INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

This form is to be completed by the owner or an authorized representative

OREGON HOUSING and COMMUNITY SERVICES

PART I - DEVELOPMENT DATA

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification), or Other. If Other, designate the purpose of the recertification (i.e., resyndication, a unit transfer, a change in household composition, or other state-required recertification).

Type of Certification	Effective Date	Move-in Date	Initial LIHTC Qualification Date
Initial Certification / New Move In	Same as LIHTC Qualification Date	Date tenant first moved into the project.	Same as Move-in Date
Acquisition/Rehab	Same as LIHTC Qualification Date	Date tenant first moved into the property.	- Date of acquisition if executed before/after 120 days of the date of the acquisition - Date of tenant signature acquisition if executed after 120 days of the date of the acquisition - New Move-in (see above)
Resyndication	- When grandfathering in tenants in place at time of new LIHTC allocation- Initial LIHTC Qualification Date - When completing a new LIHTC certification of in place tenants under the new LIHTC allocation- Date of Tenant Signature - New Move-in (see above)	Date tenant first moved into the project (under the original LIHTC allocation).	Date first determined to be income eligible for the LIHTC program under the existing extended use agreement (should be same as Move-in Date; see above)
Transfer	Date of Transfer	Date tenant first moved into the project.	- Transfer within the same building or within the same multiple building project: See Move-in Date - Transfer to a different building that is a separate project due to line 8b election: Date of transfer
Recertification	Annual anniversary of the Initial LIHTC Qualification Date	Date tenant first moved into the project.	Based on Type of Certification (see above)

Property name Enter the name of the development.

County Enter the county (or equivalent) in which the building is located.

BIN Enter the building identification number (BIN) assigned to the building (from IRS Form 8609).

Address Enter the address of the building.

County Enter the unit number.

BIN Enter the number of bedrooms in the unit.

租户收入证明填写指南

本表格应由业主或授权代表填写

第一部分 - 项目数据

勾选相应方框：初次认证（入住）、重新认证（年度重新认证）或其他。若为其他，请说明重新认证的目的（即，重新融资、单元调换、家庭构成变更或其他州要求的重新认证）。

认证类型	生效日期	入住日期	初次 LIHTC 资格认定日期
初次认证 / 新入住	同 LIHTC 资格认定日期	租户首次搬入项目的日期。	同入住日期
收购/翻修	同 LIHTC 资格认定日期	租户首次搬入该物业的日期。	- 若执行日期在收购日期之前或之后 120 天内 - 若在收购日期 120 天后执行：填写租户签署收购协议的日期 - 新入住（见上）
重新融资	- 在根据新 LIHTC 分配保留现有租户时：初次 LIHTC 资格认定日期 - 在根据新 LIHTC 分配为现有租户完成新的 LIHTC 认证时：租户签署日期 - 新入住（见上）	租户首次搬入项目（在原 LIHTC 分配下）的日期。	根据现有延长使用协议首次被确定为符合 LIHTC 计划收入资格的日期（应与入住日期相同；见上）
调换	调换日期	租户首次搬入项目的日期。	- 同一栋楼内或同一多栋楼项目内的调换： 见入住日期 - 调换至 - 因 8b 条款选举而成为独立项目的不同楼宇：调换日期
重新认证	初次 LIHTC 资格 认定日期的年度周年日	租户首次搬入项目的日期。	基于认证类型（见上）

物业名称 输入开发项目的名称。

县 输入该楼宇所在的县（或同等行政区）。

BIN 输入分配给该楼宇的楼宇识别号（BIN）（来自 IRS 表格 8609）。

地址 输入该楼宇的地址。

县 输入单元号。

BIN 输入该单元的卧室数量。

PART II – HOUSEHOLD COMPOSITION

Name: List the full last name, first name and middle initial of all household occupants of the unit.

Relation to Head of the of Household: Enter each household member's relationship to the head of household by using one following definition codes:

H – Head of Household
S – Spouse/Legal Domestic Partner
A - Adult Co-Head (not spouse or legal domestic partner
C – Child
F – Foster child/adult

NOTE: Guests are NOT part of the household and are not considered in determining family size for income limits.

Race: Enter each household member's race by using at least one of the following definition codes:

A = Asian
AIND = Asian Indian
ACH = Chinese
AF = Filipino
AJ = Japanese
AK = Korean
AV = Vietnamese
AO = Asian Other
AI = American Indian/Alaskan Native
B = Black/African American
NH = Native Hawaiian/Other Pacific Islander
PNH = Native Hawaiian
PGC = Guamanian or Chamarro
PS = Samoan
PO = Pacific Islander Other
O = Other
W = White

Ethnicity: Enter each household member's ethnicity by using one of the following definition codes:

H = Hispanic or Latino
N = Not Hispanic or Latino
PR = Puerto Rican
C = Cuban
MAC = Mexican, Mexican American, Chicano/a
O = Another Hispanic, Latino/a, or Spanish Origin

Disabled Enter one of the following for each household member:

YES - if member is disabled according to the Fair Housing Act's definition
NO - if the member is not disabled according to the Act's definition
ND - (Not Disclosed) **-** if the member did not disclose the information

Per the Fair Housing Act, individuals with mental or physical impairments that substantially limit one of more major life activities are considered to have a disability. Please refer to 24 CFR 100.201 for the definitions of mental or physical impairments, as well as other terms commonly referred to within the Act.

Date of Birth: Enter each household member's date of birth; use format MM/DD/YYYY.

Student Status: Enter **YES** if the household member is a full-time student.
Enter **NO** if the household member is not a full-time student.

Last Four Digits of SS#: Enter the last four digits each adult household member's social security number, alien Registration number or ITIN. If unknown or not disclosed, it is okay to enter '0000', '9999' or the format accepted by your software.

第二部分 - 家庭构成

姓名：列出单元内所有家庭成员的完整姓氏、名字和中间名首字母。

与户主关系： 使用以下定义代码输入每个家庭成员与户主的关系：

H – 户主
S – 配偶/合法同居伴侣
A - 成年共同户主（非配偶或合法同居伴侣
C – 子女
F – 寄养子女/成人

注意：访客不属于家庭的一部分，在确定收入限制的家庭规模时不考虑。

种族 使用以下至少一个定义代码输入每个家庭成员的种族：

A = 亚裔
AF = 菲律宾裔
AV = 越南裔
B = 黑人/非裔美国人
PGC = 关岛人/查莫罗人
O = 其他
AIND = 印度裔
AJ = 日裔
AO = 其他亚裔
NH = 夏威夷原住民/其他太平洋岛民
PS = 萨摩亚人
W = 白人
ACH = 华裔
AK = 韩裔
AI = 美洲印第安人/阿拉斯加原住民
PNH = 夏威夷原住民
PO = 其他太平洋岛民

族裔： 使用以下定义代码输入每个家庭成员的族裔：

H = 西班牙裔或拉丁裔
PR = 波多黎各裔
MAC = 墨西哥裔、墨西哥裔美国人、奇卡诺/娜
N = 非西班牙裔或拉丁裔
C = 古巴裔
O = 其他西班牙裔、拉丁裔或西班牙起源

残障 为每个家庭成员输入以下一项：

YES - 如果该成员符合《公平住房法案》定义的残障人士
NO - 如果该成员不符合该法案定义的残障人士
ND -（未披露）- 如果该成员未披露此信息

根据《公平住房法案》，存在实质性限制一项或多项主要生活活动的精神或身体损伤的个人被视为有残障。请参阅 24 CFR 100.201 了解精神或身体损伤以及该法案中常用术语的定义。

出生日期： 输入每个家庭成员的出生日期；使用格式月/日/年。

学生 如果该家庭成员是全日制学生，则输入 YES。

身份： 如果该家庭成员不是全日制学生，则输入 NO。

社保号后四位： 输入每个成年家庭成员的社会安全号码、外国人登记号码或 ITIN 的最后四位数字。如果未知或未披露，可以输入‘0000’、‘9999’或您的软件接受的格式。

PART III – GROSS ANNUAL INCOME

Please refer to Part 5 (Section 8) Income and Asset Inclusions and Exclusions for guidance.

From the verification forms and source documentation obtained for each income source, enter the gross amount anticipated to be received for the twelve (12) months following the effective date of the certification.
Complete a separate line for each household member earning or receiving income. On each line, identify each household member with income by their corresponding number from PART II. Household Composition.

A. Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.

B. Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.

C. Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.).

D. Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.

E. Add the totals from columns (A) through (D), above. Enter this amount.

If there are more than four (4) income lines, use an additional sheet of paper to list the remaining income lines and attach it to the certification.

PART IV – INCOME FROM ASSETS

Complete **PART IVA** or **PART IVB** based on the verified value of the Non-necessary Personal Property (NNPP) Real Property, and Federal Tax Refunds/Credits.

PART IVA – INCOME FROM ASSETS

When the total verified net cash value of the NNPP, Real Property, and Tax Refunds/Credits is less than or equal to the Imputed Income Limitation as adjusted, only the actual income from each asset (as verified) is considered income.

Enter the total of the verified actual income from all assets in (F).

From the *ASSET SELF-CERTIFICATION WORKSHEET,* enter value from either Part I, Line 7 *OR* Part II, Line 13.

PART IVB – INCOME FROM ASSETS

From the third-party verification forms obtained from each asset source, list the gross amount anticipated to be received during the 12 months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

G. List the type of asset (i.e., checking account, savings account, etc.)

H. Enter **C** for current, if the family currently owns or holds the asset; or,
Enter **D** for disposed, if the family has disposed of the asset for less than fair market value within two years of the effective date of (re)certification.

I. Enter **NNPP** when the asset is categorized as Non-necessary Personal Property; or,
Enter **Real** when the asset is categorized as Real Property,
Enter **Tax Ref** when there has been a Federal Tax Refund or Federal Tax Credit received within a year of the TIC effective date.
This is treated as a negative value when calculating the net cash value of the assets.

J. Enter the cash value of the respective asset.

K. Enter **A** if asset income for that asset is actual income; or,
Enter **I** if asset income for that asset is imputed.

第三部分 - 年度总收入

请参阅 第五部分（第 8 节）《收入与资产的计入项和不计入项》 以获取指导。

根据为每个收入来源获得的验证表和原始文件，输入在认证生效日期之后十二（12）个月内预期收到的总收入。
为每个赚取或获得收入的家庭成员单独填写一行。在每一行上，使用来自第二部分 - 家庭构成的相应编号标识每个有收入的家庭成员。

A. 输入工资、薪水、小费、佣金、奖金和其他来自就业的收入；来自企业的分配利润和/或净收入。

B. 输入社会保险、补充保障收入、养老金、军队退休金等的年度金额。

C. 输入从公共援助（即 TANF、一般援助、残障补助等）获得的收入年度金额。

D. 输入赡养费、子女抚养费、失业救济金或家庭定期收到的任何其他收入的年度金额。

E. 将上面（A）到（D）列的总计相加。输入该金额。

如果收入行超过四（4）行，请使用额外的纸张列出剩余的收入行并附在认证表格后。

第四部分 - 资产收入

根据已验证的非必需个人财产 (NNPP)、不动产和联邦退税/抵免的总价值，完成第**四部分 A** 或**第四部分 B**。

第四部分 A - 资产收入

当已验证的 NNPP、不动产和退税/抵免的总净现金价值小于或等于 调整后的估算收入限额时，仅考虑每项资产的实际收入（经验证）作为收入。

在(F)栏中输入所有资产经验证的实际收入总额。

从资产自我认证工作表 (*ASSET SELF-CERTIFICATION WORKSHEET*) 中，输入第一部分第 7 行或第二部分第 13 行的值。

第四部分 B - 资产收入

根据从每个资产来源获得的第三方验证表，列出在认证生效日期起 12 个月内预期收到的总收入。列出第二部分中的相应家庭成员编号，并为每个成员单独填写一行。

G. 列出资产类型（即支票账户、储蓄账户等）

H. 如果家庭当前拥有或持有该资产，则输入 **C**（current - 当前）；或者，如果家庭在（重新）认证生效日期的两年内以低于公平市场价值处置了该资产，则输入 **D**（disposed - 已处置）。
如果资产归类为非必需个人财产，则输入 **NNPP**；或者，

I. 如果资产归类为不动产，则输入 **Real**；如果在 TIC 生效日期一年内收到联邦退税或联邦税收抵免，则输入 **Tax Ref**。
在计算资产净现金价值时，此项被视为负值。

J. 输入相应资产的现金价值。

K. 如果该资产的收入是实际收入，则输入 **A**；或者，如果该资产的收入是估算收入，则输入 **I**。

L Enter the annual income from the asset (i.e., savings account balance multiplied by the annual interest rate). If actual income can be determined, use actual income. If actual income cannot be determined, calculate the imputed income for that asset instead using the current HUD-published passbook savings rate.

M. Add the totals from column (L)

PART V– TOTAL HOUSEHOLD INCOME

Total household income is the amount of income from all sources and includes the values from **PART III. ANNUAL INCOME** plus any income derived from assets under **PART IV. ASSETS.**

If **PART IVA. INCOME FROM ASSETS - LESS THAN OR EQUAL TO IMPUTED INCOME LIMITATION** was completed because the total net value from both Non-necessary Personal Property (NNPP) and Real Property has been verified as less than or equal to the Imputed Income Limitation as adjusted, *then*:

TOTAL HOUSEHOLD INCOME = (E) + (F)

If **PART IVB. INCOME FROM ASSETS – GREATER THAN IMPUTED INCOME LIMITATION** was completed because the total net value from both Non-necessary Personal Property (NNPP) and Real Property has been verified as greater than the Imputed Income Limitation as adjusted, *then*:

TOTAL HOUSEHOLD INCOME = (E) + (M)

HOUSEHOLD CERTIFICATION & SIGNATURES

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older, or emancipated, must sign and date the Tenant Income Certification. For move-in, it is recommended that the Tenant Income Certification be signed no earlier than TEN (10) days prior to the effective date of the certification.

PART VI– DETERMINATION OF INCOME ELIGIBILITY

Total Annual Household Income from All Sources	Annual anniversary of the Initial LIHTC Qualification Date
Current Income Limit per Family Size	Enter the Current Move-in Income Limit for the household size at the designated income limit for that unit.
Household Income at Move-In	For recertifications only. Enter the household income from the move-in certification.
Household Size at Move-In	For recertifications only. Enter the number of household members from the move-in certification
Household Meets Income Restriction	Check the appropriate box for the income restriction that the household meets according to what is required by the minimum set-aside(s) for the project, including the specific unit designation for Average Income Test Projects.
Current Income Limit x 140%	For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% (170% for Deep Rent Skewed) and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% (170% for Deep Rent Skewed) of the current income limit, then the available unit rule must be followed. For units designated at 50 percent or below in Average Income Test developments, use 60% limit for Current Income Limit.

L. 输入该资产的年度收入（即，储蓄账户余额乘以年利率）。如果能够确定实际收入，则使用实际收入。如果无法确定实际收入，则使用当前 HUD 公布的存折储蓄利率计算该资产的估算收入。

M. 将（L）列的总计相加。

第五部分 - 家庭总收入

家庭总收入是指所有来源的收入金额，包括来自**第三部分 - 年度收入**的数值加上来自**第四部分 - 资产**的任何**资产收入。**

如果因为非必需个人财产（NNPP）和不动产两者的总净值已被验证为小于或等于 调整后的估算收入限额而完成了**第四部分 A - 资产收入（小于或等于估算收入限额）**， 则：

家庭总收入 = (E) + (F)

如果因为非必需个人财产（NNPP）和不动产两者的总净值已被验证为大于 调整后 的估算收入限额而完成了**第四部分 B - 资产收入（大于估算收入限额）**，则：

家庭总收入 = (E) + (M)

家庭认证与签名

在收到并计算完所有收入和/或资产的验证后，每个年满 18 岁或已解放的成年家庭成员必须在租户收入证明上签名并注明日期。对于入住认证，建议租户收入证明的签署日期不早于认证生效日期前十（10）天。

第六部分 - 收入资格认定

所有来源的家庭年度总收入	在初次 LIHTC 资格认定日期的年度周年日计算
每个家庭规模的当前收入限额	输入该单元在指定收入限制下、对应家庭规模的当前入住收入限额。
入住时的家庭收入	仅用于重新认证。输入入住认证时的家庭收入。
入住时的家庭规模	仅用于重新认证。输入入住认证时的家庭成员数量
家庭符合的收入限制	根据项目最低预留要求（含平均收入测试项目中特定单元的指定），勾选家庭所符合的收入限制框。
当前收入限额 × 140%	仅用于重新认证。将“当前最高入住收入限额”乘以 140%（深度租金倾斜单元为 170%）并输入结果。下方标明家庭收入是否超过此结果。若重新认证时的年度总收入超过当前收入限额的 140%（深度租金倾斜单元为 170%），则必须遵循“空置单元规则”。对于平均收入测试项目中指定为 50%或以下水平的单元，请使用 60%限额作为当前收入限额。

PART VII – INCOME FROM ASSETS

Tenant Paid Rent	Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8)
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero.
Rental Assistance	Enter the amount of rental assistance, if any.
Other Non-Optional Mandatory Fees	Enter the amount of non-optional / mandatory fees, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.
Gross Rent for Unit	Enter the total of tenant paid rent plus utility allowance and other non-optional/mandatory fees. Enter the total of Tenant Paid Rent + Utility Allowance + Other Non-Optional charges. Include Tenant Paid Rental Assistance received if the unit is also a HOME unit.
Source of Rental Assistance	Check whether the rental assistance is provided under a federal rental assistance program. If so, check the type of federal rental assistance in one of the boxes below. If the rental assistance is not provided under a federal rental assistance program, indicate the source of the assistance.
Unit Meets Rent Restriction	Check the appropriate rent restriction that the unit meets according to what is required by the minimum set-aside(s) for the project, including the specific unit designation for Average Income Test developments.

PART VIII– STUDENT STATUS

If all household members are full-time* students, check "yes." If at least one household member is not a full-time student, check "no."

If "yes" is checked, the appropriate exemption must be listed in the box to the right. If none of the exemptions apply, the household is ineligible to rent the unit.

PART IX – PROGRAM TYPE

Mark the program(s) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification. If the property does not participate in the HOME Investment Partnerships (HOME) program, Tax-Exempt Housing Bond, Housing Trust Fund (HTF), or other housing program, leave those sections blank.

Housing Credit	See Part VI above.
HOME	If the property receives financing from the HOME program and the unit this household will occupy will count toward the HOME program set-asides, mark the appropriate box indicting the household's income designation for purposes of HOME.
Rental Assistance	Enter the amount of rental assistance, if any.
Tax-Exempt Bond/ LIFT/Risk-Share/ Conduit	If the property receives financing from tax-exempt Housing Bond program(s), mark the appropriate box indicating the household's income designation for purposes of tax-exempt Housing Bond program(s), including LIFT, Elderly Bond, Risk-Share, and Conduit.
National HTF	If the property receives financing from HTF and this household's unit will count towards the HTF set-aside requirements, mark the appropriate box indicting the household's income designation for purposes of HTF.
Other	If the property participates in any other affordable housing program not otherwise indicated in this section, insert the name of the program and indicate the household's Income Status as required by this program. Including HDGP, Trust fund, GHAP, Housing+, PSH.

第七部分 - 资产收入

租户支付租金 输入租户支付的租金金额（不包括租金援助付款，如 第 8 条）

公用事业补贴 输入公用事业补贴金额。若业主支付所有公用事业费用，则填写零。

租金援助 输入租金援助金额（如有）。

其他非可选强制收费 输入非可选/强制收费的金额，例如强制车库租金、储物柜租金、项目提供服务的收费等。

单元租金总额 输入租户支付租金、公用事业补贴以及其他非可选强制收费的总额。输入租户支付租金 + 公用事业补贴 + 其他非可选强制收费的总和。若该单元同时是 HOME 计划单元，需包含租户收到的租金援助金额。

租金援助来源 勾选租金援助是否由联邦租金援助计划提供。若是，请在下方框内勾选联邦援助类型；若非由联邦租金援助计划提供，请注明援助来源。

单元符合的租金限制 根据项目最低预留要求（含平均收入测试项目中单元的特定指定），勾选该单元所符合的租金限制。

第八部分 - 学生身份

如果所有家庭成员都是全日制*学生，勾选“是”。如果至少有一名家庭成员不是全日制学生，则勾选“否”。

如果勾选了“是”，必须在右侧方框中列出适用的豁免项。如果没有任何豁免适用，则该家庭无资格租用该单元。

第九部分 - 计划类型

标记该家庭单元将计入物业入住要求的计划类型。在标记的每个计划下，指明本认证/重新认证所确定的该家庭的收入状态。若该房产未参与 HOME 投资合作伙伴计划（HOME）、免税住房债券、住房信托基金（HTF）或其他住房计划，请将这些区域章节留空。

住房抵免 见第六部分。

HOME 如果物业获得 HOME 计划的融资，且该家庭将入住的单元将计入 HOME 计划的预留要求，请标记相应方框，指明该家庭为 HOME 计划目的的收入指定。

租金援助 输入租金援助金额（如有）。

免税债券/LIFT/风险分担/管道 如果物业获得免税住房债券计划（包括 LIFT、老年债券、风险分担和管道）的融资，请标记相应方框，指明该家庭为免税住房债券计划目的的收入指定。

国家 HTF 如果物业获得 HTF 融资，且该家庭的单元将计入国家 HTF 预留要求，请标记相应方框，指明该家庭为 HTF 目的的收入指定。

其他 如果物业参与本部分未指明的任何其他经济适用房计划，请插入计划名称并指明本计划要求的家庭收入状态。包括 HDGP、信托基金、GHAP、Housing+、PSH。

SIGNATURE OF OWNER / REPRESENTATIVE

It is the responsibility of the owner or the owner's representative to sign and date this document immediately following the completion of the TIC and the adult household members have signed and dated no later than the effective date of the TIC. Move-in certifications should be signed no earlier than 10 days prior to the effective date of the certification. Documenting and determining eligibility (including completing and signing the TIC) and ensuring such documentation is safely and securely maintained in the tenant file is extremely important and should be conducted by someone well trained in program compliance. Acquisition/Rehab certifications for in-place residents require the TIC to be completed and signed within 120 days before/after the date of acquisition (aka Placed in Service (PIS) date of the building/s).

These instructions should not be considered a complete guide on tax credit & other programs compliance. The responsibility for compliance with federal and state program regulations lies with the owner of the property/building(s) for which the credit or other funding is allowable.

PUBLIC BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 4 hours for each response. This includes the time for collecting, reviewing and reporting data. The information will be used to measure the number of units of housing financed with the Low-Income Housing Tax Credit (LIHTC) that are produced each year. The information will also be used to analyze the characteristics of these housing units and will be released to the public

业主/代表签名

业主或业主代表有责任在完成 TIC 且成年家庭成员签署并注明日期后立即签署本文件并注明日期，且不得晚于 TIC 的生效日期。入住认证的签署日期不应早于认证生效日期前 10 天。记录和确定资格（包括完成并签署 TIC）以及确保此类文件安全地保存在租户档案中极其重要，应由受过项目合规培训的人员进行。收购/翻修项目中现有居民的认证要求在收购日期（即楼宇投入使用(PIS)日期）前 120 天内或之后 120 天内完成并签署 TIC。

这些说明不应被视为关于税收抵免及其他计划合规性的完整指南。遵守联邦和州计划法规的责任在于获得抵免或其他资金可允许的物业/楼宇的所有者。

公众负担声明

收集此信息的公众报告负担估计平均每次回复为 4 小时。这包括收集、审查和报告数据的时间。该信息将用于衡量每年由低收入住房税收抵免（LIHTC）资助的住房单元数量。该信息也将用于分析这些住房单元的特征，并将向公众发布。

如有疑问或对翻译的改进建议，请发送邮件至 Language.Access@HCS.oregon.gov