

For MCHA use only:

Adding new member
to Household outcome: Date Received:

- Approved
- Denied

CM: _____

MARION COUNTY HOUSING AUTHORITY

2645 Portland Rd. NE · Suite 200 · Salem, OR · 97301

Phone: (503) 798-4170 Fax: (503) 798-4171 TTY: (800) 735-2900



HOUSING CHOICE VOUCHER ADDING NEW ADULT(S) TO HOUSEHOLD

IF YOU OR ANYONE IN YOUR FAMILY IS A PERSON WITH DISABILITIES, AND YOU REQUIRE A SPECIFIC ACCOMMODATION TO FULLY UTILIZE OUR PROGRAMS AND SERVICES, PLEASE CONTACT OUR OFFICE.

▶ PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY ◀

Head of Household Name:			
Current Physical Address	City	State	Zip Code
Mailing Address (if different from physical address)	City	State	Zip Code
Phone:	Msg Phone:	E-Mail:	

Instructions:

- This form is to be completed by the NEW adult(s) and signed by all household members age 18 or older & the person(s) being added to the household.
- List all sources of income for all NEW members. Information must be true and complete. If a question does not apply to your household, please write N/A, None or select No.
- Provide a copy of ALL NEW member(s) Identification Verification, Social Security Number verification and supporting documentation for all questions answered "yes".
- ALL income/asset verifications need to be dated within the past 60 days and have the recipient's name on the form. Any information older than 60 days will not be accepted.
- Failure to supply all or incomplete information may result in denial of your request.
- Reminder: the NEW adult(s) you are requesting to add cannot move in to the assisted unit, until MCHA has approved the addition.
- You will receive a letter of denial/approval once all information has been submitted and reviewed by MCHA.

REMAINDER OF FORM TO BE COMPLETED BY ADULT(S) BEING ADDED TO HOUSEHOLD

First Name, MI, Last Name	Relationship of new member(s) to head of household	Sex	Date of Birth (mm/dd/yy)	Disabled? Y or N	Social Security Number (enter SSN or N/A if not applicable)	Race	Ethnicity
				<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			

Race
 B-Black/African American P- Native Hawaiian/other Pacific Islander
 A- Asian W-White
 AI-American Indian/Alaskan Native

Ethnicity
 H-Hispanic
 NH-Non Hispanic

Primary Language Spoken: _____ **Does anyone require an interpreter?** Yes No

Is the NEW member a veteran? No Yes- who: _____

A FULL-TIME student? No Yes, Please provide verification from the schools registrar's office verifying current full time student status.

Name of Student(s) & Student ID number: _____

Expected to be of the household?

No Yes- who & expected date of return: _____

PROGRAM INTEGRITY

Has the NEW member(s) ever been convicted of a drug-related criminal activity for the production or manufacture of methamphetamine on the premises of federally assisted housing?

No Yes, Please list person(s): _____

Is the NEW member(s) subject to a lifetime registration requirement under a state sex offender registration program?

No Yes, Please list person(s): _____

Has the NEW member(s) been evicted from federally assisted housing for drug related criminal activity within the past three (3) years?

No Yes, Please list person(s) & Housing Authority Name: _____

Has the NEW member(s) been evicted from federally assisted housing within the past five (5) years?

No Yes, Please list person(s) & Housing Authority Name: _____

Does the NEW member(s) currently owe monies to any Housing Authority?

No Yes, Please list person(s) & Housing Authority Name: _____

NEW HOUSEHOLD MEMBER INCOME

Is the NEW member(s) currently employed?

No Yes- complete information below

Name of household member	Employer Name	Is this a seasonal job?*** (yes no)	Payment Frequency (monthly, weekly, semi-monthly, bi-weekly, daily, etc.)	Gross Monthly Wage
		<input type="checkbox"/> Y <input type="checkbox"/> N		\$
		<input type="checkbox"/> Y <input type="checkbox"/> N		\$
		<input type="checkbox"/> Y <input type="checkbox"/> N		\$

***For seasonal employment, please provide verification from your employer of regular lay-off and return to work dates.

SELF-EMPLOYMENT

Self-employment may include but is not limited to: Babysitting, Avon, Amway, Housecleaning, Truck-driving, Pampered Chef, Care Provider, Taxi, Uber, Lyft, Independent contractor, etc.

Is the NEW member(s) self-employed? No Yes- complete information below & attach your most recently filed tax return (All Pages)

Name of household member	Business Name/Type	Start Date (mm/dd/yy)	Payment Frequency (monthly, weekly, semi-monthly, bi-weekly, daily, etc.)	Gross Monthly Wage
				\$
				\$

SOCIAL SECURITY BENEFITS

Does the NEW member(s) currently receive or expect to receive benefits from the Social Security Administration? No Yes- complete information below

Name of household member	Type of Award (SSB, SSI, SSD)	Payment Frequency (monthly, weekly, semi-monthly, bi-weekly, daily, etc.)	Gross Monthly Payment
			\$
			\$

Income/Benefit Type	Does anyone Receive or expect to receive?	Name of Household Member(s) (list names of all applicable members)	Payment Frequency (monthly, weekly, semi-monthly, bi-weekly, daily, etc.)	Gross Monthly Payment
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Child Support through Oregon Child Support Program	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Child Support through other state's Child Support Program	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Child Support as direct payment from parent	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
TANF/ General Cash Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
SNAP Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Pension/Annuity/Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Military Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Educational Grants/Financial Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Benefits from Veterans Administration (disability or retirement)	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Recycling (as a source of income) bottles/cans/glass/metals/etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Tribal Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
GI Bill	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
VA-Compensated Work Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Odd Jobs (please list below):	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Currently Enrolled in a Federal, State Job Training Program? (list below):	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Workers Compensation or other disability pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Regular Income from a trust fund	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Regular contributions for clothing, food, toiletries, etc., or bills paid by someone else outside the household	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Income from rental property	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Income from checking/savings account interest, Certificates of Deposit (CDs), stocks/bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Income/benefits from any other source not listed above? (please list below):	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$

ASSETS

Do the NEW member(s) members have a checking or savings account? No Yes, complete information below

Name on Account	Checking	Savings	Bank Name	Current Interest Rate	Current Balance
	<input type="checkbox"/>	<input type="checkbox"/>		%	\$
	<input type="checkbox"/>	<input type="checkbox"/>		%	\$

Does the NEW member(s) have assets in the form of stocks, investments, retirement, life insurance real property, collectables, trusts or any other accounts? Yes No

Do these assets exceed \$5,000? (You must answer yes or no and complete applicable lines/boxes)

No → the total annual income from the net family ASSETS is → \$ *

↳ * amount declared should ONLY be for income received from assets declared, not wages or regular ongoing benefits.

Yes, complete the boxes 1-4 ↓

Type of Asset	Does anyone in the household have/receive?	Name of Household Member	Account Number(s)	Name of Company/Agency	Value or Balance
1. IRA/KEOGH/Retirement Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
2. Permanent, Whole or Universal Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$
3. Real Estate/Property/Land	<input type="checkbox"/> Yes <input type="checkbox"/> No		Property Address:		\$
4. Other (Please Specify below):	<input type="checkbox"/> Yes <input type="checkbox"/> No				\$

Has the NEW member(s) disposed of (sold or given away) any real property or assets for less than fair market value in the past 2 years? No Yes, please complete the information below

Name of household member	Name of person/agency sold to	Amount of Sold for	Payment Frequency (monthly, weekly, semi-monthly, bi-weekly, daily, etc.)	Gross Monthly Payment
				\$
				\$

OPTIONAL ALLOWANCES

CHILDCARE EXPENSE: Allowance is only applicable for children under 13 years old.

Does the NEW member(s) pay for childcare to work, seek work, attend school or to participate in a job training program? No Yes, please complete the following information: Monthly Expense Amount: \$ _____

Name of household member(s): _____ Name of Child: _____

Child Care Provider Name & Contact information: _____

MEDICAL EXPENSES:

Allowance is only applicable if Head of Household or Spouse is disabled or over the age of 62. please provide printout/receipts for **payments made** in the past 12 months if you answer "yes"

Is the Head of Household, Spouse or co-head disabled or over the age of 62 & you wish to claim medical expenses?

No, **STOP!** You do not need to answer questions 1-3

Yes, Please answer questions 1-3

- | | | |
|---|-----------------------------|------------------------------|
| 1. Are you making regular payments on outstanding medical bills? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Do you pay for supplemental medical/health insurance? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Do you have monthly out-of-pocket expenses for prescription drugs? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

FAMILY OBLIGATIONS
24 CFR 982.551

As a participant in the Section 8 Housing Choice Voucher program, you have specific obligations you must meet in order to remain on the program and to continue receiving rental assistance. Failure to fulfill these obligations may result in the permanent loss of program benefits and under certain circumstances, criminal prosecution. Therefore, for your protection, you should take your responsibilities very seriously. If you have any questions or need further explanation regarding these Family Obligations, Marion County Housing Authority staff will be available upon request and will make every effort to assist you.

1. **The family must supply any information that MCHA (Marion County Housing Authority) or HUD determines to be necessary** in the administration of the program, including submission of original copies of required evidence of citizenship or eligible immigration status and information for use in regularly scheduled re-examinations or interim re-examinations of family income, composition and criminal history. "Information" includes any requested certification, release or other documentation.
2. **The family must supply any information requested by MCHA or HUD** for use in a regularly scheduled reexamination or interim examination of family income and composition in accordance with HUD requirements.
3. **The family must disclose and verify social security numbers** (as provided by part 5, subpart B, of this title) and must sign and submit consent forms for obtaining information in accordance with Part 5, subpart B, of this title.
4. **Any information supplied by the family must be true and complete.**
5. **HQS breach caused by family.** The family is responsible for an HQS breach caused by the family as described in 982.404(b).
6. **Allowing MCHA inspection.** The family must allow MCHA to inspect the unit at reasonable times and after reasonable notice.
7. **Violation of the Lease.** The family may not commit any serious or repeated violation of the lease. Under 24 CFR 5.005(c) an incident or incidents of actual or threatened domestic violence, dating violence, sexual assault or stalking will not be construed as a serious or repeated lease violation by the victim, or threatened victim, of the domestic violence, dating violence, sexual assault or stalking or as good cause to terminate the tenancy, occupancy rights or assistance of the victim. MCHA will determine if a family has committed serious or repeated violations of the lease based on available evidence, including but not limited to, a court-ordered eviction, or an owner's notice to evict.
8. **Family notice of move or lease termination.** The family must notify MCHA and the owner before the family moves out of the unit or terminates the lease on notice to the owner per 982.354(d).
9. **Owner eviction.** The family must promptly give MCHA a copy of any owner eviction notice within 3 business days of receipt.
10. **Use and occupancy of unit.** The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
11. **The family must inform MCHA in writing within 30 days of the birth, adoption or court-awarded custody of a child.** The composition of the assisted family residing in the unit must be approved by MCHA. **No other person may reside in the unit** (except for a MCHA-approved foster child or a MCHA-approved live-in aide). The family must request MCHA approval to add any other family member as an occupant of the unit. The request to add a family member must be submitted in writing and approved **prior** to the person moving into the unit. MCHA will determine eligibility of the new member in accordance with MCHA policies.
12. **Members of the household may engage in legal profitmaking activities in the unit,** but only if such activities are incidental to primary use of the unit for residence by members of the family.
13. **The family must not sublease the unit.**
14. **The family must not assign the lease or transfer the unit.**
15. **The family must promptly notify MCHA in writing within 10 business days if any family member no longer resides in the unit.**
16. **Absence from unit.** The family must supply any information or certification requested by MCHA to verify that the family is living in the unit, or relating to family absence from the unit including any MCHA requested information or certification on the purposes of family absences. The family must cooperate with MCHA for this purpose. The family must notify MCHA in writing when any family member will be

16. **Absence from unit. (con't):** absent from the unit for an extended period. An extended period is defined as any period greater than 30 calendar days. Written notice must be provided to MCHA at the start of the extended absence.
17. **The family must not own or have any interest in the unit.**
18. **The family must keep appointments as they are scheduled,** complete paperwork, return forms, and sign documents by the deadline established by the housing authority staff. Provide current, reliable mailing address if different from assisted dwelling to help ensure receipt of MCHA correspondence. Changes in household income, composition, and criminal history must be reported in writing within 10 (ten) business days of the change.
19. **The family must pay their portion of rent** as determined by MCHA and in accordance with the lease. **The family must also pay utility bills and provide and maintain any appliances** that the owner is not required to provide under the lease.
20. **The family must not commit fraud, bribery or any other corrupt or criminal act** in connection with the programs.
21. **The family must not engage in drug-related criminal activity (including medical marijuana) 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. Criminal activity directly related to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of tenancy, occupancy rights, or assistance of the victim, if the tenant or immediate family member of the tenant is the victim.
22. **The family must not abuse alcohol or engage in illegal use of a controlled substance (including medical/recreational marijuana)** in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
23. **The family must not receive Section 8 tenant-based assistance while receiving another housing subsidy,** for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) federal, State or local housing assistance program.
24. **Other housing assistance.** An assisted family, or members of the family may not receive Section 8 tenant-based assistance while receiving another housing subsidy for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) federal, State or local housing assistance program.
25. **The family must not engage in threatening, abusive or violent behavior toward any MCHA personnel.**
26. **The family must not receive assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family,** unless MCHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family who is a person with disabilities.
27. **The family must not have guests or a series of guests more than 14 cumulative days within a 12-month period.** The family may request an exception to this rule for valid reasons in accordance with MCHA policies. The request must be in writing and submitted to both the landlord and MCHA.

By my signature, I acknowledge that I have read and understand the program responsibilities noted above. I also understand that failure to fulfill the family obligations, by any family member, may result in the permanent loss of housing assistance eligibility, and even criminal prosecution.

Signatures (ALL household members 18 years of age and older must sign)

Signature of Head of Household	Printed Name	Date
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Signature of co-head/Spouse/other adult	Printed Name	Date
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Signature of other adult	Printed Name	Date
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Signature of other adult	Printed Name	Date
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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	Other Family Member over age 18	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 by 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.

Authorization for the Release of Information/ Privacy Act Notice

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD)

and the Housing Agency/Authority (HA)

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

Marion County Housing Authority
2645 Portland RD NE Suite 200
Salem, OR 97301

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

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(l)(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.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

MARION COUNTY HOUSING AUTHORITY
2645 PORTLAND RD NE SUITE 200
SALEM OR 97301

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family’s suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD’s initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA’s name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD’s record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD’s EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA:</p> <p>MARION COUNTY HOUSING AUTHORITY 2645 PORTLAND RD NE SUITE 200 SALEM OR 97301</p>	<p>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:</p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature</td> <td style="width: 40%; border: none;">Date</td> </tr> <tr> <td colspan="2" style="border: none;">Printed Name</td> </tr> </table>	Signature	Date	Printed Name	
Signature	Date				
Printed Name					



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

For MCHA use only:
 Case Manager: _____
 Date Received: _____

VERIFICATION OF DISABILITY

HEAD OF HOUSEHOLD: _____ LAST 4 OF SSN: _____

ADDRESS: _____

PERSON REQUESTING VERIFICATION OF THEIR DISABILITY STATUS:
 NAME: _____ DOB: _____

RELEASE: I do hereby authorize the Marion County Housing Authority to contact and receive information from agencies, offices, groups or organizations to obtain any information or material which is necessary to complete my application for participation in any housing program as well as to determine continued eligibility.

Printed name of adult authorizing verification _____ Signature of adult authorizing verification _____ Date _____

↓ THE FOLLOWING MUST BE COMPLETED BY A QUALIFIED PROFESSIONAL ↓

HUD requires verification of all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to MCHA. Your prompt return of this information will help to ensure timely processing of the application for assistance.

A qualified professional must complete and sign this form. Please see the other side of this form for a list of qualified professionals who may provide this verification.

An individual with a disability is a person who has:

- A disability as defined in section 223 of the Social Security Act. An inability to engage in any substantial activity by reason of any medically determinable physical or mental impairment, which can be expected to last for a continuous period of not less than 12 months.
- A disability as defined under civil rights laws. A physical or mental impairment that substantially limits one or more of the major life activities of an individual. "Major life activities" includes, but is not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, breathing, learning, and/or working.
- A developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act.

QUALIFIED PROFESSIONAL CERTIFICATION

Based on the above definition(s), it is my professional opinion that:

Name of Individual: _____ DOB: _____

Is a person with a disability **Is not** a person with a disability

Date disability began: _____

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$10,000 and/or imprisonment of not more than 5 years.

I certify the information in this Verification of Disability is true and accurate.

Printed Name:	Title:	Date:
Signature:	Phone:	Fax:
Agency/Office Address:		

Qualifications to Complete the Verification of Disability

Below is a list of professionals qualified to complete the *Verification of Disability Form*. If you have a degree/license/accreditation that is not listed and you believe you are qualified to assess an individual's disability status, please contact us at 503-798-4170.

Title	Acronym
Certified Alcohol and Drug Counselor Level 3	CADC III
Doctor of Chiropractic Medicine	DC
Doctor of Osteopathic Medicine	DO
Licensed Clinical Social Worker	LCSW
Licensed Nurse Practitioner	LNP
Psychiatric Mental Health Nurse	PMHNP
Certified Nursing Specialist	CNS
Family Nurse Practitioner	FNP
Medical Doctor	MD
Physician's Assistant	PA
Qualified Mental Health Professional	QMHP

For MCHA use only:
Date Received:

MARION COUNTY HOUSING AUTHORITY

2645 Portland Rd. NE · Suite 200 · Salem, OR · 97301

Phone: (503) 798-4170 Fax: (503) 798-4171 TTY: (800) 735-2900



CERTIFICATION OF ZERO INCOME

FORM TO BE COMPLETED BY EACH ADULT IN THE HOUSEHOLD MEMBER THAT IS REPORTING ZERO (0) INCOME.

▶ **COMPLETE PAGE 1 AND 2, ANSWER ALL QUESTIONS, DO NOT LEAVE ANY ITEM BLANK** ◀

NAME OF HEAD OF HOUSEHOLD: _____

▶ **NAME OF ADULT REPORTING ZERO INCOME:** _____

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE PERSON REPORTING ZERO INCOME.

DO YOU:

- Work full-time, part-time, or seasonally Yes No
- Work for someone who pays you cash for day labor..... Yes No
- Own or operate a business Yes No
- Receive regular contributions or does someone **outside** your household regularly pay anything on your behalf..... Yes No

DO YOU RECEIVE OR EXPECT TO RECEIVE:

- Unemployment Benefits Yes No
- Social Security Benefits (SSB) Yes No
- Social Security Disability (SSD) Yes No
- Supplemental Security Income (SSI) Yes No
- Temporary Assistance to Needy Families (TANF) or General Assistance (GA) Yes No
- Child support or alimony Yes No
- Utility assistance Yes No
- Supplemental Nutrition Assistance Program (SNAP) Yes No

DO YOU RECEIVE:

- Military pay or Veteran’s Benefits..... Yes No
- Worker’s Compensation or other disability pay Yes No
- Regular income from a pension/annuity/retirement account Yes No
- Income from assets: checking/savings account interest, certificates of deposit, Stocks/bonds, or income from rental property..... Yes No
- Regular income from a trust fund Yes No
- Financial aid for college or trade school Yes No
- Regular income from recycling bottles/cans, scrap metal, etc. Yes No
- Regular income from selling plasma (blood)..... Yes No

HAVE YOU:

- Received any regular income not listed above Yes No
- Received a lump-sum payment (SS back pay, lawsuit settlement, inheritance, etc.)..... Yes No

If you answered YES to any of the questions above, please explain:

**THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE PERSON REPORTING ZERO INCOME.
ANSWER ALL QUESTIONS, DO NOT LEAVE ANY ITEM BLANK.**

HOUSEHOLD EXPENSES

Please enter the amount **YOU** pay each month. If no payment is made, please write "None" or 0.

Rent: \$	Telephone: \$	Child Care: \$
Electric: \$	Cable TV: \$	Medical: \$
Gas: \$	Car Fuel/Maint: \$	Credit Card Payment: \$
Oil: \$	Car Payment: \$	Loan Payment: \$
Water/Sewer: \$	Car Insurance: \$	Rentals: \$
Garbage: \$	Other Insurance: \$	Food: \$
Personal Items: \$	Other expenses: \$	Other expenses: \$

BANK ACCOUNTS

DO YOU HAVE A BANK OR CREDIT UNION ACCOUNT? Yes No

Financial Institution name _____ Account Balance \$ _____

Financial Institution name _____ Account Balance \$ _____

PREVIOUS EMPLOYMENT & UNEMPLOYMENT HISTORY

WERE YOU PREVIOUSLY EMPLOYED? Yes No

Employer Name _____ Employed from: _____ to: _____

Employer Name _____ Employed from: _____ to: _____

WERE YOU PREVIOUSLY RECEIVING UNEMPLOYMENT BENEFITS? Yes No

PERSONAL CERTIFICATION

Please explain how you are currently providing for your personal needs at this time, for example, is someone else in the household providing (paying) for anything on your behalf, do you receive SNAP benefits, donations from church or other service agencies, etc. Complete the following statement must describing how you are able to provide for your needs:

► **I AM ABLE TO PROVIDE/PAY FOR MY NECESSITIES BY** _____

CERTIFICATION

I/we do hereby swear and attest that all of the information reported on this form about my family and me is true and correct. I/we understand that Marion County Housing Authority is required to verify the information that I/we have reported. I/we understand that any misrepresentation of information or failure to disclose information requested may be grounds for termination and or denial of assistance and is punishable under Federal law.

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.

Signature of Adult Reporting Zero Income

Printed Name of Adult Reporting Zero Income

Date

Signature of Head of Household

Printed Name of Head of ad of Household

Date