



Housing Choice Voucher Pre-Application

Please complete this packet in its entirety and submit in-person or via postal mail
If you require assistance in completing this form, please notify the housing authority immediately.

PLEASE PRINT CLEARLY

Head of Household Name _____

Street Address _____

Mailing Address _____

Home Phone # _____ Daytime # _____

Cell Phone # _____ Message # _____

Email _____

List 2 people we may contact with a message if we are unable to reach you:

Name: _____ Ph# _____ Name: _____ Ph# _____

HOUSEHOLD INFORMATION

Race
White – W Pacific Islander – P
Hispanic – H Asian – A
Black – B Native American – N

List all persons who will be living in your household:

Full Name	Sex	Relation to Head	Date of Birth	Age	Place of Birth	Race	Disabled? Y or N	Social Security Number
		Head					<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	

HUD regulations require that any social security number that has ever been assigned to a member of the applicant household must be disclosed at the time of application. If any member of your household has never been assigned a social security number, please list their name(s) below:

Name: _____ Name: _____

LOCAL PREFERENCES

Note: Information reported in this section will be verified by MCHA at the time your name comes to the top of the wait list.

Marion County Housing Authority's local preferences will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, age, income source, sexual orientation or gender identity of any member of an applicant family.

Are you currently experiencing homelessness in Marion County Housing Authority's jurisdiction? This means residing in a place not meant for human habitation (i.e. streets, parks, cars, etc.), emergency shelter, or transitional housing program. Please note: MCHA's jurisdiction is outside the urban growth boundary of Salem and Keizer. Yes No

Are you currently residing in an institutional setting (such as jails, hospitals, and treatment facilities)? Yes No

If yes, were you homeless immediately prior to admission and do you expect your stay to be 90 days or less?
 Yes No

Are you or any member of your household fleeing, or attempting to flee, domestic violence which has caused your primary nighttime residence to be unsafe? Yes No

If yes, do you lack other permanent housing resources, including family or friends you can stay with?
 Yes No

Do you currently live or work, or have you been hired to work, in Marion County Housing Authority jurisdiction? (Note: MCHA's jurisdiction is outside of the urban growth boundary of Salem and Keizer) Yes No

STUDENT STATUS

Is any adult member (age 18 and over) currently a student an **institution of higher education**? Yes No

Name of School: _____

Address of School: _____

Student ID Number _____

If Yes, complete the following:

Name of Student	All Financial Aid Including Loans	Amount Per Term
		\$
		\$

HOUSEHOLD INCOME

Employment

Family Member	Name/Address of Employer/Telephone#	How often paid	Pay rate/ per?
			\$
			\$
			\$

Is anyone in the household self-employed? Yes No
 This does not include odd jobs.

Self-employment may include but is not limited to:
Babysitting Avon Amway Housecleaning Truck-driving
Pampered Chef Care Provider

Self-Employment -

Family Member	Name/Type of Business	How often paid/ Per?

Other Income -

Income	Do You Receive?	Family Member	How Much?	Per? (Hour, Week, Month)
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Child Support/Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Case #
Military Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Case #
Educational Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Veteran's Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Claim File #
Odd Jobs (Please List)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Other/Tribal Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	

Does anybody outside your household help you with money, help with bills, groceries or gas? Yes No

If Yes, how much and how often? \$ _____

CHILD SUPPORT

THE FOLLOWING QUESTIONS MUST BE ANSWERED IF YOU HAVE CHILDREN EVEN IF THEY DO NOT LIVE WITH YOU.

Do you currently have an open child support case? Yes No

Do you receive or have you received Child Support payments anytime during the last 12 months? Yes No

If Yes, to either of the above, are the cases handled through Oregon State Support Enforcement Division?

Yes No Pending

If Yes or Pending, complete the following:

Name of Child	Court-Ordered Amount	Amount Received	Child Support Case Number
	\$	\$	#
	\$	\$	#
	\$	\$	#
	\$	\$	#
	\$	\$	#

If you receive support payments but not through Oregon State Support Enforcement Division, please complete the following:

Name of Child	Name of Person/Agency Paying Support	Address and Phone# of Person/Agency Making Payments	Amt. Received Per Month	Form of Payment (Check, Money Order, Cash, Etc.)
			\$	
			\$	
			\$	

ALIMONY

Do you currently receive or are you entitled to receive alimony payments? Yes No

If Yes, complete the following:

Name of Person Paying Support	Address and Phone# of Person Making Payments	Amt. Received Per Month	Form of Payment (Check, Money Order, Cash, Etc.)
		\$	
		\$	

ASSETS

Do you have assets in the form of checking, savings, stocks, investments, retirement, or any other accounts? Yes No
 Do these assets exceed \$5,000.00? Yes No

Type of Asset	Do You Have?	Household Member(s)	Account Number(s)	Name and Mailing Address of Company	Value or Balance
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Savings/Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Stocks/Bonds/Annuities/Money Market	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
IRA/KEOGH/Retirement/Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Permanent, Whole, or Universal Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
Real Estate/Property/Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No		Address of Property		\$
Other (Please Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$

Has anyone in your household disposed of (sold or given away) any real property or assets for less than fair market value during the last 2 years? Yes No If Yes, explain. _____

HOUSING AND CRIMINAL BACKGROUND SCREENING

Note: In deciding whether to deny or terminate assistance due to action or failure to act by any member of your household, MCHA has discretion to consider all of the circumstances in each case, including the seriousness of the case, the extent of participation or accountability of individual family members, the length of time since the violation occurred and more recent record of compliance. During eligibility review, MCHA encourages household members to submit additional documentation exploring circumstances surrounding any of these events.

Have you or any member of your household previously lived in subsidized housing such as Section 8, public housing, moderate rehabilitation, or any other housing program in the United States? Yes No

If yes, list the household member name and agency providing assistance:

Was your subsidized housing terminated, and if yes, please explain the circumstances:

Have you or any member of your household committed fraud (willingly withheld or provided false or misleading information concerning family income, assets, or composition) in connection with any government housing assistance program? Yes No

If yes, list the household member name and explain: _____

Have you or any member of your household ever been convicted of manufacturing methamphetamines on the premises of federally assisted housing? Yes No

If yes, list the household member's name: _____

Is any member(s) of your household subject to a life time registration requirement under a State sex offender registration program? Yes No

If yes, list the household member(s) name _____

List all of the states in which members of your household have lived:

Are you or any member of your household currently on probation or parole Yes No

If yes, please provide the household member(s) name and the supervising entity:

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 office.

STATEMENT OF NONDISCRIMINATION

Marion County Housing Authority does not discriminate on the basis of race, color, sex, religion, familial status, age, disability or national origin, marital status, source of income, type of occupation, or sexual orientation or gender identity.

Applicants or participants who believe that they have been subject to unlawful discrimination may notify Marion County Housing Authority either orally or in writing. Marion County Housing Authority will attempt to remedy discrimination complaints made against the housing authority. Marion County Housing Authority will provide a copy of a discrimination complaint form to the complainant and provide them with information on how to complete and submit the form to HUD's Office of Fair Housing and Equal Opportunity (FHEO). The person named below has been designated to oversee or coordinate Fair Housing functions for Marion County Housing Authority:

Doug Ebanks, Finance Manager
2645 Portland Rd NE Suite 200
Salem, OR 97301
Phone: (503) 798-4170
Fax: (503) 798-4171
TTY: 1-800-735-2900

I, the undersigned, do hereby certify that the information provided to be true and correct to the best of my knowledge. I also understand that Section 1001 of Title 18 of the United States Code stipulates that intentionally providing false or misleading information on this application is considered fraud and may result in denial of my application, possible fines and criminal penalties, and being prohibited from receiving future housing assistance. I understand that in order to be determined eligible for the Housing Choice Voucher program I must supply Marion County Housing Authority will all information deemed necessary by HUD and/or MCHA.

I also grant my consent that Marion County Housing Authority may use this form as a basis to collect sensitive information including criminal history, which may or may not be protected by the Privacy Act. Such information will not be disclosed or released outside of MCHA except to appropriate State, Federal, and local agencies when relevant, and to civil, criminal, or regulatory investigators and prosecutors.

All adult household members age 18 and older must sign this form to be eligible for housing assistance

Head of Household Signature Social Security Number Date

Spouse/Companion/Co-Head Signature Social Security Number Date

Other Adult Family Member Signature Social Security Number Date

Other Adult Family Member Signature Social Security Number Date

For Office use only

Date Received: _____

Date Entered: _____

Entered by: _____

This agency is an equal opportunity provider
2645 Portland Rd. NE, Suite 200, Salem, OR 97301





Fraud Bulletin

U.S. Department of Housing and Urban Development
Office of Inspector General

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APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS... IS FRAUD WORTH IT?

DO YOU REALIZE...?

- If you commit fraud to obtain assisted housing from HUD, you could be:
- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

DO YOU KNOW THAT...

- You are committing fraud if you sign a form knowing that you provided false or misleading information.
- The information you provide on housing assistance application and recertification forms will be verified.
- The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies.
- Certifying false information is fraud



So Be Careful!

ASK QUESTIONS!

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest.

You must include:

- All sources of income and changes in income (raise or bonus) you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.
- Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.
- All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.
- All income from assets, such as interest from savings and checking accounts, stock dividends, etc.
- Any business or asset (your home) that you sold in the last two years at less than full value.
- The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.



Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay especially if you pay in cash.
- Get a written explanation if you are required to pay for anything other than rent (maintenance, utility charges, or fees).

The U.S. Department of Housing and Urban Development (HUD) Office of Inspector General (OIG) is the Department's law enforcement and auditing arm and is responsible for investigating complaints of fraud, waste and mismanagement in HUD funded programs.

REPORTING FRAUD

*Serious allegations of fraud should be reported to your local
HUD Office of Inspector General or to the HUD OIG Hotline at:*

<http://www.hudoig.gov/report-fraud>