

MARION COUNTY HOUSING AUTHORITY

2645 Portland Rd. NE · Suite 200 · Salem, OR · 97301
 Phone: (503) 798-4170 Fax: (503) 798-4171 TTY: (800) 735-2900



For MCHA use only:
 Copy of all forms to: _____ Date Received: _____
 HCV Dept.
 And or
 Owned Housing
 Staff Initials: _____

HOUSING CHOICE VOUCHER & PROJECT BASED VOUCHER PARTICIPANTS:
 Changes & all required verifications must be reported/submitted by the 15th of any month for a change to be considered for the first of the following month. Decreases reported after the 15th of the month & incomplete packets will be delayed for at least 30 days.

HOUSEHOLD INCOME CHANGE FORM

IF YOU OR ANYONE IN YOUR FAMILY IS A PERSON WITH DISABILITIES, AND YOU REQUIRE A SPECIFIC ACCOMMODATION TO FULLY UTILIZE OUR PROGRAMS AND SERVICES, PLEASE CONTACT OUR OFFICE.

▶ **PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY** ◀

Head of Household Name:			Last 4 of SSN:
PHYSICAL Address:	City:	State:	Zip Code:
MAILING Address (if different from physical address)	City:	State:	Zip Code:
Phone:	Msg Phone:	E-Mail:	

PROGRAM (check "✓" applicable program/property)

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Housing Choice Voucher | <input type="checkbox"/> VASH | <input type="checkbox"/> Meadowood | <input type="checkbox"/> Woodpark Terrace | <input type="checkbox"/> Farmdale Apartments |
| <input type="checkbox"/> Project Based Voucher (Twilight Courts) | <input type="checkbox"/> Evergreen Court | <input type="checkbox"/> Creekside Duplexes | <input type="checkbox"/> Harvest Manor | |
| <input type="checkbox"/> Oak Park Village | <input type="checkbox"/> Stayton Elder Manor | <input type="checkbox"/> Sheridan Senior Estates | <input type="checkbox"/> Edelweiss Village | <input type="checkbox"/> Hazelwood Estates |

INCOME CHANGE INFORMATION

List the changed household member's income, be sure to fill out and provide all verifications that are required to process your change. Failure to provide the required information may result in a denial of your change. Provide the EMPLOYER NAME, and two (2) current consecutive check stubs reflecting your change or separation letter from employer. For Social Security benefits, unemployment, TANF, etc. provide the current award letter or print out from agency showing new benefit amount.

DATE CHANGE OCCURRED: _____

Name of household member	Income Source <small>(Employer name, social security, TANF, child support, etc.)</small>	Increase or Decrease? <small>(Check one)</small>	Payment Frequency <small>(monthly, weekly, semi-monthly, bi-weekly, etc.)</small>	Do you now have zero income?	Have you applied any other benefits? <small>(Unemployment, TANF, Workers Comp, etc.)</small>
		<input type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE		<input type="checkbox"/> YES * <input type="checkbox"/> NO	<input type="checkbox"/> YES, NAME OF BENEFIT <input type="checkbox"/> NO ↳
		<input type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE		<input type="checkbox"/> YES * <input type="checkbox"/> NO	<input type="checkbox"/> YES, NAME OF BENEFIT <input type="checkbox"/> NO ↳
		<input type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE		<input type="checkbox"/> YES * <input type="checkbox"/> NO	<input type="checkbox"/> YES, NAME OF BENEFIT <input type="checkbox"/> NO ↳
		<input type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE		<input type="checkbox"/> YES * <input type="checkbox"/> NO	<input type="checkbox"/> YES, NAME OF BENEFIT <input type="checkbox"/> NO ↳

* COMPLETE ZERO INCOME FORM

FOR FSS PARTICIPANTS ONLY: If you are reporting an income INCREASE, would you like for MCHA to process this change for your household? YES NO

WARNING: Title 18, Section 1001, of the U.S. 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 U.S. or the Department of Housing and Urban Development. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation and/or may be grounds for denial of assistance.

Head of Household Signature _____ Date _____ Co-Head/Spouse/Significant Other/Other Adult _____ Date _____

For MCHA use only:

Date & Time Received

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VERIFICATION OF EMPLOYMENT

MCHA 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. THE APPLICANT/PARTICIPANT SIGNATURE BELOW AUTHORIZES VERIFICATION OF EMPLOYMENT INFORMATION TO BE RELEASED TO THE MARION COUNTY HOUSING AUTHORITY.

EMPLOYEE INFORMATION

Employee's Full Name: _____ Social Security Number: _____
 Employee's Full Address: _____
 Employee's Signature: _____ Date: _____

****THIS SECTION IS TO BE COMPLETED BY EMPLOYER ONLY****

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, BOX 1, 2 OR 3.**
- Please print legibly. You may e-mail the form to MCHA_INFO@MCHAOR.ORG or fax to 503-798-4171 ATTN: HCV DEPT

1. 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: _____*
 Is the 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: _____*

2. COMPLETE IF EMPLOYEE IS LAID OFF

Layoff date: _____ Last day employee actually worked: _____
 Date employee is expected to return to work: _____ Reason for layoff: _____
 Is the employee on Maternity, Parental, Medical or other leave? **Yes No** *if yes, anticipated return to work date: _____*
 Is the 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**

3. COMPLETE IF EMPLOYEE IS WORKING IRREGULAR, REDUCED HOURS OR ON-CALL

What are the employee's regular hours worked per week: _____ Hourly Rate: \$ _____
 Reason for change in hours: _____
 What are the employee's **NEW WEEKLY** work hours: _____ Date of change of hours: _____
 Does the employee receive tips, bonuses or any other compensation? **Yes No** *Amount: \$ _____ Per: _____*
 Date you anticipate the employee's hours to go back to normal schedule: _____

EMPLOYER CERTIFICATION

I HEREBY CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Name of Person Completing Form: _____ Phone No.: _____

Employer Name: _____ E-Mail: _____

Address: _____

Signature of person completing form

Job Title

Date

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CERTIFICATION OF ZERO INCOME

FORM TO BE COMPLETED BY EACH ADULT IN THE HOUSEHOLD MEMBER THAT IS REPORTING ZERO (0) INCOME.

▶ COMPLETE PAGE 1 AND 2, ANSWER ALL QUESTIONS, DO NOT LEAVE ANY ITEM BLANK ◀

NAME OF HEAD OF HOUSEHOLD: _____

▶ NAME OF ADULT REPORTING ZERO INCOME: _____

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE PERSON 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
- Receive regular contributions or does someone *outside* your household regularly pay anything on your behalf..... 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 income from recycling bottles/cans, scrap metal, etc. Yes No
- Regular income from selling plasma (blood)..... Yes No

HAVE YOU:

- Received any regular income not listed above Yes No
- 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:

**THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE PERSON REPORTING ZERO INCOME.
ANSWER ALL QUESTIONS, DO NOT LEAVE ANY ITEM BLANK.**

HOUSEHOLD EXPENSES

Please enter the amount **YOU** pay each month. If no payment is made, please write "None" or 0.

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: \$	Food: \$
Personal Items: \$	Other expenses: \$	Other expenses: \$

BANK ACCOUNTS

DO YOU HAVE A BANK OR CREDIT UNION ACCOUNT? Yes No

Financial Institution name _____ Account Balance \$ _____

Financial Institution name _____ Account Balance \$ _____

PREVIOUS EMPLOYMENT & UNEMPLOYMENT HISTORY

WERE YOU PREVIOUSLY EMPLOYED? Yes No

Employer Name _____ Employed from: _____ to: _____

Employer Name _____ Employed from: _____ to: _____

WERE YOU PREVIOUSLY RECEIVING UNEMPLOYMENT BENEFITS? Yes No

PERSONAL CERTIFICATION

Please explain how you are currently providing for your personal needs at this time, for example, is someone else in the household providing (paying) for anything on your behalf, do you receive SNAP benefits, donations from church or other service agencies, etc. Complete the following statement must describing how you are able to provide for your needs:

► I AM ABLE TO PROVIDE/PAY FOR MY NECESSITIES BY _____

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 Marion County Housing Authority 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 and or 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.

Signature of Adult Reporting Zero Income _____

Printed Name of Adult Reporting Zero Income _____

Date _____

Signature of Head of Household _____

Printed Name of Head of ad of Household _____

Date _____