

Please have the household complete the Home Forward Intake Packet by 08/31/2022 (10 business days). Below is a checklist of the required documents to submit:

#### Vitals

- Valid IDs for all adults
- Social Security Cards for all household members
- Birth Certificate/Records for all minors

#### Forms (Adults 18 & over must sign and date)

- Statement of Eligibility
- HUD-9886
- HUD Debts Owed for all household members 18+
- Certification of Citizenship Status
- Statement of Family Obligations
- Statement of Zero Income for household members 18+ (if applicable)
- Advocacy Form (if applicable)
- Mobility and Communication Survey
- Current Housing/Homeless Survey
- Employment/Training inventory

#### Verification of Income and/or Assets reported on the Statement of Eligibility

- Paystubs for the most recent consecutive 60 days
- Verification of benefits, assets, etc. letter dated within 60 days

#### Notice To Vacate

- Provide 30 day notice signed by current landlord (participant is in a subsidized unit, we cannot overlap subsidy for this file)

#### Initial Inspection

- Please contact our Landlord Services Team to request an "Initial Inspection"
  - Phone: 503-802-8333 Option #5
  - Email: [LandlordServices@homeforward.org](mailto:LandlordServices@homeforward.org)

Please ensure to review the packet for completeness and send to Home Forward by replying all to this email.  
Once I receive the above documents, I will contact Participant to complete a briefing.

Thank you for your patience!

## Intake Packet Checklist

Please use this checklist to be sure and include all required information with your intake packet.

IDENTIFICATION	
<input type="checkbox"/> <b>Photo ID:</b> Current valid photo ID is required for all family members age 18 and older (some examples are State ID card, driver's license, employment ID, or passport).	
<input type="checkbox"/> <b>Social Security Number:</b> Provide copies of Social Security cards, a copy of Social Security Administration (SSA) letter which contains the full name and full SSN, or copy of document issued by a federal, state, or local government agency which contains the name and full SSN of the household member.	
<input type="checkbox"/> <b>Birth Certificate or Hospital Birth Record:</b> A birth certificate or hospital birth record is required for all family members under the age of 18. Birth records must list the names of parents.	
<input type="checkbox"/> <b>Citizenship Documentation:</b> All family members under the age of 62, who claim eligible non-citizen status must provide a copy of their immigration card (front and back). Please see <i>Important Notice to All Applicants</i> for acceptable immigration documentation regarding citizenship status.	
INCOME	
<input type="checkbox"/> <b>Employment:</b> Provide most recent consecutive 60 days of paystubs for all family members age 18 or older who are working or a payment history print out from the employer. If paystubs or a payment history print out are not available, <u>your employer</u> must complete the <i>Verification of Employment Status</i> form included in the intake packet.	
<input type="checkbox"/> <b>Self-employment:</b> 1) Provide audited financial statement for previous fiscal year if an audit was conducted, or 2) Copy of IRS Schedule C filed for federal/state taxes last year, or 3) If these documents are not available, request from Home Forward a <i>Net Income From a Business</i> form to complete.	
<input type="checkbox"/> <b>Social Security Income (SSB/SSD/SSI):</b> Provide a social security verification letter dated within the last 60 days for all family members with income from Social Security Administration. For a letter, call the Social Security Administration at 1-800-772-1213.	
<input type="checkbox"/> <b>Veteran's Benefits/Other Pensions:</b> Provide verification dated within the last 60 days of current Veteran's Benefits and/or most recent document from source of pension showing current benefit amount.	
<input type="checkbox"/> <b>Child Support/Alimony:</b> Provide document from the Support Enforcement agency showing payments for the past 12 months.	
<input type="checkbox"/> <b>Financial Aid:</b> If an adult household member is a student, provide a copy of the current financial aid award letter.	
ASSETS	
<input type="checkbox"/> <b>Financial Statements:</b> If the total household assets are over \$5,000, provide the most recent financial statements for all assets.	
<input type="checkbox"/> <b>Real Property:</b> Provide the current year's property tax statement showing assessed value and documentation showing amount owed on property. If you have sold the property within the last two years, provide copy of closing documents showing the funds received.	



## AUTHORIZATION FOR RELEASE OF INFORMATION

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

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

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

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

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

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

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

Head of Household (Signature) Date

Spouse or Other Adult (Signature) Date

Other Adult Date

Other Adult Date

# Authorization for the Release of Information/ Privacy Act Notice

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

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

Housing Authority of Portland  
dba Home Forward  
Rent Assistance Department  
135 SW Ash Street  
Portland, Oregon 97204

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

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

## Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 48 months after signed.

**Signatures:**

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

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**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.

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**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.

## Statement of Eligibility

**Instructions:**

- This form is to be completed and signed by all household members age 18 and over.
- List all sources of income for all household members. Information must be true and complete.
- If a question does not apply to your household, please write N/A or None.

### Household Composition

1.	Full Legal Name of Head of Household:	Preferred Name (if any):
<b>Do you want mail from Home Forward to include your preferred name? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		
<b>Current Address:</b>		
<b>Mailing Address:</b>		
<b>Current Phone:</b>		<b>Email Address:</b>
<b>Primary Language:</b>		<b>Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>
<b>Are you a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		<b>Birth Date:</b>
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino
		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
<b>Please list below all household members who will live with you in subsidized housing.</b>		
2.	Full Name:	Birth Date:
<b>Relationship to Head of Household:</b>		
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino
		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
3.	Full Name:	Birth Date:
<b>Relationship to Head of Household:</b>		
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino
		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
4.	Full Name:	Birth Date:
<b>Relationship to Head of Household:</b>		
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino
		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
5.	Full Name:	Birth Date:
<b>Relationship to Head of Household:</b>		
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino
		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
6.	Full Name:	Birth Date:
<b>Relationship to Head of Household:</b>		
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino
		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
7.	Full Name:	Birth Date:
<b>Relationship to Head of Household:</b>		
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino
		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
<b>If there are more than seven (7) household members, please list on page 4</b>		
Is any household member listed above or on page 4, a person with a disability? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list who:		

### Household Income

**Does anyone in the household:**

Work full-time, part-time, seasonally, or for cash labor .....  No  Yes, Who: \_\_\_\_\_  
 Own or operate a business .....  No  Yes, Who: \_\_\_\_\_

**For any employment listed above, please provide:**

Family Member:	Gross Monthly Income:
Employer:	Employer Phone:
Family Member:	Gross Monthly Income:
Employer:	Employer Phone:

**Has anyone in the household applied for, or does anyone expect to receive any public benefits**

such as TANF, SSB, SSD, SSI, Unemployment Benefits, etc. ....  No  Yes

**Does anyone in the household receive:**

*Indicate Gross Monthly Amounts*

Unemployment Benefits .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Social Security Benefits (SSB) .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Social Security Disability (SSD) .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Supplemental Security Income (SSI) .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Temporary Assistance to Needy Families (TANF) .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Child Support through Oregon Child Support Program .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Child Support through other state's Child Support Program .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Child Support as direct payment from parent .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Alimony .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Military pay or Veteran's Benefits .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Worker's Compensation or other disability pay .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Regular income or stipend from a job training  
 or national service program .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Regular income from a pension, annuity, or retirement .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Regular income from a trust fund .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Financial aid for college or trade school .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Regular contributions or bills paid by someone else .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Income from assets: checking/savings account interest,  
 Certificates of Deposit (CDs), stocks/bonds, .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_  
 Income from rental property .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

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

If yes, please provide details: \_\_\_\_\_ \$ \_\_\_\_\_ Who: \_\_\_\_\_

### Household Assets

**Please list below all bank, savings and loan, or credit union accounts for all household members**

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

**Does any household member own any real estate, stocks, bonds, Certificates of Deposit (CDs) or any other investments?** .....  No  Yes

If yes, please provide details : \_\_\_\_\_

**Has any household member sold or given away assets or received a large sum of money, such as a settlement or inheritance in the last two (2) years?** .....  No  Yes

If yes, please provide details: \_\_\_\_\_

### Current School Enrollment

Family Member	School	Location	Grade/ Year	Full- Time	Veteran

### Program Integrity

Have you, or any member of your household, used any name(s) or Social Security numbers other than the one(s) you are using now (including maiden names)? .....  Yes  No  
**If yes, please provide the name(s) or SS numbers used:** \_\_\_\_\_

Prior to now, has anyone in your household lived in Public Housing, HUD Housing, Section 8, or other subsidized housing either here or in another city? .....  Yes  No  
**If yes, please list who, where and when:** \_\_\_\_\_

Has anyone in your household ever been convicted of production/manufacture of methamphetamine on the premises of federally-assisted housing? .....  Yes  No  
**If yes, please list who, where, and when:** \_\_\_\_\_

Has anyone in your household been arrested or convicted for the sale, manufacture, or distribution of a controlled substance (drugs) within the last five (5) years? .....  Yes  No  
**If yes, please list who, where, when:** \_\_\_\_\_

Has anyone in your household been arrested or convicted for a drug-related or violent crime in the past three (3) years? .....  Yes  No  
**If yes, please list who, where, when:** \_\_\_\_\_

Has anyone in your household been convicted of identity theft within the last three (3) years? .....  Yes  No  
**If yes, please list who, where, when:** \_\_\_\_\_

Is any household member subject to a lifetime registration requirement under any state's Sex Offender Registration program? .....  Yes  No  
**If yes, please list who and where:** \_\_\_\_\_

### Applicant Certification

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

**WARNING:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse or Co-head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If your household has more than seven (7) members,  
 please see other side to list additional household members who will live with you in subsidized housing.**

### Household Members, continued

8.	Full Name:	Birth Date:	Social Security Number:
<b>Relationship to Head of Household:</b>			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
9.	Full Name:	Birth Date:	Social Security Number:
<b>Relationship to Head of Household:</b>			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
10.	Full Name:	Birth Date:	Social Security Number:
<b>Relationship to Head of Household:</b>			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
11.	Full Name:	Birth Date:	Social Security Number:
<b>Relationship to Head of Household:</b>			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
12.	Full Name:	Birth Date:	Social Security Number:
<b>Relationship to Head of Household:</b>			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
13.	Full Name:	Birth Date:	Social Security Number:
<b>Relationship to Head of Household:</b>			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
14.	Full Name:	Birth Date:	Social Security Number:
<b>Relationship to Head of Household:</b>			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
15.	Full Name:	Birth Date:	Social Security Number:

## STATEMENT OF ZERO INCOME

### Program Reporting Requirements:

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

### Instructions:

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

**Head of Household Name** (please print) \_\_\_\_\_

**Adult Family Member Reporting Zero/No Income** \_\_\_\_\_

### CURRENT INCOME *completed by adult reporting zero income*

#### Do you:

- work full-time, part-time, or seasonally .....  Yes  No  
 work for someone who pays you cash for day labor .....  Yes  No  
 own or operate a business .....  Yes  No

#### Do you receive or expect to receive:

- Unemployment Benefits .....  Yes  No  
 Social Security Benefits (SSB) .....  Yes  No  
 Social Security Disability (SSD) .....  Yes  No  
 Supplemental Security Income (SSI) .....  Yes  No  
 Temporary Assistance to Needy Families (TANF) or General Assistance (GA) .....  Yes  No  
 Child support or alimony .....  Yes  No  
 Utility assistance .....  Yes  No  
 Supplemental Nutrition Assistance Program (SNAP) .....  Yes  No

#### Do you receive:

- Military pay or Veteran's Benefits .....  Yes  No  
 Worker's Compensation or other disability pay .....  Yes  No  
 regular income from a pension/annuity/retirement account .....  Yes  No  
 income from assets: checking/savings account interest, certificates of deposit,  
 stocks/bonds, or income from rental property .....  Yes  No  
 regular income from a trust fund .....  Yes  No  
 financial aid for college or trade school .....  Yes  No  
 regular contributions from anyone or a bill paid for you regularly by someone else .....  Yes  No  
 regular income from recycling bottles/cans, scrap metal, etc. .....  Yes  No  
 regular income from selling plasma (blood) .....  Yes  No

#### Do you:

- receive any regular income not listed above .....  Yes  No

**Have you received a lump-sum payment (SS back pay, lawsuit settlement, inheritance, etc.)?**  Yes  No

If you answered **yes** to any of the questions above, please explain:

**Rent Assistance Department**

135 SW Ash Street

Portland, OR 97204-3541

TEL: 503.802.8333 Option 4 FAX: 503.802.8589 TTY: 503.802.8554

**HOUSEHOLD EXPENSES** completed by adult reporting zero income

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

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

**BANK ACCOUNTS** completed by adult reporting zero income

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

Bank Name \_\_\_\_\_ Account Balance \_\_\_\_\_

Bank Name \_\_\_\_\_ Account Balance \_\_\_\_\_

**PERSONAL STATEMENT** completed by adult reporting zero income

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

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

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Employed From: \_\_\_\_\_ to \_\_\_\_\_

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

**CERTIFICATION**

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

**WARNING:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Signature of Head of Household

Date

Signature of Adult Reporting Zero Income

Date

## Verification of Employment Status

### Program Verification Requirement:

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

### Instructions:

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

Employee's Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Full Address: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_

### 1. Complete if Employee is Currently Working Regularly Scheduled Hours

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

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

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

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

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

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

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

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

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

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

### 3. Complete if Employee is No Longer Employed

Date of termination: \_\_\_\_\_ Last day employee actually worked: \_\_\_\_\_

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

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

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

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

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

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Home Forward Use Only

Employment Status Verification Completed: Date \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Verification provided by: \_\_\_\_\_ Changes, if any: \_\_\_\_\_

## Verification of Employment Status

### Program Verification Requirement:

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

### Instructions:

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

Employee's Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Full Address: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_

### 1. Complete if Employee is Currently Working Regularly Scheduled Hours

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

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

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

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

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

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

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

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

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

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

### 3. Complete if Employee is No Longer Employed

Date of termination: \_\_\_\_\_ Last day employee actually worked: \_\_\_\_\_

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

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

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

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

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

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Home Forward Use Only

Employment Status Verification Completed: Date \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Verification provided by: \_\_\_\_\_ Changes, if any: \_\_\_\_\_

***IMPORTANT NOTICE TO  
ALL APPLICANTS FOR THE  
SECTION 8 PROGRAM***

Home Forward requires that **each** person in your household declare citizenship status. Adults (18 years of age and older) must **personally** certify; if there are children in the household (under 18 years of age), an adult responsible for the child(ren) must certify for each child.

There are three different declarations of citizenship status:

- 1) **Citizen of the United States**
- 2) **Non-citizen with eligible status**; (follow instructions at the bottom of this page for providing proof of eligible status); or,
- 3) **Person who chooses not to certify citizenship status**

**A separate declaration must be completed, signed, and dated for each person in the household.**

Declaration forms are supplied with this packet. If you are required to provide proof of age or eligible status as a non-citizen, please follow the instructions on the bottom of this notice for bringing original documents to Home Forward. Applicants who fail to supply the necessary form(s) will be removed from the waiting list.

If you have any questions about this information, please call 802-8333.

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- 1) **U.S. Citizen**: Complete, sign, and date the declaration showing U.S. citizenship.
- 

- 2) **Non-citizen with eligible status**:

Adult age 62 or older: Complete, date, and sign the declaration showing non-citizen with eligible status and submit it to Home Forward with proof of age (e.g. birth certificate, driver's license, etc.)

Family member under 62 years of age: Complete, date, and sign the declaration showing non-citizen with eligible status and submit it to Home Forward with proof of this status. Documentation showing proof may include:

Form I-551 –	Alien Receipt Card (for permanent resident aliens)
Form I-94 –	Arrival-Departure Record, <u>with</u> an annotation
Form I-94 –	Arrival-Departure Record, <u>without</u> an annotation but with an attachment
Form I-688 –	Temporary Resident Card, which must be annotated: "Section 245A" or "Section 210"
Form I-688 B–	Employment Authorization Card, which must be annotated: "Provision of Law 274a.12(11)" or "Provision of Law 274a.12," or A receipt issued by United States Citizenship and Immigration Services (USCIS) indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been made and the applicant's entitlement to the document has been verified.

**To prove citizenship status, please bring original documents to Home Forward, 135 SW Ash Street for your appointment. Call 802-8333, Option 7 for questions.**

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- 3) **Person who chooses not to certify citizenship status**: Complete, date, and sign the declaration showing this status on your appointment date. This declaration may affect the amount of housing assistance for a family.
- 

**NOTE:** Housing assistance will not be pro-rated, denied, or terminated, as appropriate, until all appeals have been exhausted. Home Forward will provide additional information concerning options for your family as you request. If you do not pursue appeals, Home Forward will follow its regular procedures concerning your assistance.



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



## **Certification of Citizenship Status**

**Home Forward requires information about citizenship and immigration status of each person in your household. This information will be released by Home Forward to:**

1) Housing and Urban Development (HUD), as required; and 2) United States Citizenship and Immigration Services (USCIS) for purposes of verification. HUD may release evidence of eligible status only to USCIS for purposes of establishing eligibility for financial assistance.

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

**Under penalty of perjury, I declare that:**

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

## Certification

I/we do hereby swear and attest that all of the information reported on this form about my family and me is true and correct. I/we understand that Home Forward is required to verify the information that I/we have reported. I/we understand that any misrepresentation of information or failure to disclose information requested may be grounds for termination of assistance and is punishable under Federal law.

**WARNING:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

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



## Statement of Family Obligations

Below are the obligations for families participating in a Home Forward Rent Assistance Program. These obligations are responsibilities the family is required to fulfill. The family must follow the obligations below in order to participate in the Rent Assistance Program. Please be advised that if you, or any family member, violates and/or fails to act on any one of these obligations, Home Forward may terminate your rent assistance. If you do not understand these obligations, or if you have any questions, please contact a Rent Assistance Service Coordinator for assistance.

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

---

Signature of Adult Family Member

Date

---

Signature of Adult Family Member

Date

---

Signature of Adult Family Member

Date

### TIME FRAMES FOR REPORTING CHANGES:

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

#### THE FAMILY (INCLUDING EACH FAMILY MEMBER) MUST:

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

Over ➔

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

**THE FAMILY (INCLUDING EACH FAMILY MEMBER) MUST NOT:**

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

Данную форму можно получить на русском языке по востребованию.

Esta solicitud también está disponible en español

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

# HOME FORWARD

Rent Assistance / Section 8  
Employment/Training Inventory

Name:  Head of Household  Spouse  Co-head  
 Other Adult

Email Address:

This Employment/Training Inventory is designed to collect information that will assist Home Forward with linking you to resources and opportunities related to education, job training, employment and career enhancement. Please fill out the inventory to the best of your ability. Please complete one inventory for each adult member of your household.

CATEGORY: Employment		Response	Comments
1.	Are you currently employed?	Yes No	
2.	If yes, are you interested in improving your skills for promotional or other job opportunities?	Yes No	
3.	If no, are you interested in training and/or job search assistance?	Yes No	
4.	Are you enrolled with WorkSource?	Yes No	
5.	Do you know how to fill out a job application on-line?	Yes No	
6.	Do you have a computer with internet at home or access elsewhere?	Yes No	
7.	Do you have a current resume?	Yes No	
CATEGORY: Education			
8.	Do you have? (Check all that apply) <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> Masters <input type="checkbox"/> Some Post-Secondary Education <input type="checkbox"/> Other: _____	Comments:	
9.	Are you interested in pursuing additional education? What?	Yes No	
10.	Are your language skills adequate for the kind of employment you are seeking?	Yes No	
11.	If not, would you be interested in ESL classes?	Yes No	
12.	Are your computer skills adequate for the kind of employment you are seeking?	Yes No	
13.	If not, what additional training would you like?		
CATEGORY: Career field interests and certifications			
14.	Are there specific sectors of employment that you have interest in? (Check all that apply) <input type="checkbox"/> Office Administration <input type="checkbox"/> Construction or other Trade <input type="checkbox"/> Healthcare <input type="checkbox"/> Property Management or Maintenance <input type="checkbox"/> Self-Employment <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other: _____	Comments:	
15.	Do you have certification in a specialized field? What?	Yes No	
CATEGORY: Transportation / Childcare Information			
16.	Do you need childcare to pursue work or training?	Yes No	
17.	Do you currently have reliable childcare?	Yes No	
18.	Do you have access to transportation? (Check all that apply) <input type="checkbox"/> Car <input type="checkbox"/> Public Transportation <input type="checkbox"/> Bike <input type="checkbox"/> Family <input type="checkbox"/> Other: _____	Comments:	
CATEGORY: General Information			
19.	Are you interested in pursuing employment / training opportunities through Home Forward partners?	Yes No	
20.	Are you interested in completing a longer employment/training inventory to assist in identifying opportunities and establishing career goals?	Yes No	
21.	Any additional information we should know related to employment/training that would be helpful in assisting you?		

I understand that the purpose of this voluntary Employment/Training Inventory is to collect information so that Home Forward can better connect me to opportunities for education, job training and improved employment.

Participant (Signature)

Date

# HOME FORWARD

Rent Assistance / Section 8  
Employment/Training Inventory

Name:  Head of Household  Spouse  Co-head  
 Other Adult

Email Address:

This Employment/Training Inventory is designed to collect information that will assist Home Forward with linking you to resources and opportunities related to education, job training, employment and career enhancement. Please fill out the inventory to the best of your ability. Please complete one inventory for each adult member of your household.

CATEGORY: Employment		Response	Comments
1.	Are you currently employed?	Yes No	
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7.	Do you have a current resume?	Yes No	
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CATEGORY: General Information			
19.	Are you interested in pursuing employment / training opportunities through Home Forward partners?	Yes No	
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I understand that the purpose of this voluntary Employment/Training Inventory is to collect information so that Home Forward can better connect me to opportunities for education, job training and improved employment.

Participant (Signature)

Date



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

### **DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<b>This Notice was provided by the below-listed PHA:</b>  Home Forward 135 SW Ash St. Portland, OR 97204	<b>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs &amp; Termination Notice:</b>  <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Signature</b>   <b>Printed Name</b> </div> <div style="width: 45%;"> <b>Date</b> </div> </div> <hr/>
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hope. access. potential.

Rent Assistance Department  
135 SW Ash Street  
Portland, OR 97204  
Phone: 503.802.8333 Fax: 503-802-8589 TTY: 503.802.8554  
[www.homeforward.org](http://www.homeforward.org)

### ADVOCACY FORM

Dear Section 8 Applicant / Participant,

Please complete this form if you have a family member, friend, or social, health, advocacy or other organization that will be helping you with your Section 8 paperwork and you would like us to discuss your Section 8 case with this contact person or organization. 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 complete this form.

Applicant / Participant Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

#### Housing Advocate Contact Person or Organization Information (Please Print):

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address (if applicable): \_\_\_\_\_

Relationship to Applicant / Participant: \_\_\_\_\_

#### Housing Advocate Mail Option:

Do you want Home Forward to send ALL your mail to the contact person or organization at the above address?  Yes  No

If you select this option, you will not receive any mail from Home Forward at your home address but it will be directed to your chosen housing advocate.

By signing this form, I give permission to Home Forward to discuss my Section 8 case and release information about me to the contact person or organization listed above. I understand that this authorization remains valid until I rescind it in writing.

Signature of Head of Household

6/2011

Date



## Current Housing/Homeless Status Survey

The US Department of Housing and Urban Development (HUD) and housing authorities across the country are working together to end homelessness. To better understand how our programs are helping to end homelessness, we need to know your current housing situation.

Your answers on this survey will not affect whether you qualify for rent assistance.

**Head of Household Name (please print):** \_\_\_\_\_

Please review the questions below to see if they reflect your current housing situation:

- 1) Are you currently **living in a car, on the street, or another place not meant for habitation?**
- 2) Are you currently living in an **emergency shelter, transitional housing, or a hotel/motel** paid for by a charitable organization or a federal, state, or local housing program?
- 3) Are you leaving a **hospital, substance abuse or mental health treatment facility, jail/prison**, or other institution where you stayed for **90 days or less AND before going to the institution** were you staying in an emergency shelter or place not meant for habitation?
- 4) Are you **fleeing or attempting to flee** domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions for you or a family member, including a child, that has either taken place within your family's primary night time residence or has made you afraid to return to your primary night time residence **AND do you currently have nowhere else to live and lack the resources or support networks, including family, friends, faith-based or other social networks to obtain other permanent housing?**

**Do any situations listed above reflect your current housing situation?  Yes  No**

If you answered YES, please answer the following:

- i. Have you been homeless for over a year?  Yes  No
- ii. Have you been homeless 4 or more times in the last 3 years?  Yes  No

*Thank you for your time on this survey.*

*Your answers help us understand how effective our programs are in ending homelessness.*

