



APPLICATION FOR ADMISSION

3630 Aviation Way
PO Box 4666
Medford, OR. 97501

Please check the property or properties you are applying for:

- | | | |
|---|--|--|
| <input type="checkbox"/> BIRCH CORNERS | <input type="checkbox"/> FOUR OAKS | <input type="checkbox"/> WOODROW PINES |
| <input type="checkbox"/> SUMMIT (Female Only) | <input type="checkbox"/> WYATT (Male Only) | <input type="checkbox"/> HYDE PARK |
| <input type="checkbox"/> PARKVIEW | <input type="checkbox"/> BRIDGE | <input type="checkbox"/> GRANT |

Please check the unit size you require:

- ☐ Bedroom ☐ Studio/1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom

Preference Point Documentation Attached (as described in the tenant selection): ☐ Yes ☐ No

All blanks must be filled in for this application to be considered complete. Please write N/A if the information requested does not apply. Incomplete applications will be rejected immediately. **Unless joint applicants are married, each applicant must submit an individual application.** If you need additional space, please attach a separate sheet of paper.

Applicant Name: _____ Date: _____
First Middle Last

Address: _____
Physical Mailing City State Zip

Home/cell phone: _____ Work phone: _____ Email: _____

Are you a veteran?

Do you have case management?

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.

Household Members Full Name	Relationship	Birth Date	Age	Sex	SS#
	Head of Household				



2. Race of Head of Household (check one for statistical purposes only).

- ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ American Indian or Alaska Native and White
☐ Asian and White ☐ Black or African American and White
☐ American Indian or Alaska Native and Black or African American ☐ White

☐ Other multiple race combinations greater than one percent (please list): _____

3. Ethnicity of Head of Household (for statistical purposes only). ☐ Hispanic ☐ Non-Hispanic

4. Does anyone live with you now that is not listed above? ☐ Yes ☐ No

5. Do you expect a change in your household composition? ☐ Yes ☐ No

6. Do you have pets? Yes No

Explain if you answered yes to either question #4 or #5:

HEAD OF HOUSEHOLD – INCOME AND ASSET INFORMATION. Please answer each of the following questions:

For each “yes”, provide details in the charts below.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Work full-time, part-time or seasonally? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Expect to work for any period of time during the next year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Work for someone who pays him or her in cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Now receive or expect to receive unemployment benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Now receive or expect to receive child support? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Entitled to child support that he/she is not now receiving? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Now receive or expect to receive alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have entitlement to alimony that is not currently being received? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Now receive or expect to receive public assistance (TANF)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Now receive or expect to receive Social Security or disability benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Now receive or expect to receive income from a pension or annuity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? |

- ☐ ☐ 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
- ☐ ☐ 15. Own real estate or any asset for which you receive no income (checking account, cash)?
- ☐ ☐ 16. Have you sold or given away real property or other assets (including cash) in the past two years?

CO-HEAD and/or SPOUSE – INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each “yes”, provide details in the charts below.

Yes No

- ☐ ☐ Work full-time, part-time or seasonally?
- ☐ ☐ Expect to work for any period of time during the next year?
- ☐ ☐ Work for someone who pays him or her in cash?
- ☐ ☐ Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
- ☐ ☐ Now receive or expect to receive unemployment benefits?
- ☐ ☐ Now receive or expect to receive child support?
- ☐ ☐ Entitled to child support that he/she is not now receiving?
- ☐ ☐ Now receive or expect to receive alimony?
- ☐ ☐ Have entitlement to alimony that is not currently being received?
- ☐ ☐ Now receive or expect to receive public assistance (TANF)?
- ☐ ☐ Now receive or expect to receive Social Security or disability benefits?
- ☐ ☐ Now receive or expect to receive income from a pension or annuity?
- ☐ ☐ Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- ☐ ☐ Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
- ☐ ☐ Own real estate or any assets for which you receive no income (checking account, cash)?
- ☐ ☐ Have you sold or given away real property or other assets (including cash) in the past two years?

List all income received by every member of the household.

Members Full Name	Source of Income/Type of Income	Annual Income

List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

Members Full Name	Bank Name	Type of Account	Account Number	Balance

List all stocks, bonds, trusts, pensions or other assets, and their value, owned by any household member:

List any assets disposed of for less than their fair market value during the past two years for all household members: _____

PREVIOUS RENTAL HISTORY

A minimum of 12 months rental history is required in order for the application to be considered complete. Additional rental history may be attached if necessary.

1. Present Landlord/Property Management Company: _____

Address: _____ Phone: _____
 Street/Mailing Address City State Zip

Length of tenancy: _____ Reason for Leaving: _____

2. Previous Landlord/Property Management Company: _____

Address: _____ Phone: _____
 Street/Mailing Address City State Zip

Length of tenancy: _____ Reason for Leaving: _____

3. Previous Landlord/Property Management Company: _____

Address: _____ Phone: _____
Street/Mailing Address City State Zip

Length of tenancy: _____ Reason for Leaving: _____

EMPLOYMENT HISTORY – Additional employment history may be attached if necessary.

1. Head of Household

Employer: _____ Length of Employment: _____

Address: _____ Phone: _____
Street/Mailing Address City State Zip

2. Spouse/Co-Head of Household

Employer: _____ Length of Employment: _____

Address: _____ Phone: _____
Street/Mailing Address City State Zip

How did you hear about ACCESS Housing?

☐ Radio ☐ Social Service Agency: _____

☐ Classified Ad ☐ Word of mouth ☐ Other: _____

APPLICANT CERTIFICATION

I/we certify that if selected, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Head of Household

Date

Spouse/Co-Head of Household

Date

For Office use only:

Date application accepted/entered on waitlist: _____

By: _____





Disability/Handicapped Verification

Certifying Professional: Name _____ Organization _____

Address: _____ Phone: _____
Street/Mailing Address City State Zip

DISABILITY/HANDICAPPED STATUS VERIFICATION for Applicant/Resident:

Name: _____ Social Security #: _____

PERMISSION FOR RELEASE OF INFORMATION: Information obtained under this consent is limited to information no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

I (the applicant) authorize the release of the information requested:

Applicant Signature: _____ Date: _____

APPLICANT – DO NOT WRITE BELOW THIS LINE

Time is of the essence and we thank you for your cooperation. All information is confidential. Please return this form in the addressed, stamped envelope provided. If you have any questions, please feel free to contact ACCESS, Inc.

TO THE APPLICANT'S / RESIDENT'S CERTIFYING PROFESSIONAL*: Please read the following description of Disability; Disability as defined in 42 U.S.C. 423, is the (a) Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or (b) in the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

CERTIFICATION:

I hereby certify that the above named individual has a physical disability - Check ☐ Yes or ☐ No as defined above and that this form is completed in response to a direct and explicit request of the patient.

and / Or

I hereby certify that the above named individual has a mental disability - Check ☐ Yes or ☐ No as defined above and that this form is completed in response to a direct and explicit request of the patient.

PREPARED BY:

Printed name: _____ Date: _____

Signature: _____ Phone: _____

WARNING: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements to any department of the United States Government. HUD, the PHA and any owner or agent thereof, may be subject to penalties for unauthorized disclosures or improper use of information collected based on this consent form. Use of the information collected, based on this verification form, is restricted to the purposes cited above. Any person, who knowingly 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/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 PHA, or the Owner responsible for the unauthorized disclosure or improper use of the above information.

ACCESS does not discriminate on the basis of handicapped status in the admission, or access to, or treatment, or employment, in its federally assisted programs and activities.

* A Certifying Professional can be a doctor or other medical professional, a peer support group, a non-medical service agency, a caseworker, a vocational/rehab specialist, counselor, or a reliable third party who is in a position to know about the individual's disability.