



MALHEUR COUNCIL ON AGING & COMMUNITY SERVICES

For MCOA&CS Use Only	
Date:	Time:
Housing Type:	
Meets Poverty Guidelines Yes or No	
Document Verification ck:	
Staff Initials:	

MCOA&CS Fair Housing and Equal Opportunity Statement: It is the policy of MCOA&CS to provide equal employment and fair housing opportunity to all persons and to prohibit discrimination because of race, color, religion, national origin, age, sex, and familial status. MCOA&CS does not discriminate on the basis of disability status in admission or access to its assisted housing programs and activities.

Application:

Head of Household	Last Name & Sr., Jr. etc.:			First Name:			Middle Initial:	Social Security Number:			
	Date of Birth:	Age:	Driver's License No. & State:		Other Surnames/Maiden Names:		Sex: Male Female				
Marital Status: <input type="checkbox"/> Unmarried Partner/Living-Together <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed				Language: (Primary)							
Race: Check <u>all</u> that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pac. Islander			Family Status: <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Disabled			Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification		Alien Registration Number:			
								Ethnicity of Head of Household: (Optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Spouse/ Co-Tenant	Last Name & Sr., Jr. etc.:			First Name:			Middle Initial:	Social Security Number:			
	Date of Birth:	Age:	Driver's License No. & State:		Other Surnames/Maiden Names:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female				
Race: Check <u>all</u> that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pac. Islander			Family Status: <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Disabled			Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification		Alien Registration Number:			
								Ethnicity of Head of Household: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Mailing Address:				City, State, Zip Code:				Home Telephone:			
Message Telephone:		Messages C/O:		Emergency Contact & Phone:				Email:			

- Working Family: one or more adult family members are employed, or a family head or spouse
- Sole member is age 62 years or older,
- Disabled family member
- Veteran

If YES, Please explain who: _____

List all household members who will live with you. Household members include those who are temporarily absent due to military duty, attending school, or in foster care. If there are more than three (3) additional household members, request or make a copy of this page. **Please use the codes below for relationship.**

Relationship Codes: C = Cousin F = Father K = Niece / Nephew M = Mother SI = Sister
D = Daughter G = Grandchild B = Brother N = Foster Child P = Grandparent S = Son

Household Member	Last Name & Sr., Jr. etc.:		First Name:	Middle Initial:	Social Security Number:
Relationship code:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Date of Birth:	Family Status: <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Full Time College Student (dependent only) <input type="checkbox"/> Disabled	
	Age:		% of Time Minor Lives in Household:		
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Pending Verification			Alien Registration Number:	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	

Household Member	Last Name & Sr., Jr. etc.:		First Name:	Middle Initial:	Social Security Number:
Relationship code:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Date of Birth:	Family Status: <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Full Time College Student (dependent only) <input type="checkbox"/> Disabled	
	Age:		% of Time Minor Lives in Household:		
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Pending Verification			Alien Registration Number:	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	

Household Member	Last Name & Sr., Jr. etc.:		First Name:	Middle Initial:	Social Security Number:
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	Age:		% of Time Minor Lives in Household:		
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Pending Verification			Alien Registration Number:	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	

Guardianship Are you under the care of a payee, a conservator or guardian? Yes No A copy of a court order is required with the application.

Name: _____
Payee/Conservator/Guardian Phone

Local Preferences: You must provide third party documentation for any preference(s) you claim. All preferences must be verified at the time housing assistance is offered. Definitions and requirements for documentation are attached.

Displacement Due To:

- ill Domestic Violence Natural Disaster Terminally
 Loss of income due to theft Use of income for unexpected need:

Please explain your need for housing: _____

Asset Information: List all assets and their value for all household members.

Account	Name of Bank or Credit Union	Name on Account	Account Number	Account Balance
Checking				\$
Savings				\$
Other				\$

Stock and Bonds \$ _____ Other \$ _____

Have you sold or given away any asset with a value of \$5,000.00 or greater in the last two (2) years? Yes No

Income Information: List sources of income and amounts for ALL household members.

Name:	Sources of Income	Amount of Gross Income	Per Wk/Mo/Bi-monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly

Rent plus utilities are greater than 50% of income Current Monthly Rent & Utilities: \$ _____

Does anyone outside your household pay for any of your bills or give you money? Yes \$ _____ No
 If yes, please explain. _____

Personal Declaration (All household members 18 years of age and older must sign the application and release of information forms):

Total number in household: _____ Total Household Income: _____

Have you lived in the area where you are applying for 30 days at time of application? Yes No

Special Considerations:

Disability:

Yes No Do you or your spouse meet the Social Security definition of a disability?

The definition of disability used by the social security administration does not in any sense include the concept of short-term or temporary disability benefits.

MCOA&CS- Owned Housing ONLY:

Yes No If a person in your household is a person with a disability, does your household require a wheel chair accessible unit?

Yes No If a person in your household is a person with a disability, does your household require a service animal?

Required Tenancy Information:

Yes No Has applicant without cause quit or refused a job?

Yes No Was applicant dismissed for cause from a job?

Yes No Has applicant without cause refused a referral to a job or training?

Yes No Has applicant voluntarily and without cause reduced his or her earnings?

Yes No Has applicant received Eligible Services under the housing program at any time during the 12-month period prior to completing this application?

Yes No Has any household member been evicted for reason of drug-related criminal activity; or evicted for disturbing neighbors or property destruction? If yes, please identify whom and explain. _____

Yes No Has any household member abused the use of alcohol within the last three years resulting in an alcohol related arrest or traffic violation?

Yes No Has any household member been arrested and/or convicted for any criminal activity against another person or another person's property or any drug-related criminal activity?

Yes No Is any household member subject to a lifetime registration under a state sex offender law?

Yes No Has any household member violated a condition of probation or parole or is fleeing to avoid prosecution, or custody or confinement after conviction, for a felony?

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

I do hereby attest that all the information provided above about my household members and me is true and complete. I understand that I must report to MCOA&CS all changes in household income or household membership to retain my correct placement on the wait list.

Warning: Title 18, Section 1001, of the United States Code states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements in this application. Such false or fraudulent statements are punishable as crimes.

Signature of Head of Household:	Date:
Signature of Spouse/Co-Tenant:	Date:

Social Security Disability Definition: Social Security pays only for total disability. **No benefits are payable for partial disability or for short-term disability.**

"Disability" under Social Security is based on your inability to work. We consider you disabled under Social Security rules if:

You cannot do work that you did before; We decide that you cannot adjust to other work because of your medical condition(s); **and** Your disability has lasted or is expected to last for at least one year or to result in death.

Service animals are animals that are individually trained to perform tasks for people with disabilities such as guiding people who are blind, alerting people who are deaf, pulling wheelchairs, alerting and protecting a person who is having a seizure, or performing other special tasks. Service animals are working animals, not pets.

Under the Americans with Disabilities Act (ADA), businesses and organizations that serve the public must allow people with disabilities to bring their service animals into all areas of the facility where customers are normally allowed to go. This federal law applies to all businesses open to the public, including restaurants, hotels, taxis and shuttles, grocery and department stores, hospitals and medical offices, theaters, health clubs, parks, and zoos

DEFINITION OF HOMELESS OR "AT RISK" OF HOMELESSNESS (Based on the McKinney-Vento Homeless Education Assistance Act):

1. Lacks a regular, fixed and adequate nighttime residence (sub standard housing).
2. Is sharing housing due to economic struggles (double up).
3. Is living in a shelter, hotel or motel.
4. Is living in a public place not designed for sleeping (cars, parks).
5. Is unaccompanied by youth.
6. Is a child or youth awaiting foster care placement.
7. Is a child or youth abandoned in a hospital?
8. Is a migrant child who qualifies under any of the above?
9. Unhoused; individuals or families not having a permanent night shelter, living in their care, residing in temporary shelters (i.e. Project Dove) or on the streets.
10. Imminent eviction and those fleeing domestic violence.
11. Occupying substandard housing or under-housed (i.e. individuals living in inadequate housing and overcrowded conditions).
12. Those applicants currently paying more than 50% of their income toward rent.
13. Other involuntary housing displacement