



# Priority Health Application

## For Section 8 Housing Choice Voucher Waiting List

Please use attached instructions to complete and submit this application. Application must be submitted with completed and signed Priority Verification Due to Health form.

Faxed applications will be accepted at 503-802-8330 or Mail completed application to:

**Home Forward, Rent Assistance, 135 SW Ash Street, Portland, OR 97204**

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact Home Forward at 503-802-8333

### INFORMATION ABOUT HEAD OF HOUSEHOLD

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Female  Male  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Ethnicity** (check one box)  
 Hispanic  
 Non-Hispanic

**Race** (check all that apply):  
 White  Black / African American  American Indian / Alaska Native  
 Asian  Native Hawaiian / Other Pacific Islander

*Racial and ethnic data for statistical purposes only*

Do you qualify for a reasonable accommodation due to a disability?  Yes  No

What is the primary language spoken in your home? (for information only, to better serve you) \_\_\_\_\_

Do you need an interpreter? (for information only, to better serve you)  Yes  No

Legal Address (where you currently live)		Mailing Address, if different from Legal (where you currently receive mail)	
Address		Address	
City		City	
State		State	
Zip Code		Zip Code	

Note: The address you supply on this application will be applied to any current application you have for any Home Forward housing program (if applicable). If your legal or mailing address changes, you must notify Home Forward in writing to maintain your waiting list status.

### HOUSEHOLD MEMBERS

List information for adults first, then children under age 18. Use F, M or X to indicate sex. If a household member qualifies for a reasonable accommodation due to a disability, indicate "Yes"; if not, indicate "No". List relationship of each person to the Head of Household. If additional space is needed, use a separate sheet and attach it to this application.

Relationship	First Name	Last Name	Social Security Number	Date of Birth	Sex	Disabled?
Head						
Spouse / Co-head						

Check this box if a separate sheet listing other household members is attached.

**FAMILY INCOME AND ASSETS**

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession, or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

First Name	Gross Income	How Often	If Income is from Wages List Name and Address of Employer

List total cash value and total income received for assets owned by all family members (not required).

Type of Asset	Cash Value of Asset	Income Received from Asset
Checking Accounts		
Savings Accounts		
Stocks, Bonds, CDs, Investment		
Real Estate		
Other		

**ELIGIBILITY AND PREFERENCES**

Your response to the following questions will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select the appropriate responses for each question below.

Is the head of household, spouse or co-head a person with disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the head of household, spouse or co-head been employed for at least three months, working an average of 30 hours per month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the head of household, spouse or co-head actively engaged in, or has recently completed (within the last 12 months), an employment, education, or training program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has anyone in your household been diagnosed by a medical professional with a terminal illness with life expectancy of 12 months or less?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION**

You have the right to include as part of your application contact information for a person or organization that may be able to help you resolve any issues that may arise during your tenancy or to assist in providing any special care or services you may require should you become a tenant.

You are not required to provide this contact information, but if you choose to do so, please complete the attached "Supplement to Application for Federally Assisted Housing" form and return it with this application form.

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

**U.S. CITIZENSHIP NOTIFICATION AND CERTIFICATION**

**PLEASE READ THIS AUTHORIZATION CAREFULLY AND SIGN BELOW:** By submitting this application for Section 8 voucher assistance, I authorize Home Forward to verify all information I supplied within the application. I also authorize Home Forward to determine the eligibility of my household for housing assistance by examining criminal background records and citizenship status. I understand that providing false information is grounds for denial of housing assistance.

By submitting this form, I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I furnish false or incomplete information.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse / Co-head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

**Please mail or fax this completed application form, priority verification due to health form and supplemental form for optional contact information to Home Forward as requested, using instructions attached to this form.**

If your legal or mailing address changes, you must notify Home Forward in writing to maintain your waiting list status. If Home Forward does not have your current mailing address, your application will be removed from the waiting list.

If you need assistance or an interpreter to complete this form, inform staff or call the telephone number listed below.

Si necesita asistencia o un intérprete para completar este formulario, comuníquese al personal o llame al teléfono que ve más abajo.

Если вам нужна помощь или переводчик для заполнения формы, сообщите нашим сотрудникам или позвоните по указанному ниже телефону.

Nếu bạn cần giúp đỡ hoặc một thông dịch viên để điền hoàn chỉnh đơn này, hãy thông báo cho nhân viên hoặc gọi theo số điện thoại dưới đây.

