

# Housing Choice Voucher (HCV)

## Section 8 Waiting List

### Application/Personal Declaration



HOUSING AUTHORITY OF YAMHILL COUNTY

135 NE Dunn Place ▪ McMinnville, OR 97128

Ph 503-883-4300 ▪ FAX 503-472-4376

Toll Free 888-434-6571 ▪ TDD 800-735-2900 ▪ www.hayc.org

❖ I am applying for (mark one or both):  HCV Section 8 Voucher  Deskins Commons Project Based Voucher ❖

**Household Composition.** Starting with the Head of the Household, list all members living in the household.

Name Last, First, Middle	Relationship to Head of Household	Social Security Number	Date of Birth	Sex	Race*	Ethnicity*	U.S. Citizen, or eligible Non-Citizen?
	Head of Household					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Providing this information is voluntary. It is used for statistical purposes only.

**Physical Address:** \_\_\_\_\_  
 (Street Address and Unit # if applicable) (City) (State) (Zip)

**Mailing Address:** \_\_\_\_\_  
 (Street Address and Unit # or PO Box if applicable) (City) (State) (Zip)

Telephone: \_\_\_\_\_ Message Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Household Information.** Please answer the following questions.

1. Total YEARLY household income before taxes (Wages, Unemployment, TANF, Child Support, Soc Sec, Pensions, Veteran's, Other benefits and/or any other sources): \$ \_\_\_\_\_
2. Are any household adults (18+):  Elderly (62+)  A person with disabilities (verifiable)
3. Are any household adults (18+) working 20+ hours per week?  Yes  No
4. Are any household adults (18+) receiving unemployment benefits?  Yes  No
5. If you live outside of Yamhill County, do you currently work in Yamhill County?  Yes  No
6. Are any household adults (18+) enrolled in college full-time or involved in a training program such as JOBS+?  Yes  No
7. Is any household member a veteran?  Yes  No
8. Is any household member required to register with any state as a sex offender?  Yes  No
9. Has any household member been convicted of the manufacturing of methamphetamine?  Yes  No

You must report all changes to the information on this application, in writing to the Housing Authority of Yamhill County, within 10 business days of the change occurring.

**Reasonable Accommodation:** *If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority.*

This application is a pre-screening application. Program eligibility will be determined at the time the application is pulled from the wait list.

<p><b>For HAYC use only</b></p> <p>Yardi Code: _____</p>
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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants  
**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**  
This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.