

## Statement of Eligibility

**Instructions:**

- This form is to be completed and signed by all household members age 18 and over.
- List all sources of income for all household members. Information must be true and complete.
- If a question does not apply to your household, please write N/A or None.

### Household Composition

<b>1.</b>	<b>Full Legal Name of Head of Household:</b>	<b>Preferred Name (if any):</b>
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Do you want mail from Home Forward to include your preferred name?  Yes  No

**Current Address:**

**Mailing Address:**

<b>Current Phone:</b>	<b>Email Address:</b>	<b>Message Phone:</b>
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<b>Primary Language:</b>	<b>Do you need an interpreter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Highest School Grade:</b>
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<b>Are you a person with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Birth Date:</b>	<b>Social Security Number:</b>
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<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
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**Please list below all household members who will live with you in subsidized housing.**

<b>2.</b>	<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>
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**Relationship to Head of Household:**

<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
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<b>3.</b>	<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>
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**Relationship to Head of Household:**

<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
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<b>4.</b>	<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>
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**Relationship to Head of Household:**

<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
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<b>5.</b>	<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>
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**Relationship to Head of Household:**

<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
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<b>6.</b>	<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>
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**Relationship to Head of Household:**

<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
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<b>7.</b>	<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>
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**Relationship to Head of Household:**

<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
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**If there are more than seven (7) household members, please list on page 4**

Is any household member listed above or on page 4, a person with a disability?..... Yes  No

**If yes, please list who:**

**Household Income**

**Does anyone in the household:**  
 Work full-time, part-time, seasonally, or for cash labor.....  No  Yes, Who: \_\_\_\_\_  
 Own or operate a business .....  No  Yes, Who: \_\_\_\_\_

**For any employment listed above, please provide:**

Family Member:	Gross Monthly Income:
Employer:	Employer Phone:
Family Member:	Gross Monthly Income:
Employer:	Employer Phone:

**Has anyone in the household applied for, or does anyone expect to receive any public benefits such as TANF, SSB, SSD, SSI, Unemployment Benefits, etc.** .....  No  Yes

**Does anyone in the household receive:** *Indicate Gross Monthly Amounts*

Unemployment Benefits .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Social Security Benefits (SSB) .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Social Security Disability (SSD) .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Supplemental Security Income (SSI) .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Temporary Assistance to Needy Families (TANF) .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Child Support through Oregon Child Support Program .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Child Support through other state's Child Support Program .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Child Support as direct payment from parent .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Alimony .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Military pay or Veteran's Benefits .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Worker's Compensation or other disability pay .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Regular income or stipend from a job training or national service program .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Regular income from a pension, annuity, or retirement .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Regular income from a trust fund .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Financial aid for college or trade school .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Regular contributions or bills paid by someone else .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Income from assets: checking/savings account interest, Certificates of Deposit (CDs), stocks/bonds, .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

Income from rental property .....  No  Yes, \$ \_\_\_\_\_ Who: \_\_\_\_\_

**Do anyone receive any regular income not listed above?** .....  No  Yes

**If yes,** please provide details: \_\_\_\_\_ \$ \_\_\_\_\_ Who: \_\_\_\_\_

**Household Assets**

**Please list below all bank, savings and loan, or credit union accounts for all household members**

Name on Account	Bank Name	Account Type	Current Interest Rate	Current Balance

**Does any household member own any real estate, stocks, bonds, Certificates of Deposit (CDs) or any other investments?** .....  No  Yes

**If yes,** please provide details : \_\_\_\_\_

**Has any household member sold or given away assets or received a large sum of money, such as a settlement or inheritance in the last two (2) years?** .....  No  Yes

**If yes,** please provide details: \_\_\_\_\_

Current School Enrollment					
Family Member	School	Location	Grade/Year	Full-Time	Veteran

**Program Integrity**

Have you, or any member of your household, used any name(s) or Social Security numbers other than the one(s) you are using now (including maiden names)? .....  Yes  No

**If yes**, please provide the name(s) or SS numbers used: \_\_\_\_\_

Prior to now, has anyone in your household lived in Public Housing, HUD Housing, Section 8, or other subsidized housing either here or in another city? .....  Yes  No

**If yes**, please list who, where and when: \_\_\_\_\_

Has anyone in your household ever been convicted of production/manufacture of methamphetamine on the premises of federally-assisted housing? .....  Yes  No

**If yes**, please list who, where, and when: \_\_\_\_\_

Has anyone in your household been arrested or convicted for the sale, manufacture, or distribution of a controlled substance (drugs) within the last five (5) years? .....  Yes  No

**If yes**, please list who, where, when: \_\_\_\_\_

Has anyone in your household been arrested or convicted for a drug-related or violent crime in the past three (3) years? .....  Yes  No

**If yes**, please list who, where, when: \_\_\_\_\_

Has anyone in your household been convicted of identity theft within the last three (3) years?.....  Yes  No

**If yes**, please list who, where, when: \_\_\_\_\_

Is any household member subject to a lifetime registration requirement under any state's Sex Offender Registration program? .....  Yes  No

**If yes**, please list who and where: \_\_\_\_\_

**Applicant Certification**

*I/we do hereby swear and attest that all the information reported on this form about the household and me is true and complete. I/we understand that Home Forward 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 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.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse or Co-head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If your household has more than seven (7) members, please see other side to list additional household members who will live with you in subsidized housing.**

Household Members, continued			
<b>8.</b>	<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>
<b>Relationship to Head of Household:</b>			
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander			
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
<b>9.</b>	<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>
<b>Relationship to Head of Household:</b>			
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander			
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
<b>10.</b>	<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>
<b>Relationship to Head of Household:</b>			
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander			
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
<b>11.</b>	<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>
<b>Relationship to Head of Household:</b>			
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander			
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
<b>12.</b>	<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>
<b>Relationship to Head of Household:</b>			
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander			
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
<b>13.</b>	<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>
<b>Relationship to Head of Household:</b>			
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander			
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
<b>14.</b>	<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>
<b>Relationship to Head of Household:</b>			
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander			
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
<b>15.</b>	<b>Full Name:</b>	<b>Birth Date:</b>	<b>Social Security Number:</b>
<b>Relationship to Head of Household:</b>			
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander			
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	