



**SECTION 8 HOUSING CHOICE VOUCHER
PRE-APPLICATION PACKET 2017**

Please find attached a Pre-Application Packet for West Valley Housing Authority's Section 8 Housing Choice Voucher Program.

- **The Section 8 Housing Choice Voucher Program:** The Section 8 Housing Choice Voucher Program assists families in paying their rent, in program-approved units, throughout our jurisdiction in Polk County. Families are issued a Voucher, and pay at least 30% of their adjusted monthly income toward their rent and the Housing Authority makes up the balance.

**FY2017 INCOME LIMITS
EFFECTIVE 4/14/2017**

PERSON IN HOUSEHOLD	SECTION 8 HCV 50% OF MEDIAN INCOME	100% OF MEDIAN INCOME
1	\$20,450	\$40,900
2	\$23,400	\$46,720
3	\$26,300	\$52,560
4	\$29,200	\$58,400
5	\$31,550	\$63,075
6	\$33,900	\$67,750
7	\$36,250	\$72,415
8	\$38,550	\$78,100

In an effort to insure you have a completed Pre-Application Packet, we have included a Check List of the things you should look for:

- Please review our Eligibility Income Limits above for the Section 8 Housing Choice Voucher Program. The Income Limits are based on Gross Annual Income (before taxes);
- Please make sure that you have read through, and answered, **every question** on the Pre-Application accurately and truthfully;
- Please make sure that all of the Pre-Application Packet's pages include signatures of every adult family member;
- Verifications of all household member's Social Security numbers will be required when the family is pulled from the waiting list, but if you have copies of everyone's card, you may turn them in with your Pre-Application;
- All applicants are notified that, prior to approval for Briefing, a criminal records check and a check in HUD's Debts Owed System will be performed on all adult household members. **Failure to acknowledge any criminal charge or omit any information on your Pre-Application may be grounds for denial of assistance;**
- INCOME TARGETING REQUIREMENT:** Applicants are hereby notified that, in the event West Valley Housing Authority is required to suspend the issuance of Vouchers in order to comply with HUD's Income Targeting Requirement, applicants may be placed on **ON-HOLD** Status if their verified annual household income exceeds 30% of the Median Income corresponding to the family's size. Once a sufficient number of Vouchers are issued to families having annual household incomes less than 30% of Median Income (depending on funding), the **ON-HOLD** Status families will be processed.
- If you have any questions about applying for housing assistance, need this Pre-Application in Spanish or need any other type of assistance, please contact our Dallas Front Desk at (503) 623-8387 or check out our website at www.wypha.org.



HOUSING AUTHORITY AND URBAN RENEWAL AGENCY OF POLK COUNTY
 204 S.W. WALNUT, P.O. BOX 467, DALLAS, OREGON 97338
 503-623-8387 * FAX 503-623-6907 * TDD 1-800-735-2900

**Pre-Application
 For Section 8 HCV
 Rental Assistance**

Application Date & Time: _
 Bedroom Eligible: _
 Local Preference: _
 Entered By: _

Household Composition. Starting with the Head of the Household, list all members living in the household.

Name Last, First, Middle	Relationship to Head of Household	Social Security Number	Date of Birth	Sex	Race*	Ethnicity*	U.S. Citizen, or eligible Non-Citizen?
	Head of Household					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Providing this information is voluntary. It is used for statistical purposes only.*

Physical Address: _
 (Street Address and Unit # if applicable) (City) (State) (Zip)

Mailing Address: _
 (Street Address and Unit # or PO Box if applicable) (City) (State) (Zip)

Telephone: _____ Message Phone: _____ Email Address: _

Household Information. Please answer the following questions:

- Total YEARLY household income before taxes (Wages, Unemployment, TANF, Child Support, Social Security, Pensions, Veteran's Benefits, Financial Aid, Other Benefits and/or any other sources): \$ _
- Are any household adults (18+): Elderly (62+) A person with disabilities (verifiable) Require a live-in aide
- Are any household adults (18+) receiving **any type** of financial help from outside the household? Yes No
- Are any household adults (18+) enrolled in college full-time or involved in a training program such as JOBS+? Yes No
- Is any household member required to register with any state as a sex offender? Yes No
- Has any household member engaged in OR been convicted of any violent criminal behavior in the past 5 years? Yes No
- Has any household member engaged in OR been convicted of any illegal drug activity in the past 5 years? Yes No
- Has any household member ever been court-evicted from any HUD assisted housing? Yes No
- Has any household member ever been terminated from the Section 8 Voucher program with any Housing Authority? Yes No

Applicant Declaration.....

I certify that all the information provided on this form is accurate and complete to the best of my knowledge. I understand that 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.

 Head of Household

 Date

 Other Adult Household Member

 Date



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 503-623-8387 * FAX 503-623-6907 * TDD 1-800-735-2900

WEST VALLEY HOUSING AUTHORITY BASIC AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, business, or individual to release to WEST VALLEY HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Low-income Public Housing, and/or other WEST VALLEY HOUSING AUTHORITY-administered housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

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

- *Identity and Marital Status *Employment, Income, and Assets *Medical Expenses or Child Care Allowances
- *Residences and Rental Activity *Credit and/or Criminal Activity *Ability to comply with rental agreement

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending upon specific program requirements) include but are not limited to:

- | | | |
|----------------------------------|--|--|
| Previous Landlords | Northwest Human Services | Past & Present Employers |
| Public Housing Agencies | Oregon Dept. of Human Services-CPS | Banks & other Financial Institutions |
| Courts & U.S. Post Offices | Oregon Dept. of Human Services-SS | Polk County Mental Health |
| Schools & Colleges | Oregon Dept. of Human Services-CS | Polk County Mental Health-Addiction Services |
| Law Enforcement Agencies | Marion County Mental Health | Utility Companies |
| Veterans Administration | Northwest Senior & Disability Services | Welfare Agencies |
| State Unemployment Agencies | Polk County Behavioral Health | Credit Providers & Credit Bureaus |
| Social Security Administration | Polk County Community Corrections | Life Insurance Companies |
| Medical and Child Care Providers | Investment Companies | |
| Retirement System | Local Mental Health Agencies | |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for a year and one month from the date signed.

_____ Signature - HEAD OF HOUSEHOLD	_____ (Print Name)	_____ Date
_____ Signature - OTHER ADULT	_____ (Print Name)	_____ Date
_____ Signature - OTHER ADULT	_____ (Print Name)	_____ Date
_____ Signature - OTHER ADULT	_____ (Print Name)	_____ 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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

WEST VALLEY HOUSING AUTHORITY
204 SW WALNUT
DALLAS, OR 97338
(503) 623-8387 TEL
(503) 623-6907 FAX

IHA 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.

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

This consent form expires 15 months after signed.

Signatures:

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

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.