|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Please complete this section for homeowner.*** | | | | | | | | | | | | Date Received: | | | |
|  | | | | | | | | | | | | | | | |
| *Last Name First Name* | | | | | | | | *Date of Birth:* | | | | | *Social Security #:* | | |
| *Street/Physical Address* | | | | | | *City, State* | | | | | | | *Zip Code* | | |
| *Mailing Address if different* | | | | | | *City, State* | | | | | | | *Zip Code* | | |
| *Telephone Number* | | | | *County*    Jefferson  Wasco | | | | | | | | | *Marital Status:* | | |
| AI/AN | | Female | | | | | Hispanic Ethnicity | | | | | | | Disabled | |
| Veteran | | Male | | | | | Other Orientation | | | | | | | Domestic Violence Victim/Survivor | |
| *Head of Household?*  Yes  No | | *Transitional Housing:*  Yes  No | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| *Mortgage/Manufactured home Assistance Needed: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Mortgage  Manufactured home payments  Arrearages  Lot Rent or RV Space lot  Other  Mortgage holder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| *Transitional Housing Needed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Apartment  Motel/Hotel  Emergency Shelter  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| *Name on Electricity bill:* | | | | | | | | | | *Electric Company & Account Number* | | | | | |
| *Name of other utility company: water, sewer, garbage, gas* | | | | | | | | | | *Account Number:* | | | | | |
| *Name of other utility company: phone, internet* | | | | | | | | | | *Account Number:* | | | | | |
| *Late fees, court fees, utility reconnection fees:*  Yes  No  If yes, please explain: | | | | | | | | | | | | | | | |
| *Does anyone in your household receive financial assistance for disability?*  Yes  No  If yes, who? | | | | | | | | | | | | | | | |
| *Type of Dwelling (Check only one)* | | | | | | | | | | | | | | | |
|  | Single Family House | |  | | Multi-Unit (2-4) | |  | | Multi-Unit (over 4) | |  | | | | Other (Please List) |
|  | Manufactured /Mobile Home | |  | | Hotel/Motel | |  | | Travel Trailer | |  | | | | |

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| --- |
| ***Briefly describe repairs needed:*** |
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| *Other concerns or issues:* |
|  |

Disclosure: This information will be shared with the State funders, excluding your names.

Client signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff filling out form signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H&HS GM signature Date