

Mainstream Application

For Section 8 Housing Choice Voucher Waiting List

Please use attached instructions to complete and submit this application.

Application must be submitted with a completed and signed Mainstream Preference Packet.
Applications will not be accepted without a Mainstream Preference Packet.

Return completed applications and Mainstream Preference Packets in one of the following ways:

- **By Mail or In Person:** Home Forward – Rent Assistance, 135 SW Ash Street, Portland OR 97204
- **Fax:** (503) 802-8330 Attention: HCV Waitlist
- **Email:** HCVwaitlist@homeforward.org

Applications will only be accepted 3/18/2019 – 3/22/2019.

Applications will **not** be accepted before 3/18/2019 or after 3/22/2019.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact Home Forward at 503-415-8040.

INFORMATION ABOUT HEAD OF HOUSEHOLD

Social Security Number: _____ -- _____ -- _____ Date of Birth: _____ / _____ / _____ Gender: F M X

Last Name: _____ First Name: _____ Middle Initial: _____

Telephone Number: _____ E-mail Address: _____

Ethnicity (check one box)

- Hispanic
 Non-Hispanic

Race (check all that apply):

- White Black / African American American Indian / Alaska Native
 Asian Native Hawaiian / Other Pacific Islander

Racial and ethnic data for statistical purposes only

What is the primary language spoken in your home? (for information only, to better serve you) _____

Do you need an interpreter? (for information only, to better serve you) Yes No

Legal Address (where you currently live)		Mailing Address, if different from Legal (where you currently receive mail)	
Address		Address	
City		City	
State		State	
Zip Code		Zip Code	

Note: The address you supply on this application will be applied to any current application you have for any Home Forward housing program (if applicable). If your legal or mailing address changes, you must notify Home Forward in writing to maintain your waiting list status.

HOUSEHOLD MEMBERS

List information for adults first, then children under age 18. Use “F”, “M” or “X” to indicate gender. If a household member qualifies for a reasonable accommodation due to a disability, indicate “Yes”; if not, indicate “No”. List relationship of each person to the Head of Household. If additional space is needed, use a separate sheet and attach it to this application.

Relationship	First Name	Last Name	Social Security Number	Date of Birth	Gender	Disabled (Yes/No)
Head						
Spouse / Co-head						

Check this box if a separate sheet listing other household members is attached.

HOUSEHOLD INCOME

What is the total gross monthly income (before taxes) for your household? \$ _____
 Include all payments received by each family member age 18 or older, such as wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession, or any other source.

ELIGIBILITY AND PREFERENCES

Your response to the following questions will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select the appropriate responses for each question below.

Will your household include a family member who is between the ages of 18 and 61 years, and is a person with a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this person (or has this person) be transitioning out of an institution or segregated setting within 90 days of this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OPTIONAL Home Forward Advocacy Form

You have the right to include as part of your application contact information for a person or organization that may be helping you complete your application or coordinate supportive services. If you would like Home Forward to speak with a case manager, advocate or family member not included in this application, please complete and return the attached *Home Forward Advocacy Form*. You are not required to provide this contact information,

Check this box if you choose not to provide the contact information.

U.S. CITIZENSHIP NOTIFICATION AND CERTIFICATION

PLEASE READ THIS AUTHORIZATION CAREFULLY AND SIGN BELOW: By submitting this application for Section 8 voucher assistance, I authorize Home Forward to verify all information I supplied within the application. I also authorize Home Forward to determine the eligibility of my household for housing assistance by examining criminal background records and citizenship status. I understand that providing false information is grounds for denial of housing assistance.

By submitting this form, I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I furnish false or incomplete information.

Signature of Head of Household

Date

Signature of Spouse / Co-head

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Please mail this completed application and Mainstream Preference Packet to Home Forward as requested, using instructions attached to this form. Applications will not be accepted before 3/18/2019 or after 3/22/2019.

If your legal or mailing address changes, you must notify Home Forward in writing to maintain your waiting list status. If Home Forward does not have your current mailing address, your application will be removed from the waiting list.

