY AFFECT THE AMOUNT OF HOUSING ASSISTANCE THAT THE FAMILY WILL RECEIVE.

| | |
|-----------------------------------|----------------------------------|
| ADULTS: Print Names | Adult Signatures Required |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| | |
|-------------------------------------|-------------------------------------|
| CHILDREN: Print Names | CHILDREN: Print Names |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

SIGNATURE OF PARENT/GUARDIAN: _____

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 autorizacion y la informacion que esta adentro para obtener, adminstrar y poner en vigor reglas de la programa de la vivienda y normas.

INDIVIDUALS OR ORGANIZATIONS REQUESTED TO RELIEAS INFORMATIONó Any of the following individual organizations including any governmental organizations may be asked to release information:

INDIVIDUOS O ORGANIZACIONES QUE NOS PUEDE DAR INFORMACION /Cualquieras de las siguientes organizaciones individuales incluyendo cualquieras organizaciones gubernamentales:

- ❖ Post Offices/Officinas del Correo
- ❖ Utility companies/Companias de la utilidad
- ❖ Employer, Past & Present/Patrones, Pasado y Presente
- ❖ Professional & Personal References/Referencias Profesionales y Personales
- ❖ U.S. Department of Veterans Affairs/U.S. Seccion de Asuntos de los Veteranos
- ❖ Current & Previous Landlords (inluding Public Housing Agencies)/Duenos del presente y pasados (incluyendo agencias de las viviendas publicas)
- ❖ 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 and Social Services/Agencias del extado como Welfare y Servicios Sociales
- ❖ Providers of Alimony, Child Care, Child Support, Credit Handicapped Assistance, Medical Care, Prescriptions, Pensions, Annuities/Proveedores de: Pension por divorcio, Cuida de nino, Mantener del nino, Ayuda Invalido, Afliccion Medica, Pensiones, Annualidades
- ❖ Credit Bureaus/Agencias del credito
- ❖ Schools and Colleges/Escuelas y Universidades
- ❖ U.S. Soc. Sec. Admin./Admin. Del Seguro Social

INFORMATION COVERED ó Information shared may include:

INFORMACION CUBRIO – Informacion compartido incluia:

- ❖ Family Composition/Composicion familiar
- ❖ Identity and Marital Status/Identidad y Estado de Matrimonio
- ❖ Criminal Activity, Legal Issues/Actividades Criminales, illigales
- ❖ Handicapped Assistance Expenses/Gastos de la Ayuda de Impedidos
- ❖ Employment, Income, Pensions and Assests/Empleo, Ingreso, Pensiones y posesiones
- ❖ Credit History, Financial Concerns/Historia del Credito, 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 medicales, psicologicos, o psiquiatricos
- ❖ Residences and Rental History/Residencia y Historia de renta
- ❖ Child Care Expenses/Gastos de Cuida de Nino
- ❖ 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 informacion (incluyendo documentacion y otro materiales) pertinente a elegibilidad por o participacion en la Renta Baja Vivienda Publica y Seccion 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 qu no se puede usar para obtener cualquier informacion acerca de mi con esta autorizacion que no es pertinente a mi elegibilidad por y participacion continuada en la Renta Baja Vivienda Publica y Seccion 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 usal fotocopias de esta autorizacion por los propositos declaro sobre. Esta autorizacion quedara en efecto por quince meses de la fecha firmo.

Signature-Head/Firma-Cabeza Date/Fecha SS #/# de Seguro Social

Signature-Spouse/Firma-Esposo Date/Fecha SS#/# de Seguro Social

Signature-Other/Firma-Otro Adulto Date/Fecha SS#/# de Seguro Social

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**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

PHA requesting release of information: (Cross out space if none)
(Full address, name of Contact person, and date)

Housing Authority of Yamhill County
135 NE Dunn Place
P.O. Box 865
McMinnville, OR 97128-0865

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

OFFICE USE ONLY

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 | |
| _____ | _____ | | |
| 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 | 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)

Request for a Reasonable Accommodation

If you have a disability and you need...

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site, or

A change or repair in your apartment or to some other part of the housing site or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site, or

A change in the way we communicate with you or give you information

you can ask for this kind of change, which is called a **REASONABLE ACCOMMODATION**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer in ten (10) working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs. If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a **REASONABLE ACCOMMODATION REQUEST FORM**, or if you want to give us your request in some other way, we will help you. See back of this form for **REASONABLE REQUEST FORM**, or contact 135 NE Dunn Place, McMinnville or call (503) 434-6571 and request one to be mailed to you.

For Lease Violation or Termination:

If this problem is a result of a disability, you have a right to a reasonable accommodation - some plan that would enable you to meet the terms of the lease. If you think such a plan or change is likely to correct the problem, you can complete the **REASONABLE ACCOMMODATION REQUEST FORM** on the back of this notice or call (503) 434-6571 and request a **REASONABLE ACCOMMODATION REQUEST FORM**. If you make such a request, you will need some evidence that the problem was caused by the disability and that the plan is likely to work. If it involves someone else, you need evidence that they will provide the assistance.

AUXILIARY AIDS POLICY

The Housing Authority of Yamhill County recognizes that certain individuals need alternative forms of expression in order to properly communicate with our staff. Alternative forms of communication, such as TDD, qualified sign language interpreters for persons with speech or hearing impairments, or alternate formats for persons with vision impairment will be used.

Applicant/Residents will request the use of auxiliary aids by submitting a Request for Reasonable Accommodation Form. If the applicant/resident does not or cannot fill out the form but still has difficulty obtaining services, HAYC will arrange for a date and time where appropriate forms of communication will be available to the applicant/resident to allow proper access to HAYC services.

REQUEST FOR A REASONABLE ACCOMMODATION

(For those who have a disability and need a reasonable accommodation, please fill out the information below)

1. The Following member of my household has a disability: _____

2. The disability is: _____

Do not tell us the nature of your disability.

3. I would like the Housing Authority to provide this reasonable accommodation:

4. Contact the following professional for verification of the need for this accommodation:

Name: _____

Address: _____

City, St, Zip: _____

Occupation: _____

This reasonable accommodation is needed because it will help me:

- Help me live in housing or take part in your program;
- Meet the lease requirements of your program;
- Meet other requirements of your program.

Name: _____ Date: _____

Address: _____ Telephone: _____

City, State: _____ PROGRAM: _____

NOTICE

All participants, tenants, and applicants can ask the Housing Authority of Yamhill County (HAYC) for access to auxiliary aids to gain access to the programs offered by HAYC.

135 NE Dunn Place ♦ PO Box 865, McMinnville OR 97128-0685 ♦ www.hayc.org
Ph: (503) 434-6571 ♦ Toll free: 1-888-434-6571 ♦ TDD 1(800)735-2900 ♦ FAX (503) 472-4376

RACE, ETHNICITY, AND DISABILITY SURVEY QUESTIONNAIRE

As a recipient of federal funding, the Housing Authority of Yamhill County is required to provide the following information to the United States Department of Housing and Urban Development on the clients that we serve. Your response is voluntary. This information will not be used to determine your eligibility for housing.

The racial and ethnic categories for federal statistics and administrative reporting are defined as follows:

ETHNICITY:

Hispanic

A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

RACE:

Native American or Alaskan Native

A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander

A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example China, India, Japan, Korea, the Philippine Islands, and Samoa.

African

A person having origins in any of the black racial groups of Africa.

Caucasian

A person having origins in any of the origins of Europe, North Africa, or the Middle East.

Please categorize yourself in terms of the race and ethnic categories below.

- African (Black)
- Asian/Pacific Islander
- Caucasian (White)
- Hispanic
- Native American or Alaskan Native
- Other

Do you have a disability? Yes No

If Yes, please indicate the type of disability. _____

Are you or any household member a victim of domestic violence? Yes No

Signature: _____ Date: _____

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

