MID COLUMBIA HOUSING AUTHORITY

APPLICATION FOR HOUSING CHOICE VOUCHER (SECTION 8) ASSISTANCE

Complete and Return to:

500 East 2nd Street

The Dalles, Oregon 97058

Head of Household Applicant: **(Last Name)**			**(First Name)**
Current Mailing Address:			**Apt. # or P.O. Box #**
City	**County** **State**	**Zip**	**Day Phone**:

Part I. Household Members: List all Family Members that will be living in the assisted unit: (**Begin with Head of Household**)

Social Security Number	Last Name	First Name	M.I	Sex	Disabled? Y/N	Relation to Head	Birth date Mo/Day/Yr	Race – See below	Ethnicity – See Below

RACE: 1 – White, 2 – Black, 3 – American Indian/Alaskan Native, 4 – Pacific Islander/Asian **ETHNICITY:** 1 – Hispanic or Latino, 2 – Non-Hispanic or Latino

What language do you speak? ☐ English ☐ Spanish ☐ Other:_____

Part II. Household Income.

List *all gross* income for people listed above. Income includes but is not limited to Wages, Welfare, Social Security, SSI, VA, Pensions, Child Support, Unemployment, etc.

Annual Income:	

Part III: PLEASE CHECK ANY OF THE FOLLOWING THAT MAY APPLY TO YOU:

☐ Elderly (age 62 or older) ☐ Disabled or Handicapped ☐ Disabled Veteran ☐ Displaced by Government Action ☐ Pregnant or ☐ In the process of securing legal custody of any individual who has not attained the age of 18.

Part IV. Check Y for Yes and N for No.

Have you or anyone in your household been convicted of manufacturing methamphetamine? **Y ☐ / N ☐**

Are you or anyone in your household required to register as a sex offender? **Y ☐ / N ☐**

PART V.

Do you wish a case worker or another individual to be notified when you are contacted for housing assistance? Yes ☐ No ☐. If yes, name of caseworker or other person_____

Telephone Number _____ Address_____

Part VI. Certification: I understand that this is not a contract and does not bind either party. The information is full, true and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements made herein or giving my name and address to other housing agencies.

Signature: _____ Date: _____

EQUAL HOUSING OPPORTUNITY. The Mid-Columbia Housing Authority does not discriminate on the basis of race, color, national origin, religion, sex, age, physical or mental disability, or familial status.

500 East 2nd Street, The Dalles, OR. 97058

Deaf Community Relay – (OR) 1-800-735-1232 (WA) 1-800-833-6384

(Phone) 1-541-296-5462 (Toll Free) 1-888-356-8919

(Fax) 1-541-296-8570

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

OMB Control Number: 2577-0295
Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Mid-Columbia Housing Authority
500 E 2nd St
The Dalles, OR 97058

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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REASONABLE ACCOMMODATION VERIFICATION

Clientele Who Can Qualify for a Reasonable Accommodation

It is the MCHA/CGHA policy to provide a reasonable accommodation in housing for Housing Choice Voucher (Section 8) clients with a disability who are otherwise qualified for MCHA/CGHA services. This policy is furtherance of MCHA/CGHA's goal to provide and develop quality affordable housing opportunities for people regardless of disability and remain in compliance with applicable federal, state and local law.

A person with a disability is one who:

- Has a physical or mental impairment that substantially limits one or more major life activities such as caring for one's self, doing manual task, walking, seeing, hearing, breathing, learning and working;
- Has a record for such an impairment; or
- Is regarded of having such impairment.

To be completed by a Qualified Professional to fill out (E.G.., Counselor, social worker, doctor rehabilitations center, service agencies, or other entity identified by the person requesting a reasonable accommodation.

A Reasonable Accommodation has been requested by_____ **(**name of client) in order for MCHA/CGHA to provide the following accommodation:

_____

Please list what accommodation you are requesting MCHA/CGHA provide:

_____

Please explain why you are requesting this accommodation and how it will provide your Client an equal opportunity to participate in and use our housing program.

_____

_____

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MCHA/CGHA is required by law to provide reasonable accommodations to disabled participants that will provide them with equal opportunity to participate in the use of our housing programs. **MCHA/CGHA will not provide reasonable accommodations when the request is a matter of convenience or preference only.**

Please verify that the above requested accommodation:

1) Is related to the participants disability; and 2) would provide the participant with equal opportunity in and use our housing program in their unit.

I, _____ **do** _____ **do not** _____ (please check one)

Believe that the above requested accommodation is related to the participants disability and would provide equal opportunity to participate in the housing program.

I HEARBY CERITY THAT I HAVE READ PAGE 1 FOR COMPLETING THE QUALIFIED PROFESSIONAL VERIFICATION OF NEED FOR AN ACCOMMODATION IN HOUSING BECAUSE OF A DISABILITY AND I UNDERSTAND ITS CONTENTS. I FURTHER CERTIFY THAT ALL INOFRMATION I HAVE PROVIDED IN THE FORM IS ACCURATE, COMPLETE, AND CURRENT. FINALLY, I UNDERSTAND THAT I CAN BE SUBPOENDAED TO TESTIFY IN ANY TRIALS OR HEARINGS RELATED TO THE PARTICIANTS REQUEST.

_____

Signature Date

_____

Printed Name Phone #

_____

Professional title

Please return this form to: ATTN_____, Housing Certifier II

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