

Request to Add an Adult

Program Requirements:

- New participants may request to add adults to the household after 6 months in the program.
- Home Forward is required to screen and approve all adults for program eligibility **before** they move in to your household.
- Landlords must approve adding the new adult to your lease **before** Home Forward can add the adult to your household.

Instructions:

- Please return this form with the documents listed below.
- Before the adult moves in, you and the adult to be added are required to attend an appointment with your Rent Assistance Service Coordinator at Home Forward.

Head of Household Name:

Last 4 digits of SSN:

Address:

Phone:

Email Address:

Name of adult to be added to household:

What is this person's relationship to the Head of Household?

Please have the adult to be added complete and return the following items to Home Forward:

- Preliminary Statement of Eligibility
- Home Forward Authorization for Release of Information
- HUD Authorization for Release of Information/Privacy Act Notice
- HUD Debts Owed to Public Housing Agencies and Terminations
- Statement of Family Obligations
- Certification of Citizenship Status
- Verification of Income dated within the most recent 60 day (such as paystubs, copy of a benefit award letter, or Verification of Employment Status completed by employer)
- Statement of Zero Income (if applicable)

Please attach copies of the following items:

- Valid Photo ID (must be *current*)
- Copy of social security card **or** verification of name and SSN by Social Security Administration, **or** document issued by a federal, state, **or** local government agency with name and full SSN.

Participant Certification

I/we do hereby swear and attest that all the information reported on this form about the household and me is true and complete. I/we understand that Home Forward 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 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 Head of Household

Date

Signature of Adult to be Added

Date

Preliminary Statement of Eligibility

This form is to be completed by the person who wishes to be added to the household.

1.	Name of Head of Household:	Preferred Name (if any):
Applicant Information		
2.	Full Legal Name of Adult to be Added:	
Social Security Number:		Birth Date:
		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
		Are you a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino
Current Address:		
Current Phone:		Email Address:
Are you enrolled in an institution of higher education? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you enrolled full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School:		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Income

Please list all current sources of income

Are you employed?	<i>Indicate Gross Monthly Amounts</i>
Do you work full-time, part-time, or seasonally	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Do you work for someone who pays cash for labor	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Do you own or operate a business	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No

For any employment listed above, please provide:

Employer Name:	Phone:
Employer Name:	Phone:

Have you applied for, or do you expect to receive, any of these benefits?

(TANF, SSB, SSD, SSI, Unemployment Benefits, etc.)..... Yes No

Do you currently receive:

Indicate Gross Monthly Amounts

Unemployment Benefits	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Social Security Benefits (SSB)	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Social Security Benefits (SSD)	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Temporary Assistance to Needy Families (TANF)	<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
Military pay or Veteran's Benefits	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Worker's Compensation or other disability pay.....	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Regular income or stipend from a job training or national service program.....	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Regular income from a pension, annuity, or retirement account.....	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Regular income from a trust fund	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Financial aid for college or trade school.....	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Regular contributions or bills paid regularly by someone else	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Income from assets: checking/savings account interest, certificates of deposit, stocks, bonds, or income from rental property.....	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No

Do you receive any regular income not listed above?..... Yes No

Please provide details for any income not listed above

Source of Income	Gross Monthly Amount
	\$
	\$
	\$
	\$

Applicant Assets

Do you have a checking or savings account?..... Yes No

If yes, please list below all bank, savings and loan, or credit union accounts

Name on Account	Bank Name	Account Type	Current Interest Rate	Current Balance

Do you own any real estate?..... Yes No

Do you own any stocks, bonds, or Certificates of Deposit (CDs)? Yes No

Do you have other investments? Yes No

Have you sold or given away assets in the last two (2) years? Yes No

Have you received a large sum of money, such as a settlement or inheritance in the last two (2) years? Yes No

Please provide details for any "Yes" answer above

Program Integrity

Have you used any name(s) or Social Security numbers other than the name you are using now (including maiden names)? Yes No

If yes, please provide the name(s) or SS numbers used: _____

Prior to now, have you lived in Public Housing, HUD Housing, Section 8, or other subsidized housing either here or in another city? Yes No

If yes, please list where and when: _____

Have you ever been convicted of production/manufacture of methamphetamine on the premises of federally-assisted housing? Yes No

If yes, please list where and when: _____

Have you been arrested or convicted for the sale, manufacture, or distribution of a controlled substance (drugs) within the last five (5) years? Yes No

If yes, please list where and when: _____

Have you been arrested or convicted for a drug-related or violent crime in the past three (3) years? Yes No

If yes, please list where and when: _____

Have you been convicted of identity theft within the last three (3) years? Yes No

If yes, please list where and when: _____

Are you subject to a lifetime registration requirement under any state's Sex Offender Registration program? Yes No

If yes, please list where: _____

Applicant Certification

I do hereby swear and attest that all the information reported on this form about me is true and complete. I understand that Home Forward is required to verify the information that I have reported. I understand that any misrepresentation of information, or failure to disclose information requested, may be grounds for 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.

Applicant Signature:	Date:
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t# _____

homeforward

AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE Home Forward (a new name for the Housing Authority of Portland) uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

INDIVIDUALS OR ENTITIES REQUESTED TO RELEASE INFORMATION Any individual or entity, including governmental organizations and service providers, may be asked to release information. Failure of the Applicant or Participant to sign this form may result in the denial of eligibility or termination of assisted housing benefits, or both. Potential sources will include:

- Public Housing Authorities
- Banks, Credit Bureaus, and Financial Institutions
- Courts and Law Enforcement Agencies
- Employers, Past and Present
- Landlords, Past and Present
- Training or Apprentice Programs, Schools, Colleges
- Utility Companies
- State Agencies, such as, Dept. of Human Services, Motor Vehicles, Aging Services, Revenue, etc.
- U.S. Offices, e.g., Social Security, Veterans Affairs, Bureau of Citizenship & Immigration Services, Health and Human Services, Postal Service, Internal Revenue, etc.
- Social Service, Private Service Providers and Medical Personnel
- Providers of Alimony, Child Care, Child Support, Disability Assistance, Medical Care, Pensions/Annuities, and Providers of Credit
- Other: _____

INFORMATION COVERED Information shared with Home Forward, or shared by Home Forward with the above entities concerning eligibility for housing assistance may include:

- Information relevant to enrolling and participating in Rent Well classes
- Personal Identification and Social Security Numbers
- Citizenship or Immigration Status
- Child Care Expenses
- Credit History, Financial Concerns
- Criminal Activity, Court and Legal Issues
- Family Composition and Marital Status
- Employment and Training
- Income, Pensions, Assets
- Federal, State, Tribal or Local Assistance or Benefits
- Expenses related to Disability, Medical, or Family Needs
- Medical, Psychological, or Psychiatric Issues, in conformance with HIPAA requirements.
- Housing Needs and Rental History

AUTHORIZATION This authorization is valid for 48 months from date shown below.

- I authorize the release of any information (documentation and materials) pertinent to eligibility for or participation in Housing Programs provided by Home Forward.
- I agree that photocopies of this authorization may be used for the purposes stated above. I understand that if I do not sign this authorization, my application for housing assistance may be denied, or my receipt of housing assistance may be terminated.
- I agree to provide an assigned Social Security No. (or Certification that no number has been assigned) for each household member.

Head of Household (Signature) Date

Spouse or Other Adult (Signature) Date

Other Adult Date

Other Adult Date

Authorization for the Release of Information/ Privacy Act Notice

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

t# _____

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

Home Forward

(dba the Housing Authority of Portland)

Rent Assistance Department

135 SW Ash Street

Portland, Oregon 97204

PHA 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.

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 48 months after signed.

Signatures:

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

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and 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.



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.

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name



Rent Assistance Department
 135 SW Ash Street
 Portland OR 97204-3540
 (503)802-8333 Fax # (503)802-8589
 TTY # (503)802-8554
 www.homeforward.org



Certification of Citizenship Status

Home Forward requires information about citizenship and immigration status of each person in your household. This information will be released by Home Forward to:
 1) Housing and Urban Development (HUD), as required; and 2) United States Citizenship and Immigration Services (USCIS) for purposes of verification. HUD may release evidence of eligible status only to USCIS for purposes of establishing eligibility for financial assistance.

Please complete the following information for **every** member of your household. **If anyone in your household does not wish to declare their immigration status, the amount of housing assistance for your family may be affected.** If anyone in your household is a non-citizen with eligible citizenship status, you must provide documentation of this status.

Under penalty of perjury, I declare that:

Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	

I/we understand that if I/we do not wish to certify our immigration status, the amount of housing assistance our family receives may be affected.

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 Home Forward 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 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.

X _____ Signature of Head of Household	Date _____	X _____ Signature of Spouse or Co-Head	Date _____
X _____ Signature of Other Adult	Date _____	X _____ Signature of Other Adult	Date _____



homeforward

hope. access. potential.

Statement of Family Obligations

Below is a listing of obligations for families participating in the Section 8 program. These obligations include responsibilities the family is required to fulfill, as well as prohibited actions. The family must follow all of the rules below in order to participate in the Section 8 program. Please be advised that if you or any family member violates and/or fails to act on any one of these requirements, Home Forward may terminate your housing assistance. If you do not understand these obligations, or if you have any questions, please ask a Rent Assistance staff member for assistance.

FAMILY CERTIFICATION:

I have carefully read this entire statement and understand that all family members are responsible for fulfilling these obligations. I understand that any violation of these obligations, including failure to act or report information, may result in termination of my housing assistance. I understand that a telephone call does not constitute proper notification and that all notifications must be in writing.

Signature of Adult Family Member Date

Signature of Adult Family Member Date

Signature of Adult Family Member Date

TIME FRAMES FOR REPORTING CHANGES

When family obligations require you to respond to a request or notify Home Forward of a change, you must respond or notify Home Forward in writing within 10 working days, unless otherwise noted in Home Forward's correspondence.

THE FAMILY (INCLUDING EACH FAMILY MEMBER) MUST:

1. You must supply any information that Home Forward or HUD determines to be necessary, including evidence of citizenship or eligible immigration status.
2. You must supply any information requested for use in a regular or interim re-examination of family income and composition.
3. You must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
4. All information the family gives to Home Forward must be true and complete.
5. You must report any changes in family size.
6. You must report any income if no member of the family previously had countable income.
7. The composition of the family residing in the unit must be approved by Home Forward. You must notify Home Forward of the birth, legal adoption, or court-awarded custody of a child. You must request Home Forward's written approval to add any other household member as an occupant of the unit, whether these additions are relatives or not.
8. If Home Forward has given written approval, a foster child or a live-in aide may reside in the unit.
9. All family members age 18 and over must attend all scheduled appointments and must bring all requested information to these appointments at the scheduled time.
10. You must supply any information requested by Home Forward to verify that the family is living in the unit, and any information related to family absence from the unit.
11. You must notify Home Forward when the family is absent from the unit for a period of more than 30 days.
12. You must notify Home Forward if any family member leaves the unit (moves out) or if any family member will be away from the unit for a period of 30 days or more.
13. You must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease. You must ensure that all utilities that you pay for are turned on at all times. If you supply your own appliances, you must ensure that they are in working order at all times.
14. You must allow Home Forward to inspect your unit. An adult (age 18 and over) must be available and present at the appointed time to allow inspectors access to the unit.
15. You must use the assisted unit for residence by the family. The unit must be the family's only residence.

16. You may engage in legal profit making activities in the unit, but only if such activities are incidental to the primary use of the unit by the family.
17. You must notify Home Forward and the landlord in writing before moving out of the unit or terminating the lease.
18. You must promptly give Home Forward a copy of any eviction notice that your landlord gives you.
19. You must reimburse Home Forward or any other Housing Authority for any amounts paid to your landlord(s) under a contract for rent or other amounts owed by your family under the lease or for a vacated unit (such as damage claims).
20. You must reimburse Home Forward for any amounts paid to your landlord(s) under the Landlord Guarantee Fund as a compensation for damages to the unit beyond normal wear and tear.

THE FAMILY (INCLUDING EACH FAMILY MEMBER) MUST NOT:

1. You must not own or have any interest in the unit (other than in a manufactured home assisted under the Section 8 program).
2. No member of the family may receive Section 8 assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
3. You may not have an interruption in assistance of over 180 days when transferring from one unit to another.
4. You may not receive Section 8 assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless Home Forward has determined (and has notified the owner and the family of such determination) that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities.
5. You must not sublease the unit, assign the lease or transfer the unit.
6. You must not commit any serious or repeated violations of the lease, such as allowing unauthorized occupants, paying rent late, violating the building rules, destroying property, etc.
7. You must not damage the unit or premises (other than normal wear and tear) or permit any guest to damage the unit or premises. You are responsible for the actions of all household members, guests, and anyone else on the property under your family's control.
8. You may not currently owe rent or other amounts to Home Forward or any other Housing Authority. Amounts owed are subject to the local statute of limitations unless owed under a judgment.
9. You may not breach an agreement to repay Home Forward for amounts owed. A breach of repayment agreement is defined as a failure to make the full payment in the month for which the payment is due.
10. No member of the family can have been evicted from public or federally assisted housing within the last five years.
11. No member of the family can have been terminated from the Section 8 program by Home Forward within the last five years.
12. You must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
13. No member of the family may engage in any drug-related criminal activity. No member of the family may possess, use, sell, manufacture, or distribute illegal drugs. (This includes any member of the household, a guest, or any other person on the property under your family's control.)
14. No member of the family may engage in violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. (This includes any member of the household, a guest, or any other person on the property under your family's control.)
15. No member of the family may engage in abuse of alcohol 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. (This includes any member of the household, a guest, or any other person on the property under your family's control.)
16. No member of the family may engage in or threaten abusive or violent behavior toward any Home Forward personnel.
17. No member of the family can have been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing.
18. No member of the family can be subject to a lifetime registration requirement under a State sex offender registration program in any state.

Данную форму можно получить на русском языке по востребованию.

Esta solicitud también está disponible en español

Đơn này có sẵn bằng Việt ngữ. Xin hỏi nếu cần.

Verification of Employment Status

Program Verification Requirement:

- Home Forward is required to verify the employment status for all applicants and current participants in the federal housing programs we administer. We ask your cooperation in supplying the information requested.

Instructions:

- The human resources or personnel staff, supervisor, or accounting staff should complete this form.
- Under no circumstances should the employee fill out this form.**
- Only complete section below that applies to employee's current status.
- If necessary, an *Authorization for the Release of Information* is attached.
- Please print legibly. You may fax the completed form to (503) 802-8589 Attn: _____**

Employee's Full Name: _____ Social Security Number: _____

Full Address: _____

Employee's Job Title: _____ Date Employment Began: _____

1. Complete if Employee is Currently Working Regularly Scheduled Hours

Base Pay: \$ _____ Per: Hour Week Month Year Average Hours Worked per Week: _____

Do you anticipate an increase in the Base Pay within the next 12 months? Yes No New Rate: _____ Effective: _____

Do you anticipate the employee will work any overtime in the next 12 months? Yes No Rate: _____ Hours: _____

Does the employee receive tips, bonuses, or any other pay or compensation? Yes No Amount: _____ Per: _____

What were employee's gross earnings for the past 12 months? Amount: _____

2. Complete if Employee is Currently Working Irregular Hours or On-Call

Base Pay: \$ _____ Per: Hour Week Month Year Average Hours Worked per Week: _____

Total gross earnings Year-to-Date: \$ _____ As of pay period ending: _____

Total gross earnings for last 12 months: \$ _____ Anticipated earnings for the next 12 months: \$ _____

Does the employee receive tips, bonuses, or any other pay or compensation? Yes No Amount: _____ Per: _____

3. Complete if Employee is No Longer Employed

Date of termination: _____ Last day employee actually worked: _____

Is the employee on Maternity, Parental, Medical, or other leave? Yes No If yes, anticipated return to work date: _____

If yes, is employee on short/long-term disability with compensation? Yes No Amount: _____ Per: _____

Does the employee have a current or pending worker's compensation claim? Yes No

Do you anticipate re-hiring this employee? Yes No If yes, when: _____

What were employee's gross earnings for the past 12 months? Amount: _____

Name of Employer: _____

Address: _____

Name of Person Completing Form: _____ Title: _____

Signature: _____

Date: _____ Telephone: _____

Home Forward Use Only

Employment Status Verification Completed: Date _____ Staff Signature: _____

Verification provided by: _____ Changes, if any: _____

STATEMENT OF ZERO INCOME

Program Reporting Requirements:

- If an adult in the household has no income at the time of a household's recertification, or when reporting a decrease in income, the *Statement of Zero Income* must be completed.

Instructions:

- Use this form to explain how the person with zero income is taking care of their basic needs.
- The head of household and adult reporting zero income must sign and date this form.

Head of Household Name (please print) _____

Adult Family Member Reporting Zero/No Income _____

CURRENT INCOME *completed by adult 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

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 contributions from anyone or is a bill paid for you regularly by someone else Yes No
- regular income from recycling bottles/cans, scrap metal, etc. Yes No
- regular income from selling plasma (blood) Yes No

Do you:

- receive any regular income not listed above Yes No

Have you 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:

HOUSEHOLD EXPENSES *completed by adult reporting zero income*

Please list in table below the household expenses **you** pay each month. If no payment is made, please write "None" or put a zero. Please do not leave any item blank.

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

BANK ACCOUNTS *completed by adult reporting zero income*

Do you have a bank or credit union account? Yes No

Bank Name _____ Account Balance _____

Bank Name _____ Account Balance _____

PERSONAL STATEMENT *completed by adult reporting zero income*

Please explain how you are providing for your needs at this current time, for example, someone else in the household is providing for you, you receive SNAP and utility assistance, you receive donations from a church or service agency, etc.:

LAST PLACE OF EMPLOYMENT *completed by adult reporting zero income*

Employer Name: _____

Employer Address: _____

Phone: _____ Employed From: _____ to _____

IMPORTANT: If the person reporting zero income receives any new income, the new income must be reported by turning in a completed *Household Income Increase* packet to Home Forward within 10 working days of the change in income.

CERTIFICATION

I/We do hereby swear and attest that all of the information reported on this form is true and complete. I/We understand that Home Forward is required to verify the information that I/we have reported. I/We understand that any misrepresentation or failure to disclose information may be grounds for termination of assistance and may be 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 Head of Household

Date

Signature of Adult Reporting Zero Income

Date