



## SAMPLE APPLICATION

Welcome to the online application for Home Forward's Section 8 Housing Choice Voucher waiting list. A sample application is available at [www.homeforward.org](http://www.homeforward.org) with helpful hints to guide you through the application process. Please read the following instructions before beginning your application.

1. Only one application per household will be accepted.
2. To be eligible for Section 8, at least one member of your household must be a citizen or legal resident of the United States with a valid Social Security number.
3. If the Head of Household does not have a Social Security number, please enter nine numeral nines: 999999999. For all other family members, please leave the field blank if they don't have a Social Security number. If you don't have a telephone number, please enter ten numeral nines: 9999999999. Gross income is required – choose any pay frequency if your income is \$0. You are not required to fill in asset fields and can leave them blank.
4. We recommend using a desktop or laptop computer to complete this form. Tablet computers or mobile phone browsers are not supported, and are unable to generate a printed receipt.
5. To receive a receipt for your application, you must submit this application electronically; paper copies of this electronic form will not be accepted.
6. You must keep Home Forward informed of any changes of address for your household. The address you provide on this application will be applied to any other current applications for Home Forward housing programs.
7. If you need assistance completing this application, or need an application in Russian or Vietnamese, please call our Wait List Hotline at (503) 415-8040, Monday through Friday between 8:00 am and 4:30 pm.
8. 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 us at the phone number above.

## SAMPLE APPLICATION: Section 8 Housing Choice Voucher Wait List

### Part 1: Head of Household

#### Applicant

First Name: \*

Last Name: \*

If no Social Security number, use all 9s.  
Do not include any dashes.

Social Security Number: \*  (999-99-9999)

Do not include any dashes or slashes.

Date of Birth: \*  (01/01/1970)

Sex: \* ☐ Female ☒ Male

If no telephone number, use all 9s.  
Do not include any dashes or parentheses.

Telephone Number: \*  ((503) 555-1212)

Please use this field for an additional phone number only. If you have an E-mail address enter it in Part 4 below.

Other Phone/E-mail:

Other Phone Type:

#### Ethnicity (Check one box)

- ☐ Hispanic  
☒ Not 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.

Answer for Head of Household only. Add statuses  
of other household members in Part 4 below.

☐ Yes ☒ No

\* Do you qualify for a reasonable accommodation due to a disability?

\* Required fields are indicated with a red asterisk. Starting Nov. 1, for assistance, call (503) 415-8040, M-F 8:00 am to 4:30 pm.

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### Part 2: Household Information

#### Legal Address

(Where you currently live)

Address Line 1: \* 123 Main St

Address Line 2:

City: \* Portland

State: \* OR

ZIP Code: \* 97204

#### Mailing Address (If different from Legal)

(Where you currently receive mail)

Address Line 1: PO Box 555

Address Line 2:

City: Portland

State: OR

ZIP Code: 97204

**IMPORTANT:** The address you provide here will be used for any current application you have for Home Forward housing programs.

Note: If your legal or mailing address changes, you must notify the Housing Authority in writing to maintain your waiting list status.

### Household Members

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member qualifies for a reasonable accommodation due to a disability select "Y", if not, select "N". List relationship of each person to the Head of Household.

* First Name	* Last Name	Social Security #	* Date of Birth	* Sex	* Disabled	* Relationship
Sample	Application	999-99-9999	01/01/1970	M	N	<b>Head</b>
SampleSpouse	Application		07011972	F	N	Spouse
SampleChild1	Applicaion		02011993	M	N	Full-Time student 18+
SampleChild2	Application		03011999	F	N	Other Youth under 18

For all additional household members entered here, all fields are required EXCEPT the Social Security number. Please leave the Social Security number field blank if your household member doesn't have one.

\* Required fields are indicated with a red asterisk. Starting Nov. 1, for assistance, call (503) 415-8040, M-F 8:00 am to 4:30 pm.

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### Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession, or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

First Name	Gross Income	How Often	If Income is from Wages List Name and Address of Employer
* Sample	* \$ 0	* Monthly	
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

Gross Income and How Often are required fields for at least one household member. Choose any How Often frequency if the Gross Income is \$0.

You are not required to enter any assets.  
You can leave this section blank.

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Income Received from Asset
Checking Accounts	\$	\$
Savings Accounts	\$	\$
Stocks, Bonds, CDs, Investment	\$	\$
Real Estate	\$	\$
Other	\$	\$

\* Required fields are indicated with a red asterisk. Starting Nov. 1, for assistance, call (503) 415-8040, M-F 8:00 am to 4:30 pm.

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### Part 4: Eligibility and Preferences

Your response to the following statement 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.

Yes No

- ☐ ☒ Is the Head of Household, co-head or spouse a person with disabilities? \*
- ☐ ☒ Has the head of household, co-head or spouse been employed for at least 3 months, working an average of 30 hours per month? \*
- ☐ ☒ Is the head of household, co-head or spouse actively engaged in or has recently completed (within the last 12 months) an employment, education or training program? \*
- ☐ ☒ Has anyone in your household been diagnosed by a medical professional with a terminal illness with life expectancy of 12 months or less? \*
- ☒ ☐ INFORMATION ONLY: Do you have an E-mail address? If yes, please provide it in the box below. \*

If you don't have an E-mail address, click "No" and leave the box blank.

SampleApplication@gmail.com

You must select "Yes" or "No" and enter a language in the language box.

- ☐ ☒ INFORMATION ONLY to better serve you: Do you require an interpreter? If yes, please provide the language you need interpreted. If not, what is the primary language spoken in your home? \*

English

### Part 5: Supplemental and Optional Contact Information

You have the right to include as part of your application contact information for a person or organization that may be able to help you resolve any issues that may arise during your tenancy or to assist in providing any special care or services you may require should you become a tenant. You are not required to provide this contact information, but if you choose to do so, please click the "Add Contact" button below to complete the form.

\*

Add Contact

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

### Part 6: U.S. Citizenship Notification and Certification

PLEASE READ THIS AUTHORIZATION CAREFULLY: 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.

When you click submit, you will either receive a confirmation receipt or an error message. If you receive an error message, review your application for any red asterisks, which indicate a field that needs to be either filled out or corrected.

Submit



\* Required fields are indicated with a red asterisk. Starting Nov. 1, for assistance, call (503) 415-8040, M-F 8:00 am to 4:30 pm.



## SAMPLE RECEIPT: Section 8 Housing Choice Voucher Wait List

When you successfully submit your application, you'll see a receipt that looks like the example shown here.



Congratulations, your preliminary application has been received. Please retain this receipt for your records.

### Application Information

Name:	Sample Application
Waiting List:	Section 8 Housing Choice Voucher Wait List 2012
Application ID:	999999

If you don't have a printer available or choose not to print, please write down your Application ID number for future reference.

### Status Information

The Section 8 Housing Choice Voucher Wait List will be made up of 3,000 names drawn at random from all names entered into the lottery. Home Forward will send you a letter within 120 days informing you if your household is on the wait list, and if so, your position on the list.

If your legal or mailing address changes, you must notify Home Forward in writing at 135 SW Ash Street Portland, OR 97204 to maintain your wait list status. If Home Forward does not have your current mailing address your application will be removed from the wait list.

**Use the Print button below to keep a copy of this information for your records.**

If you want to print your 6-page application, including your receipt, click the "Print" button.

Print

To fill out an application for a different household, [click here](#).

Privacy Act Notice: Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 20006a), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members, have and use. Giving the Social Security Numbers of all household members is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

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