

**OHOP Affidavit of Self-Disclosed Income**

I, \_\_\_\_\_, have applied for rental assistance through the Oregon Housing Opportunities in Partnership Program (OHOP) funded by Housing and Urban Development (HUD). OHOP is required to verify my income.

OHOP requires that an applicant have an ongoing source(s) of monthly income sufficient to meet their daily living needs, including their adjusted rent obligation and utility payments. The program will only accept applicants declaring zero income in limited cases.

Applicants reporting zero income must attest that they will apply for benefits (*i.e. food benefits, SSDI, SSI*) for which they may be eligible within 30 days of signing this affidavit.  
\_\_\_\_\_ (*Initials indicate understanding.*)

**Complete the following:**

Have you applied for **Social Security Benefits (SSI and/or SSDI)**?

☐ Yes ☐ No ☐ I already have SSI and/or SSDI ☐ Not applicable

Have you applied for **Temporary Assistance to Needy Families (TANF)**?

☐ Yes ☐ No ☐ Not applicable

*If you answered "No", and you have children under the age of 18 years old in the household, you may be eligible for TANF.*

Have you applied for **Child Support payments**? ☐ Yes ☐ No ☐ Not applicable

*If you answered "No", and you have a child in the household aged 21 years old or younger and attending school, you may be eligible for Child Support payments.*

Have you applied for **Unemployment benefits**? ☐ Yes ☐ No ☐ Not applicable

*If you answered "No", you may be eligible for Unemployment benefits.*

Are you **looking for work**? ☐ Yes ☐ No ☐ Not applicable

Have you applied for **Section 8 (HUD) housing assistance** through your county's Housing Authority? ☐ Yes ☐ No ☐ Not applicable

*If you answered "No", you are required to apply for **Section 8 (HUD) housing assistance**.*

**Remember: If you answered "No" to any of the questions above, you may still be eligible to receive those services. You must work with your case manager to apply for any applicable services within 30 days of signing this affidavit.**

## Income Sources

Choose one:

☐ My current **gross monthly income** is: \$ \_\_\_\_\_

☐ I currently have zero monthly income.

Income source	Do you receive income from this source?	Amount
Wages from employment ( <i>including commission, tips, bonuses, fees, etc...</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Study hours from educational institution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Income from operations of a business	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rental income from real or personal property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interest or dividends from assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unemployment or disability payments through work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public assistance payments ( <i>TANF</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public assistance payments ( <i>SNAP*</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic allowances such as alimony, child support or gifts received from persons not living in your household	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sales from self-employed resources	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other income source not named above	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*\*Supplemental Nutrition Assistance Program (SNAP) benefits will not be considered countable income towards determining rent.*

I understand it is my responsibility to report any change in cumulative household income of more or less than \$200 per month, from any source, within 15 days after such change. I understand that if I declare zero-income, I must report change in income, for any amount, within 15 days of change.

I verify that all statements regarding my income are true and understand that false, misleading or incomplete information may result in termination from the OHOP program.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

You can get this document in other languages, large print, braille or a format you prefer. Contact Oregon Housing Opportunities in Partnership Program (OHOP) at 971-673-0153 or email [community.services@odhsoha.oregon.gov](mailto:community.services@odhsoha.oregon.gov). We accept all relay calls or you can dial 711.