

Client Name: _____	IDD CM Agency: _____
Application Date: _____	IDD Case Manager: _____

1. Priority Population (select any that apply)		
<input type="checkbox"/> BIPOC (Black, Indigenous, People of Color)	<input type="checkbox"/> Active Eviction Court Case	
2. Eligibility Criteria (all criteria must be met for eligibility)		
<input type="checkbox"/> Homeless or Eviction Pending	<input type="checkbox"/> Multnomah County Residence	<input type="checkbox"/> Income at or below 80% AMI *See Pg2 for income limits

3. Head Of Household Information	
Name (First & Last):	_____
Current Address:	_____
New Address if Moving:	_____
Email:	Phone Number:

4. Landlord or Property Manager Information (to send payment)	
Payment to be made to:	_____
Address to mail check:	_____
Contact person:	_____
Email:	Phone Number:

Household Member Data Responses required for all household members. (USE ACRONYMS FROM THE BOX BELOW IN BLUE TEXT)											
Name	Gender	DOB (MM/DD/YY)	Soc Sec #	Relation to Head of House	Ethnicity	Race	Add. Race	Vet	Disabling Cond.	Primary Language	
1											
2											
3											
4											
5											
6											
7											
8											
9											

Acronyms: **Dec Res** - Declined to Respond
Gender: **F** - Female, **M** - Male, **GNC** - Gender Non-Conforming, **TM** - Trans Male, **TF** - Trans Female
Relation to Head of Household: **Child, Self, OR** - Other Related, **ONR** - Other Non Related, **Sp/Pa** - Spouse/Partner
Ethnicity: **Hisp-Lat** - Hispanic Latino, **N His-Lat** - Non Hispanic-Latino
Race: **White, Asian, NA/Aik N** - Native American/Alaskan Native, **N Hw/P Isl** - Native Hawaiian/Pacific Islander, **Bk/AA** - Black/African American
Additional Race: **African, Mid Eas** - Middle Eastern, **Slavic**
Veteran: **Yes** or **No**
Disabling Condition: **Yes** or **No**
Primary Language: **Arabic, English, Russian, Somali, Spanish, Swahili**

5. Verification of Income Eligibility

Area Median Income Guidelines

Household Size (Required)	30% AMI	50% AMI	65% AMI	80% AMI
<input type="checkbox"/> 1	\$24,780	\$41,300	\$53,690	\$66,080
<input type="checkbox"/> 2	\$28,320	\$47,200	\$61,360	\$75,520
<input type="checkbox"/> 3	\$31,860	\$53,100	\$69,030	\$84,960
<input type="checkbox"/> 4	\$35,400	\$59,000	\$76,700	\$94,400
<input type="checkbox"/> 5	\$38,250	\$63,750	\$82,875	\$102,000
<input type="checkbox"/> 6	\$41,070	\$68,450	\$88,985	\$109,520
<input type="checkbox"/> 7	\$43,920	\$73,200	\$95,160	\$117,120
<input type="checkbox"/> 8	\$46,740	\$77,900	\$101,270	\$124,640
<input type="checkbox"/> >8	See link below	See link below	See Below	See link below

Source: [2024 AMI Rents PHB](#)

Steps to Verify Income:

Household income eligibility is based on determining a household's annual income at the time of application, either using current monthly income to calculate the annual income (monthly income x12); or using the most recent year W-2 or tax return. **To be eligible, annual household income must be below 80% AMI as outlined in the table above.**

Step 1: List all income sources. If you are using income from the last 30 days (current monthly income), multiply the monthly income by 12 to calculate annual income. **Collect documentation verifying income amounts.**

If a person (or the entire household) has no income, please write "No Income" for that person(s).

Acceptable documentation includes 30-day paystubs, most recent year W2, 1040, UI verification, SSI documentation, self-employment verification form, self-attestation income form. (Calculation table on next page)

Income Source	Income Earner	Annual Income
Annual Income		

Please Indicate AMI Range: ☐ 0-30% ☐ 31-50% ☐ 51-80% Under 65%? ☐ Yes ☐ No

Income Verification: Written verification of income is required. If not available, please explain why below:

6. Rental Verification

Is a lease or rental agreement available?

- ☐ Yes (Submit signed lease or rental agreement showing address, rental unit and monthly rent amount)
- ☐ No (must provide alternative documentation verifying address and monthly rent – i.e. past due notice, canceled rent check showing correct address and unit)

If requesting rent arrears: submit documentation showing name of renter, rental unit address, and the amount of rent arrears/rent owed breakdown

7. Eviction Notice or Homelessness Verification

Has the household received an eviction/termination notice for non-payment of rent?

- ☐ Eviction Pending (submit a copy of the nonpayment/eviction notice with the application)
- ☐ Homeless (submit verification of homelessness if available)

8. Housing Subsidy

Do you receive Section 8 or any other Housing Assistance payments? ☐ Yes ☐ No

If yes, what is your portion of the rent at time of the application? \$_____

**Please fill out the requested assistance amounts on the (landlord) Agreement to Assign Rental Assistance form.*

9. Assistance Requested

Rent Payment Type	Time Period for Services (month, year & amount for each month)	Amount
Rent (list each mo. separately with amount)		
Utilities due to Prop. Mgr. (Ex. water, sewer, garbage)		
Deposit, Application, Late Fees		
Notes:		Total Amount Requested
Key: Pass-Through Utilities: utilities owed to property manager, Fees: allowable fees (see guidance), Rent: base rent or subsidized		

10. Housing History and Plan: What are the Circumstances that led to the request? AND What is the plan to address the housing issues and prevent them from happening in the future?

Priority Population Designation

- ☐ **Priority Pop A:** The head of household meets all four of the below criteria. The head of household is experiencing or at imminent risk of long-term homelessness.
- ☐ **Priority Pop B:** The head of household did not meet all four of the below criteria. The head of household is applying for homeless services and at substantial risk of homelessness and/or is experiencing any form of homelessness.

1. Household is earning between 0-30% Area Median Income (AMI); AND

2. Head of household has a disabling condition. This can include a physical, psychological or cognitive disability, a chronic illness, or an addiction; this can be self-certified. The disability does not need to be diagnosed or documented by a third party; **AND**

3. Head of household is currently (client only needs to meet one of the following criteria):

- a. Literally homeless (staying in a tent, car, emergency shelter, transitional housing or hotel); OR
- b. In an institution or publicly funded system of care (e.g. hospital, jail, prison, or foster care); OR
- c. In housing and will become literally homeless within 14 days of the date of application for homeless assistance and/or has received an eviction (this includes households that are involuntarily doubled-up); OR
- d. Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions that relate to violence and lacks the resources or support networks to obtain other safe, permanent housing.

Question 3 and 4 can be self-certified or certified by a supportive services provider. No additional documentation is required; AND

4. Head of household meets one or more of the following criteria:

- a. Has been literally homeless, institutionalized in a publicly funded system of care, and/or involuntarily doubled-up for a combined total of 12 or more months over the past 3 years; OR
- b. Was housed through another Homeless Assistance Housing Program in the last 3 years and is not currently being served in that program; OR
- c. Is being served in an intensive case management program (e.g. Mult. Co. Intellectual & Developmental Disabilities Case Management is considered intensive case mgmt.)

11. Signature & Self-Attestation

"I certify that the information on this intake form is true and accurate to the best of my knowledge. In addition, I consent to the release of information in this application to the United States Department of the Treasury for any reporting or compliance purposes."

Client Signature: _____ Date _____

Case Worker/Agency Staff Signature: _____ Date _____

Case Worker/Agency Staff Info: Email _____ Phone _____