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

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|---|---|---|
| 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 |
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| <p>Is a lease or rental agreement available?</p> <p><input type="checkbox"/> Yes (Submit signed lease or rental agreement showing address, rental unit and monthly rent amount)</p> <p><input type="checkbox"/> No (must provide alternative documentation verifying address and monthly rent – i.e. past due notice, canceled rent check showing correct address and unit)</p> <p>If requesting rent arrears: submit documentation showing name of renter, rental unit address, and the amount of rent arrears/rent owed breakdown</p> |

| 7. Eviction Notice or Homelessness Verification |
|---|
| <p>Has the household received an eviction/termination notice for non-payment of rent?</p> <p><input type="checkbox"/> Eviction Pending (submit a copy of the nonpayment/eviction notice with the application)</p> <p><input type="checkbox"/> Homeless (submit verification of homelessness if available)</p> |

| 8. Housing Subsidy |
|--|
| <p>Do you receive Section 8 or any other Housing Assistance payments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is your portion of the rent at time of the application? \$_____</p> <p><i>*Please fill out the requested assistance amounts on the (landlord) Agreement to Assign Rental Assistance form.</i></p> |

| 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? |
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| |

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."

Head of Household Signature: _____ Date _____

Case Worker/Agency Staff Signature: _____ Date _____

Case Worker/Agency Staff Info: Email _____ Phone _____