

Northeast Oregon Housing Authority

Serving Union-Grant-Baker & Wallowa County

Mailing Address

P.O. Box 3357

Office Location

2608 May Lane
La Grande, OR



PHONE: 541-963-5360

800-425-8638

WEBSITE: www.neoha.org

FAX: 541-963-3682

TDD: 541-963-2465

EMAIL: info@neoha.org

Northeast Oregon Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. NEOHA Executive Director has been designated to coordinate compliance with the nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24CFR,pt8)11/2013

Dear Rental Applicant,

Thank you for your interest in the Apartments Owned and Managed by NEOHA.

Your paperwork may be returned in person, by mail, by fax # (541)-963-3682, or by email at info@neoha.org.

Included in the return paperwork you will need to provide the following:

- **Picture ID for adults**
- **Social Security Cards for all individuals in the household**
- **Birth Certificates for minors**

It is important that all pages are filled out completely and accurately. Double check to make sure all pages have appropriate signatures and are dated.

Once the application has been turned in, please allow our office **10** business days for processing. Once your application has been processed you will receive a letter informing you of your status and/or the need for additional information.

If you have any questions or would like to schedule an appointment please feel free to stop by or give us a call at (541)-963-5360 Ext 21.

NEOHA Staff

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OWNED & MANAGED RENTAL APPLICATION

Relationship to Head of Household Code:

P=SPOUSE

S=SON

D=DAUGHTER

L=LIVE -IN-AIDE

F=FOSTER CHILD

O=OTHER ADULT

Name- Starting with Head of Household	Social Security #	Birthdate	Race/Ethn Codes- See Below	Place of Birth City/State	Gender (M/F)	Age	Relationship Code-See Above	List States of Residency

Use separate page if there are additional family members. If pregnant, add "Unborn Child" in name column and estimate due date in birthdate column.

RACE: MARK ON OR MORE. EXAMPLE- 1/N

WHITE (1)

BLACK OR AFRICAN AMERICAN (2)

NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER/ASIAN (3)

ETHNICITY: HISPANIC OR LATINO (H)

NOT HISPANIC OR LATINO (N)

AMERICAN INDIAN/ALASKAN NATIVE (5)

ETHNICITY / RACE STATEMENT The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname. This institution is an equal opportunity provider

CONTACT INFORMATION

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ CELL PHONE: _____

E-MAIL: _____

MESSAGE PERSON & TELEPHONE: _____

OFFICE USE ONLY:

Date Received:	Time:	Walk-in Drop Box Mail E-mail Fax	Processed by:		
By:			<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	BDR Size:
Gross Annual Income: \$		County:	Date & Time Notice Sent:		

INCOME (for all family members): Income may include but not limited to: Wages, Workers Comp, Self-Employment, Unemployment, Child Support, TANF, Food stamps, General Assistance (SIP), Alimony, Pensions, Monthly Retirements, or Money from Friends / Family. Attach additional sheets if needed.

TYPE OF INCOME (SOURCE)	WHICH FAMILY MEMBER RECEIVING	GROSS MONTHLY INCOME

- ☐ ARE YOU OR YOUR SPOUSE/SIGNIFICANT OTHER A VETERAN? **YES** **NO**
☐ IS THERE A PART-TIME OR FULL-TIME STUDENT IN THE HOUSEHOLD? **YES** **NO** IF YES, **LIST ALL** _____
☐ DO YOU REQUIRE A HANDICAPPED ACCESSIBLE UNIT? **YES** **NO**
☐ DO YOU REQUIRE A GROUND FLOOR UNIT, BUT **NOT** HANDICAPPED ACCESSIBLE? **YES** **NO**
 IF YES WHY? _____
☐ DO YOU HAVE ANY SPECIAL NEEDS WHICH WOULD REQUIRE OUR KNOWLEDGE & ATTENTION... - INCLUDING LIMITED ENGLISH PROFICIENCY? **YES** **NO** IF YES PLEASE EXPLAIN YOUR SITUATION ON A SEPARATE PAGE.
☐ IS ANY HOUSEHOLD MEMBER OVER AGE 62 AND RECEIVING HUD RENTAL ASSISTANCE AS OF **1/31/2010** AND WHO DOES NOT HAVE A SOCIAL SECURITY NUMBER? **YES** **NO** IF YES WHO, _____
☐ IS ANYONE IN THE HOUSEHOLD REQUIRED TO REGISTER AS A LIFETIME SEX OFFENDER IN ANY STATE? **YES** **NO**
 WHO? _____ WHERE _____ -

CURRENT LIVING INFORMATION: MONTHLY RENT \$ _____

TYPE OF DWELLING: (where you live now) **HOUSE** **APARTMENT** **DUPLEX** **MOBILE HOME** _____

CHECK ONE: **RENTING** **BUYING** **LIVING WITH FAMILY / FRIENDS** **OTHER** (explain) _____

CURRENT LANDLORD: _____ **DATE YOU MOVED IN** _____ **# OF BDRM.** _____

LANDLORD ADDRESS: _____ **TELEPHONE** _____

RENTAL BACKGROUND (ALL ADULT FAMILY MEMBERS) (PLEASE ANSWER ALL QUESTIONS FULLY - USE SEPARATE PAGE, IF NECESSARY)

HAVE YOU EVER BEEN EVICTED OR ASKED TO MOVE BY ANY LANDLORD?			
HEAD OF HOUSEHOLD	YES	NO	If yes why
SPOUSE / OTHER ADULT	YES	NO	If yes why
HAVE YOU PREVIOUSLY LIVED IN HUD ASSISTED HOUSING?			
HEAD OF HOUSEHOLD	YES	NO	If yes when & where
SPOUSE / OTHER ADULT	YES	NO	If yes when & where
DO YOU CURRENTLY OWE ANY HOUSING AUTHORITY MONEY?			
HEAD OF HOUSEHOLD	YES	NO	If yes what Housing Authority How Much \$
SPOUSE / OTHER ADULT	YES	NO	If yes what Housing Authority How Much \$

HOW DID YOU HEAR ABOUT OUR RENTAL ASSISTANCE PROGRAM? _____

THE ABOVE INFORMATION IS TRUE & COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION MADE MAY BE GROUNDS FOR REJECTION OF MY APPLICATION FOR HOUSING WITH NORTHEAST OREGON HOUSING AUTHORITY. I HAVE NO OBJECTIONS TO INQUIRIES BEING MADE FOR THE PURPOSES OF VERIFYING THE STATEMENTS MADE HEREIN. I ALSO UNDERSTAND THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY.

APPLICATION MUST BE SIGNED BY ALL ADULT FAMILY MEMBERS (HEAD OF HOUSEHOLD FIRST)

HEAD OF HOUSEHOLD SIGNATURE _____ DATE _____

OTHER ADULT SIGNATURE _____ DATE _____

WARNING: 18USC1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than 5 years or both. (REVISED Feb 10, 2012)

FOR STATISTICAL PURPOSES ONLY: PLEASE INDICATE WHICH CIRCUMSTANCE BEST DESCRIBES YOUR CURRENT SITUATION

- 1- CURRENTLY PAYING MORE THAN 50% OF MONTHLY INCOME FOR RENT & UTILITIES
- 2- CURRENTLY LIVING IN HOUSING JUDGED TO BE WITHIN SUBSTANDARD GUIDELINES
- 3- BEING INVOLUNTARILY DISPLACED DUE TO NATURAL DISASTER OR GOVERNMENT ACTION

CRIMINAL BACKGROUND CERTIFICATION

To: OREGON JUDICIAL INFORMATION NETWORK
Online websites OJIN - Public Data
Ore Sex Offender - Dru Sjodin

From: NORTHEAST OREGON HOUSING AUTHORITY
P.O. BOX 3357 / 2608 MAY LANE
LA GRANDE, OR 97850

Head of Household full name
Maiden name, AKA, other last names used
Birth date Social Security #
Address City, State, Zip
Provide a complete list of all states in which you have resided

The applicant/tenant has consented to this release of information as shown below.
RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.
Applicant/tenant signature X Date

Please answer the following questions
Failure to respond to any question may jeopardize the approval of the application or continuance of subsidy
1) Have you ever been Convicted of any Sex Offense? YES ' NO '
2) Are you subject to a lifetime sex offender registration program in any state? YES ' NO '
3) Have you ever been Convicted of manufacturing Methamphetamine? YES ' NO '
4) Have you ever been Convicted of any Felony? YES ' NO '
5) Have you ever been Convicted of any Misdemeanor? YES ' NO '
If yes to any above questions, please give explanation of crime, date, city, state:
If yes to any of the above, Are /Were you required to enroll in a Certified Treatment program? YES ' NO '
Has the Treatment program been completed? YES ' NO ' when?

Date background checked by NEOHA NEOHA Staff Signature
Staff Title RESULT: PASSED SCREENING YES ' NO '
If NO reason for denial
if no, attach copy of reject letter & if applicable, hearing notice & hearing results

Adult #2 full name
Maiden name, AKA, other last names used
Birth date Social Security #
Address City, State, Zip
Provide a complete list of all states in which you have resided

The applicant/tenant has consented to this release of information as shown below.
RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.
Applicant/tenant signature X Date

Please answer the following questions
Failure to respond to any question may jeopardize the approval of the application or continuance of subsidy
1) Have you ever been Convicted of any Sex Offense? YES ' NO '
2) Are you subject to a lifetime sex offender registration program in any state? YES ' NO '
3) Have you ever been Convicted of manufacturing Methamphetamine? YES ' NO '
4) Have you ever been Convicted of any Felony? YES ' NO '
5) Have you ever been Convicted of any Misdemeanor? YES ' NO '
If yes to any above questions, please give explanation of crime, date, city, state:
If yes to any of the above, Are /Were you required to enroll in a Certified Treatment program? YES ' NO '
Has the Treatment program been completed? YES ' NO ' when?
Date background checked by NEOHA NEOHA Staff Signature
Staff Title RESULT PASSED SCREENING YES ' NO '
If NO reason for denial

If no, attach copy of reject letter & if applicable, hearing notice & hearing results

Adult #3 full name

Maiden name, AKA, other last names used

Birth date

Social Security #

Address

City, State, Zip

Provide a complete list of all states in which you have resided

The applicant/tenant has consented to this release of information as shown below.
RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/tenant signature

X

Date

Please answer the following questions
Failure to respond to any question may jeopardize the approval of the application or continuance of subsidy

1) Have you ever been Convicted of any Sex Offense ?	YES '	NO '
2) Are you subject to a lifetime sex offender registration program in any state ?	YES '	NO '
3) Have you ever been Convicted of manufacturing Methamphetamine ?	YES '	NO '
4) Have you ever been Convicted of any Felony ?	YES '	NO '
5) Have you ever been Convicted of any Misdemeanor ?	YES '	NO '
If yes to any above questions, please give <i>explanation of crime, date, city, state</i> :		
If yes to any of the above , Are /Were you required to enroll in a Certified Treatment program? YES ' NO '		
Has the Treatment program been completed? YES ' NO ' when?		

Date background checked by NEOHA

NEOHA Staff Signature

Staff Title

RESULT PASSED SCREENING YES ' NO '

If NO reason for denial

If no, attach copy of reject letter & if applicable, hearing notice & hearing results

Adult #4 full name

Maiden name, AKA, other last names used

Birth date

Social Security #

Address

City, State, Zip

Provide a complete list of all states in which you have resided

The applicant/tenant has consented to this release of information as shown below.
RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/tenant signature

X

Date

Please answer the following questions
Failure to respond to any question may jeopardize the approval of the application or continuance of subsidy

1) Have you ever been Convicted of any Sex Offense ?	YES '	NO '
2) Are you subject to a lifetime sex offender registration program in any state ?	YES '	NO '
3) Have you ever been Convicted of manufacturing Methamphetamine ?	YES '	NO '
4) Have you ever been Convicted of any Felony ?	YES '	NO '
5) Have you ever been Convicted of any Misdemeanor ?	YES '	NO '
If yes to any above questions, please give <i>explanation of crime, date, city, state</i> :		
If yes to any of the above , Are /Were you required to enroll in a Certified Treatment program? YES ' NO '		
Has the Treatment program been completed? YES ' NO ' when?		

Date background checked by NEOHA

NEOHA Staff Signature

Staff Title

RESULT PASSED SCREENING YES ' NO '

If NO reason for denial

If no, attach copy of reject letter & if applicable, hearing notice & hearing results

Citizen/Non-citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household

LAST NAME _____ FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ DATE OF BIRTH _____

SSN: _____ ALIEN REGISTRATION NUMBER: _____

I-94 ADMISSION NUMBER: _____

(if applicable-this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

I, _____ hereby declare, under penalty of perjury, that I am:
(Print Full Name of Household Member)

☐ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
 - (a) United States (U.S.) Passport
 - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
 - (a) U.S. Birth Certificate
 - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
 - (c) U.S. Citizen ID card issued by USCIS
 - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - (e) Certificate of Citizenship issued by USCIS
 - (f) American Indian card issued by USCIS for the Kickapoo tribe
 - (g) Final Adoption Decree
 - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
 - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
 - (k) Extract of U.S. hospital birth record established at the time of birth
 - (3) Proof of Identity includes
 - (a) Driver's License
 - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
 - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
 - (d) Day care or nursery record (minors only)
 - (e) School record or report card (under 16 only)
 - (f) School ID with picture
 - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature: _____

Date: _____

☐ Check here if adult signed for a child.



Citizen/Non-citizen Declaration

☐ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form
- c. One of the documents from the list below

1. Form I-551, Permanent Resident Card.
2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a Refugee Pursuant to Section 207";
 - b. "Section 208" or "Asylum";
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature: _____

Date: _____

☐ Check here if adult signed for a child.

EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature: _____

Date: _____

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature: _____

Date: _____

☐ Check here if adult signed for a child.



Citizen/Non-citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household

LAST NAME _____ FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ DATE OF BIRTH _____

SSN: _____ ALIEN REGISTION NUMBER: _____

I-94 ADMISSION NUMBER: _____

(if applicable-this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

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Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

I, _____ hereby declare, under penalty of perjury, that I am:
(Print Full Name of Household Member)

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Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
 - (a) United States (U.S.) Passport
 - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
 - (a) U.S. Birth Certificate
 - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
 - (c) U.S. Citizen ID card issued by USCIS
 - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - (e) Certificate of Citizenship issued by USCIS
 - (f) American Indian card issued by USCIS for the Kickapoo tribe
 - (g) Final Adoption Decree
 - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
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 - (k) Extract of U.S. hospital birth record established at the time of birth
 - (3) Proof of Identity includes
 - (a) Driver's License
 - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
 - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
 - (d) Day care or nursery record (minors only)
 - (e) School record or report card (under 16 only)
 - (f) School ID with picture
 - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature: _____

Date: _____

☐ Check here if adult signed for a child.



Citizen/Non-citizen Declaration

☐ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form
- c. One of the documents from the list below

1. Form I-551, Permanent Resident Card.
2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a Refugee Pursuant to Section 207";
 - b. "Section 208" or "Asylum";
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature: _____

Date: _____

☐ Check here if adult signed for a child.

EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature: _____

Date: _____

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature: _____

Date: _____

☐ Check here if adult signed for a child.



NEOHA Owned & Managed Rentals

Visit us online at neoha.org for a list of current vacancies.

Our rentals use a variety of rental subsidies so that our tenants can pay rent based on their income. You will need to check off the boxes below to indicate the complexes you are interested in. Some of our complexes can take a Section 8 Voucher. Your desire to apply/not apply to NEOHA's rentals will not affect your position on the Section 8 Waiting List. We recommend that you also apply for the Section 8 program.

PLEASE CHECK THE COMPLEXES YOU WISH TO APPLY FOR

Head of Household: _____

Union County

- | | |
|---|------------------------|
| <input type="checkbox"/> May Park Apts., Elderly/Disabled, 2608 May Lane, La Grande, OR..... | 1 Bdrm |
| <input type="checkbox"/> Tamarack Court Apts., Elderly/Disabled, 1613 21 st St., La Grande, OR..... | 1 Bdrm, 2 Bdrm |
| <input type="checkbox"/> Union Family Duplexes, Various Locations, Union, OR..... | 2 Bdrm |
| <input type="checkbox"/> Elgin Family Duplexes, N. 9 th St., and N. 10 th St., Elgin, OR..... | 2 Bdrm, 3 Bdrm |
| <input type="checkbox"/> Blue Springs Crossing Apts., 10801 Walton Rd., La Grande, OR..... | 1 Bdrm, 2 Bdrm, 3 Bdrm |
| <input type="checkbox"/> NOHA Homes, Various Locations, La Grande, OR..... | 2 Bdrm, 3 Bdrm |
| <input type="checkbox"/> Lake Street Duplex..... | 2 Bdrm, 3 Bdrm |
| <input type="checkbox"/> Claire Street Duplex..... | 2 Bdrm |
| <input type="checkbox"/> Alder Street Duplexes..... | 2 Bdrm, 3 Bdrm |
| <input type="checkbox"/> N. Columbia Street..... | 3 Bdrm |
| <input type="checkbox"/> N. Oak Street..... | 3 Bdrm |
| <input type="checkbox"/> Z Avenue..... | 3 Bdrm |
| <input type="checkbox"/> Rapid Run..... | 3 Bdrm |

Baker County

- | | |
|---|------------------------|
| <input type="checkbox"/> Grove Apts., Elderly/Disabled, 2970 Walnut, Baker City, OR..... | 1 Bdrm |
| <input type="checkbox"/> Baker Family Duplexes, Foothill St., 17 th St., Auburn St., Baker City, OR..... | 3 Bdrm, 4 Bdrm |
| <input type="checkbox"/> Green Acres Apts., 1560 Indiana Ave., Baker City, OR..... | 1 Bdrm, 2 Bdrm, 3 Bdrm |
| <input type="checkbox"/> The Elms Apartments, 2920 Elm St., Baker City, OR..... | 2 Bdrm |
| <input type="checkbox"/> Haines Family Duplexes, Olson St., Haines OR..... | 2 Bdrm |
| <input type="checkbox"/> Huntington Family Houses, Adams St., Jefferson St., Huntington, OR..... | 3 Bdrm |
| <input type="checkbox"/> Richland School Apts., Elderly/Disabled, 42008 Moody Rd., Richland, OR..... | 1 Bdrm, 2 Bdrm |

Grant County

- | | |
|---|----------------|
| <input type="checkbox"/> Canyon City Duplexes, Patterson Dr., Canyon City, OR..... | 3 Bdrm |
| <input type="checkbox"/> Mt. Vernon Family Houses, John Aslin Ave., Mt. Vernon OR..... | 3 Bdrm |
| <input type="checkbox"/> Dayville Family Houses, Millie Way, Dayville, OR..... | 3 Bdrm |
| <input type="checkbox"/> Strawberry Village Apts., 142 E. 11 th St., Prairie City, OR..... | 2 Bdrm, 3 Bdrm |
| <input type="checkbox"/> Canyon Creek Court Apts., Elderly/Disabled, 105 SW 1 st Ave., John Day, OR..... | 1 Bdr |

Wallowa County

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Wallowa Alpine Village Apts., 303 Residence St., Enterprise, OR..... | 0 Bdrm, 1 Bdrm, 2 Bdrm,
3 Bdrm |
|---|-----------------------------------|

Do you require a handicapped accessible unit? ☐YES ☐NO

Do you require ground floor access but not a handicapped accessible unit? ☐YES ☐NO

If yes, why? _____

Northeast Oregon Housing Authority

Serving Union-Grant-Baker & Wallowa County

Mailing Address

P.O. Box 3357

Office Location

2608 May Lane

La Grande, OR

**PHONE:** 541-963-5360

800-425-8638

WEBSITE: www.neoha.org**FAX:** 541-963-3682**TDD:** 541-963-2465**EMAIL:** info@neoha.org

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Applicant,

Rental References:

Without 2 favorable Landlord references you may not be offered a NEOHA Owned or Managed Rental.

PLEASE REMEMBER: Personal References CANNOT be a family member

Please provide contact information below so that we may call to verify your rental history. NEOHA prefers that you provide Landlord references unless you have NEVER rented before. **Personal References CANNOT be a family member**, they should have known you for at least one year, and they need to be able to answer questions about your suitability as a tenant.

◆Type of Reference: **Landlord** ' **Personal** '

Name of Reference Person: _____ Phone Number: _____

If this is a **Personal Reference** ⇨ Relationship: _____

If this is a **Landlord Reference** ⇨ Date Moved In _____ Date Moved Out _____

Reason for Moving _____

◆Type of Reference: **Landlord** ' **Personal** '

Name of Reference Person: _____ Phone Number: _____

If this is a **Personal Reference** ⇨ Relationship: _____

If this is a **Landlord Reference** ⇨ Date Moved In _____ Date Moved Out _____

Reason for Moving _____

◆Type of Reference: **Landlord** ' **Personal** '

Name of Reference Person: _____ Phone Number: _____

If this is a **Personal Reference** ⇨ Relationship: _____

If this is a **Landlord Reference** ⇨ Date Moved In _____ Date Moved Out _____

Reason for Moving _____

◆Type of Reference: **Landlord** ' **Personal** '

Name of Reference Person: _____ Phone Number: _____

If this is a **Personal Reference** ⇨ Relationship: _____

If this is a **Landlord Reference** ⇨ Date Moved In _____ Date Moved Out _____

Reason for Moving _____

Landlord Disclosure of Smoking Policy for all NEOHA Owned & Managed Properties

Effective January 1, 2010, Oregon's Landlord-Tenant Law (*Oregon Revised Statutes Chapter 90*) requires that landlords "must include a disclosure of the smoking policy for the premises on which the dwelling is located. The disclosure must state whether smoking is prohibited on the premises, allowed on the entire premises or allowed in limited areas on the premises. If the smoking policy allows smoking in limited areas on the premises, the disclosure must identify the areas on the premises where smoking is allowed"

Definition of smoking: The term "smoking" means inhaling, exhaling, breathing, carrying, or possessing any lighted cigar, cigarette, pipe, other tobacco product or similar lighted product in any manner or in any form.

Smoking **is not** allowed:

Inside the units

Inside in all common areas such as hallways, community rooms and laundry rooms

Outside within **10 feet** of windows, doors and air intake units of common areas

Smoking **is** allowed:

Outside beyond **10 feet** of windows, doors and air intake units of common areas

In other areas: parking lots, areas adjoining, but not part of NEOHA property

EXCEPTION:

BLUE SPRINGS CROSSING IN ISLAND CITY IS A NON-SMOKING PROPERTY. NO SMOKING ALLOWED IN THE UNITS, OUTSIDE THE UNITS OR ON THE GROUNDS OF THE PROPERTY.

Please initial here to indicate that you understand NEOHA's Smoking policy: _____

Landlord Disclosure of Pet Policy for all NEOHA Owned or Managed Properties

Domestic pets must be pre-approved by NEOHA prior to move-in and prior to bringing the animal onto the premises. Definition of "pet": "A domesticated animal, such as a dog, cat, bird, rodent (including rabbit), fish or turtle, that is traditionally kept in the home for pleasure rather than for commercial purposes."

One approved dog **OR** **One** cat is allowed per unit. Dogs shall weigh no more than 30 pounds and stand no more than 18 inches at the shoulder when fully grown.

Pet Deposits The refundable pet deposit is

\$300 for family dwellings (0-4 bdr mixed projects) -- To be paid in full by move-in or a minimum of \$150 at move-in & 3 monthly payment of no less than \$50

\$100 for elderly / disabled dwellings (exclusively projects designated for elderly / disabled residents) - To be paid in full by move-in or a minimum of \$50 at move-in & 2 monthly payments of no less than \$25

Pet owners must register their animals with the NEOHA before it is brought on premises and must update registration annually.

Registration must include the following:

- Current inoculation record
- Current photo of the animal
- Current license verification (if applicable)
- Name, address and phone number of at least one responsible party who will care for the pet if owner is unable to provide care.

Please initial here to indicate that you understand NEOHA's Pet policy: _____

Do you have pets? YES ☐ NO ☐ if yes, how many? list type, breed: _____

CHANGES TO YOUR APPLICATION:

PLEASE make sure to inform NEOHA if you have any changes to your contact information like Phone Number or Mailing Address. If we are unable to reach you to confirm your interest in a voucher your application will be withdrawn. In addition, please make sure to keep us updated as to any changes to your:

- Income
- Family Composition
- Phone Number
- Address

Changes to your income could affect your position on the waiting list. We should be notified if your income goes either up or down. In addition, changes to your family composition could affect your position on the waiting list, so make sure you let us know if you add or remove anyone from your household. Examples would be: having a baby, gaining more than 51% custody of a child, or having a relative or significant other move in to your home.

Please inform NEOHA in writing of any of the above changes. You can reach us by fax, mail, or e-mail to report these changes.

I understand I should report changes to my application in writing. YES ☐ Initials _____

Northeast Oregon Housing Authority

Serving Union-Grant-Baker & Wallowa County

Mailing Address

P.O. Box 3357

Office Location

2608 May Lane
La Grande, OR



PHONE: 541-963-5360

800-425-8638

WEBSITE: www.neoha.org

FAX: 541-963-3682

TDD: 541-963-2465

EMAIL: neoha@uwtc.net

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5-YEAR RESIDENCE HISTORY

If you are applying for a NEOHA Owned or Managed Rental, you **MUST** provide the following residence history:

CURRENT RESIDENCE

Address:	City, State, Zip:
Resided at this address from:	to:
Landlord/Owner:	
Landlord Address:	City, State, Zip:
Landlord phone:	Are you on the lease?
Are you related to the Landlord?	If Yes, what is the relationship?

PREVIOUS RESIDENCE

Address:	City, State, Zip:
Resided at this address from:	to:
Landlord/Owner:	
Landlord Address:	City, State, Zip:
Landlord phone:	Were you on the lease?
Are you related to the Landlord?	If Yes, what is the relationship?

PREVIOUS RESIDENCE

Address:	City, State, Zip:
Resided at this address from:	to:
Landlord/Owner:	
Landlord Address:	City, State, Zip:
Landlord phone:	Were you on the lease?
Are you related to the Landlord?	If Yes, what is the relationship?

PREVIOUS RESIDENCE

Address:	City, State, Zip:
Resided at this address from:	to:
Landlord/Owner:	
Landlord Address:	City, State, Zip:
Landlord phone:	Were you on the lease?
Are you related to the Landlord?	If Yes, what is the relationship?

USE ADDITIONAL PAGES, IF NECESSARY.

I hereby authorize Northeast Oregon Housing Authority to contact the landlords/owners listed on this form for the purpose of determining my eligibility for housing assistance in NEOHA owned and managed properties.



Tenant Signature

Date



Co-Tenant Signature

Date

Northeast Oregon Housing Authority

Serving Union-Grant-Baker & Wallowa County

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Release of Information

I authorize and direct any Federal, State, or local agency and any organization, business, or individual to release to the **NORTHEAST OREGON HOUSING AUTHORITY** any information or materials needed to complete and verify my application for participation in, and/or maintain my continued assistance under a subsidized housing program.

Information covered: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- IDENTITY AND MARITAL STATUS
- CREDIT AND CRIMINAL ACTIVITY
- EMPLOYMENT INCOME
- MEDICAL OR CHILD CARE ALLOWANCE
- RESIDENCES AND RENTAL ACTIVITY
- INCOME FROM ANY SOURCE
- ASSETS OF ANY KIND, INCLUDING ASSETS DISPOSED OF WITHIN THE LAST TWO (2) YEARS

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and continued participation in a housing assistance program.

Groups Or Individuals That May Be Asked

- LANDLORDS AND UTILITY COMPANIES
- COURTS AND POST OFFICES
- SCHOOLS AND COLLEGE
- LAW ENFORCEMENT AGENCIES
- SUPPORT/ALIMONY PROVIDERS
- VETERANS ADMINISTRATION
- BANKS AND FINANCIAL INSTITUTIONS
- PAST AND PRESENT EMPLOYERS
- WELFARE AGENCIES
- STATE UNEMPLOYMENT AGENCIES
- SOCIAL SECURITY ADMINISTRATION
- MEDICAL AND CHILD CARE PROVIDERS
- RETIREMENT SYSTEMS
- PAYEES, TRUSTEES

Conditions: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for 15 months from the date signed.

Signature of Head of Household	Print Name	Date
Signature of Co-Head / Spouse	Print Name	Date
Signature of Adult Family Member	Print Name	Date
Signature of Adult Family Member	Print Name	Date

"Title" 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

Authorization for the Release of Information/ Privacy Act Notice

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

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

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)

N.E. Oregon Housing Authority
P.O. Box 3357
La Grande, OR 97850

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

PLEASE SIGN AND DATE OTHER SIDE

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 15 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.

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms **HUD-9887 & 9887-A** (02/2007)

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): HUD/MULTI-FAMILY WEST REGION 1 SANSOME ST #1200 SAN FRANCISCO CA 94104	O/A requesting release of information (Owner should provide the full name and address of the Owner.): NORTHEAST OREGON HOUSING AUTHORITY PO BOX 3357 LA GRANDE OR 97850	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): OREGON HOUSING AND COMMUNITY SERVICES 725 SUMMER ST NE STE B SALEM OR 978301-1266
---	--	--

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

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

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

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Signature of Applicant

Date

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

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

Northeast Oregon Housing Authority

Serving Union-Grant-Baker & Wallowa County

Mailing Address

P.O. Box 3357

Office Location

2608 May Lane
La Grande, OR



PHONE: 541-963-5360

800-425-8638

WEBSITE: www.neoha.org

FAX: 541-963-3682

TDD: 541-963-2465

EMAIL: neoha@uwtc.net

Northeast Oregon Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. NEOHA Executive Director has been designated to coordinate compliance with the nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24CFR,pt8)11/2013

IMPORTANT NOTICES

Please report changes in contact information, family composition, or income to NEOHA in Writing.

REASONABLE ACCOMMODATION

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize NEOHA programs and services, please contact NEOHA to obtain a Reasonable Accommodation Request form at 541-963-5360.

PENALTIES FOR MAKING FALSE OR FRAUDULENT STATEMENTS

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA, and any owner (or any employee of HUD, the PHA, 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant information may bring civil action for damages, and seek other relief as may be appropriate against the officer or employee of HUD, the PHA, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 42 U.S.C. 408 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

NORTHEAST OREGON HOUSING AUTHORITY STATEMENT OF NONDISCRIMINATION

The Northeast Oregon Housing Authority does not discriminate against any person because of disability, race, color, religion, sex, marital status, familial status, national origin, sexual orientation, gender identity, source of income, and/or domestic partnership in accessing, applying for, or receiving assistance, or in treatment or employment in any of its programs and activities. All public meeting are held in accessible locations. Appropriate aids (ei. assistive listening system, interpreters, readers, assistance filling out forms) will be provided upon request. Complaints regarding accessibility of the Authority's programs for individuals with disabilities can be submitted in writing to Northeast Oregon Housing Authority, P.O. Box 3357, La Grande, OR 97850. The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, disability, familial status, national origin, lesbian, gay, bi-sexual, and transgender individuals. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, Office of Fair Housing and Equal Opportunity, U.S. Department of HUD, Washington, D.C. 20410.

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. 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 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 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. Providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or denial of eligibility.