

MID-COLUMBIA HOUSING AUTHORITY APPLICATION FOR:
Hood River Crossing -- Project based Voucher
3145 Cascade Avenue Hood River, OR 97031

Phone (541) 296-5462 Toll Free# 1-888-356-8919
 Deaf Community Relay: OR 1-800-735-1232
 WA 1-800-833-6384

Complete and Return by mail to:
 312 Court Street Suite 419 The Dalles, OR 97058
 OR: Fax (541) 296-8570
 OR: E-mail: info@mid-columbiahousingauthority.org

Head of Household Applicant: (Last Name)				(First Name)			
Current Mailing Address:				Apt. # or P.O. Box #			
City	County	State	Zip	Day Phone :			

Part I. Household Members: List all Family Members that will be living in the assisted living unit: (Begin with Head of Household)

Social Security Number	Last Name	First Name	M.I	Sex	Age	Relation to Head	Birth date Mo/Day/Yr	Birthplace City/State /Country

PLEASE CHECK ANY OF THE FOLLOWING THAT MAY APPLY TO YOU: (NOTE: If you are a *single person* low income household, you are eligible for housing assistance if you are: Employed in Farm Labor Elderly (age 62 or older) Disabled or Handicapped Disabled Veteran Displaced by Government Action Pregnant or In the process of securing legal custody of any individual who has not attained the age of 18.

Part II. Household Income. List all gross income for persons listed above over 18. Income includes but is not limited to Wages, Welfare, Social Security, SSI, VA, Pensions, Child Support, Unemployment, etc.

Family Member Receiving Income	Source/Type	Monthly		Weekly		Yearly \$Amount
		Hrs	\$Amount	Hrs	\$Amount	
	Employment					
	Employment					
	Unemployment					
	Social Security/Head					
	Social Security/ Spouse					
	Pensions					
	Public Assistance					
	Interest Income					
	Income from Assets					
	Other					

1. Have you or any member of your family been convicted of drug or criminal activity? Y/N
2. Have you or any member of your household been evicted for drug or criminal activity? Y/N
3. Name of person to contact in emergency : _____ Phone No. _____

Part III Certification: I understand that this is not a contract and does not bind either party. The information is full, true and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements made herein, or giving my name and address to other housing agencies.

Signature: _____ Date: _____

EQUAL HOUSING OPPORTUNITY. The Mid Columbia Housing Authority does not discriminate on the basis of race, color, national origin, religion, sex, age, physical or mental disability, or familial status.

