

CHANGES IN CHILD CARE EXPENSES: If you have changes in your childcare expenses complete this section

Child's Name	Provider Name & Address	Provider's Telephone	Payment

ELDERLY AND DISABLED HOUSEHOLDS ONLY

CHANGES IN HOUSEHOLD MEDICAL EXPENSES: If you have changes in your medical expenses because you now making regular payments, complete this section.

Name of Medical Provider	Address of Medical Provider	Monthly Payment

MISCELLANEOUS CHANGES: If you have any other changes that do not fit into the above categories, please explain the change in this section

I/We certify that the information given to the Housing Authority of Jackson County is accurate and complete to the best of my/our knowledge. I/We understand that providing false information is punishable under Federal Law. I/We also understand that false information is grounds for termination of housing assistance

Signature of Tenant

Date

Signature of Tenant

Date

FOR OFFICIAL USE ONLY
HOUSING AUTHORITY CERTIFICATION

I certify that the above information given to the Housing Authority by this household on household composition, income, net family assets, allowances and deductions is verified as required by Federal Law and the family was eligible as admission and has certified that information given to our agency is accurate and complete information.

Signature of Housing Authority Official

Date



HOUSING AUTHORITY OF JACKSON COUNTY

2251 Table Rock Road – Medford, OR 97501
Telephone (541) 779-5785 – Fax (541) 857-1118

INFORMATION RELEASE AUTHORIZATION

- A. The Housing Authority of Jackson County requests that applicants and participants in assisted housing programs provide a social security number for each family member. The social security number will be used to establish the computer record and the identification of applicants/ participants and their family members. These numbers will also be used to verify former tenancy in subsidized housing programs: To confirm prior rent payment history, and to verify eligibility information (i.e., income, assets, etc.).
- B. I/We do hereby authorize the Housing Authority of Jackson County, contact any agencies, employers, or organizations to obtain any information or materials deemed necessary to determine my eligibility for participation in the Housing Authority programs. I/We further authorize the same information to be made available on an on going basis for continued participation.
- C. I/We give any credit bureau permission to release my/our credit history to the Housing Authority of Jackson County for the purposes of verifying eligibility or continued eligibility for federal rent assistance (business transaction having a personal, family or household purpose for the consumer).
- D. I/We give any Law enforcement agency/City, State or Federal Court permission to release any information to the Housing Authority that they deem necessary in determining My/Our eligibility or continued assistance for any Housing Authority programs.

I/We understand by signing the form that copies of this form will be used in place of the original.
THIS AUTHORIZATION IS GOOD FOR ONE YEAR AFTER THE DATE SIGNED BELOW

Print Full Name of Applicant/Participant

Print Full Name of Applicant/Participant

Legal Signature of Applicant/Participant

Legal Signature of Applicant/Participant

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Date signed

Date signed



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Print Full Name of Applicant/Participant

Print Full Name of Applicant/Participant

Legal Signature of Applicant/Participant

Legal Signature of Applicant/Participant

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Date signed

Date signed

SUPPLEMENTAL TO 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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	

<input type="checkbox"/> 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.
Form HUD- 92006 (05/09)