



# MALHEUR COUNCIL ON AGING & COMMUNITY SERVICES

|                                                  |       |
|--------------------------------------------------|-------|
| For MCOA&CS Use Only                             |       |
| Date:                                            | Time: |
| Housing Type:                                    |       |
| Meets Poverty Guidelines <b>Yes</b> or <b>No</b> |       |
| Document Verification ck:                        |       |
| Staff Initials:                                  |       |

**DECLARACION de OPORTUNIDAD de MCOA&CS SOBRE LO JUSTO Y IGUALDAD DE VIVIENDAS.** Es la polici de MCOA&CS de Proporcionar un oportunidad de justa vivienda y igualdad de trabajos a toda persona y de no permitir discriminacion por razon de Raza, color, religion, origen nacional, edad, sexo, y estatus familiar. MCOA&CS no discrimina en base de estatus de discapacidad en la admission o' acceso a su asistencia de programas de viviendas y sus actividades.

**Programas de Renta:** Marque el programa de vivienda que le interese usando la lista que se encuentra en la pagina (2) de la Pagina de Informacion no todos los programas estan disponibles en todas las areas.

|                                                                                                                                                                                                                                                                                                           |                         |                                                                                                                                                                                                                                      |                                 |                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Amo de Casa                                                                                                                                                                                                                                                                                               | Apellido & Sr, Jr. etc. | Nombre:                                                                                                                                                                                                                              | Inicial:                        | Numero de Sebuo Social:                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                           | Fecha de Nacimiento:    | Edad:                                                                                                                                                                                                                                | # Licencia de Manejar y Estado: | Otros Sobre-nombres:                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                           |                         |                                                                                                                                                                                                                                      |                                 | Sexo:<br>Hombre<br>Mujer                                                                                                                                                                                            |
| Status marital: <input type="checkbox"/> Unmarried Partner/Living-Together<br><input type="checkbox"/> Casado <input type="checkbox"/> no casado/viviendo juntos <input type="checkbox"/> Separado<br><input type="checkbox"/> Soltero <input type="checkbox"/> Viudo <input type="checkbox"/> Divorciado |                         | Lenguaje Principal:                                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                                     |
| Raza: marque todo lo que applique'<br><input type="checkbox"/> Blanco<br><input type="checkbox"/> Negro/Americano Africano<br><input type="checkbox"/> Indio Americano/Nativo de Alaska<br><input type="checkbox"/> Asiano<br><input type="checkbox"/> Nativo Hawallano                                   |                         | Status Familiar:<br><input type="checkbox"/> Empleo de tiempo complete<br><input type="checkbox"/> Medio teimp/temporal<br><input type="checkbox"/> Entrenamiento de trabajo/ningun ingreso<br><input type="checkbox"/> Disabilitado |                                 | Ciudadania:<br><input type="checkbox"/> Ciudadano Elegible<br><input type="checkbox"/> Eligible-No Ciudadano<br><input type="checkbox"/> Inelegible No Ciudadano<br><input type="checkbox"/> Verificacion Pendiente |
|                                                                                                                                                                                                                                                                                                           |                         |                                                                                                                                                                                                                                      |                                 | Numero de Registro do Forastero:                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                           |                         |                                                                                                                                                                                                                                      |                                 | Amo de Casa: (Optional)<br><input type="checkbox"/> Hispano/Latino<br><input type="checkbox"/> Not Hispano ni Latino                                                                                                |

|                                                                                                                                                                                                                                                                    |                           |                                                                                                                                                                                                                                      |                        |                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Esposa O"                                                                                                                                                                                                                                                          | Apellido & Sr., Jr. etc.: | Nombre:                                                                                                                                                                                                                              | Inicial:               | Numero do Seguro Social:                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                    | Fecha de nacimiento:      | Edad:                                                                                                                                                                                                                                | # Licencia de Manejar: | Otros Sobrenombres:                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                    |                           |                                                                                                                                                                                                                                      |                        | Sexo:<br><input type="checkbox"/> Hombre<br><input type="checkbox"/> Mujer                                                                                                                                           |
| Raza: Marque lo que applique'<br><input type="checkbox"/> Blanco<br><input type="checkbox"/> Negro/African-Americano<br><input type="checkbox"/> Indio Americano/ Nativo de Alaska<br><input type="checkbox"/> Asiano<br><input type="checkbox"/> Nativo Hawallano |                           | Status Familiar:<br><input type="checkbox"/> Empleo de tiempo completo<br><input type="checkbox"/> Medio tiempo/temporal<br><input type="checkbox"/> Entrnamiento de trabajo/ningun ingreso<br><input type="checkbox"/> Disabilitado |                        | Ciudadania:<br><input type="checkbox"/> Ciudadano eligible<br><input type="checkbox"/> Eligibles/no ciudadano<br><input type="checkbox"/> Ineligible no-ciudadano<br><input type="checkbox"/> Verificacion pendiente |
|                                                                                                                                                                                                                                                                    |                           |                                                                                                                                                                                                                                      |                        | Numero de Registro Forastero:                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                    |                           |                                                                                                                                                                                                                                      |                        | Amo de Casa:<br><input type="checkbox"/> Hispano/Latino<br><input type="checkbox"/> No Hispano ni Latino                                                                                                             |

|                      |                                |                         |
|----------------------|--------------------------------|-------------------------|
| Domicilio:           | Ciudad, Estado, Codigo Postal: | Telefono de Hogar:      |
| Telefono de Mensaje: | Mensaje a Cargo de:            | Contacto de Emergencia: |
|                      |                                | Eorreo Electronico:     |

- 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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Apunte a todos los miembros de Familia que viven con usted. Esto incluye aquellos que temporalmente estan ausentes debido a obligacion military, estudiando, o' en cuidado de hogar ajeno. Si se encuentran mas da 3 miembros de familia, pida o' puede aser una copia de esta pagina. Favor de marcar su relacion con el codigo:

**Codigo de Relacion:**

C = Primo      F = Padre      K = Sobrino/Sobrino      M = Madre      O = Ninguna o' otra relacion  
 R = Hermana      D = Hija      G = Nieta      L = Hermano      N = Hijo Adoptivo  
 P = Abuleo/Abuela      S = Hijo

|                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                                                                                  |  |                              |                                                                                                                                                                                                                                                                                                           |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Amo de Casa                                                                                                                                                                                             |                                                                            | Apellido & Sr, Jr.etc.                                                                                                                                                                                                                                           |  | Nombre:                      | Inicial:                                                                                                                                                                                                                                                                                                  | Numero de Sebuo Social: |
| Codigo De Relacion                                                                                                                                                                                      | Sexo:<br><input type="checkbox"/> Hombre<br><input type="checkbox"/> Mujer | Race: Check all that apply<br><input type="checkbox"/> Blanco<br><input type="checkbox"/> Negro/African-Americano<br><input type="checkbox"/> Indio/Americano<br><input type="checkbox"/> Asiano<br><input type="checkbox"/> Nativo Hawallano Isla Pacifica/Otro |  | Fecha de Nacimiento:         | Status de Familia:<br><input type="checkbox"/> Trabajo Completo<br><input type="checkbox"/> Trabajo de Medio Tiempo/Temporal<br><input type="checkbox"/> Entrenamiento de trabajo/Escuela ningun sueldo<br><input type="checkbox"/> Estudiante de tiempo complete<br><input type="checkbox"/> Desabiitado |                         |
|                                                                                                                                                                                                         | Eded:                                                                      |                                                                                                                                                                                                                                                                  |  | % que un menor vive en casa: |                                                                                                                                                                                                                                                                                                           |                         |
| Cuidadania:<br><input type="checkbox"/> Cuidano Eligible <input type="checkbox"/> Cuidadano Ineligible<br><input type="checkbox"/> No- Cuidano Eligible <input type="checkbox"/> Verificacion Pendiente |                                                                            |                                                                                                                                                                                                                                                                  |  | Alien Registration Number:   | Ethnicity:<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino                                                                                                                                                                                              |                         |

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

|                                                                                                                                                                                                          |                                                                          |                                                                                                                                                                                                                                                                             |  |                                     |                                                                                                                                                                                                                                                                                               |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Household Member                                                                                                                                                                                         |                                                                          | Last Name & Sr., Jr. etc.:                                                                                                                                                                                                                                                  |  | First Name:                         | Middle Initial:                                                                                                                                                                                                                                                                               | Social Security Number: |
| Relationship code:                                                                                                                                                                                       | Sex:<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Race: Check all that apply<br><input type="checkbox"/> White<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Amer. Indian/Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander |  | Date of Birth:                      | Family Status:<br><input type="checkbox"/> Employed-Full Time<br><input type="checkbox"/> Employed-Part Time/Seasonal<br><input type="checkbox"/> Job Training/School (no income)<br><input type="checkbox"/> Full Time College Student (dependent only)<br><input type="checkbox"/> Disabled |                         |
|                                                                                                                                                                                                          | Age:                                                                     |                                                                                                                                                                                                                                                                             |  | % of Time Minor Lives in Household: |                                                                                                                                                                                                                                                                                               |                         |
| Citizenship:<br><input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Ineligible Non-Citizen<br><input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Pending Verification |                                                                          |                                                                                                                                                                                                                                                                             |  | Alien Registration Number:          | Ethnicity:<br><input type="checkbox"/> Hispanic or Latino<br><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 re-verified at the time housing assistance is offered. Definitions and requirements for documentation are attached.

Displacement Due To:

Domestic Violence

Natural Disaster

Terminally ill

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:**

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*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: |
| Signature of Adult Household Member: | 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

[Type text]