

Housing Support Services Application



IHA




DPA



HCS

Thank you for completing the ReOregon Housing Support Services program application. The Housing Support Services program helps eligible households affected by the 2020 Labor Day wildfires and straight-line winds. Assistance under this program may include Intermediate Housing Assistance (IHA), Down Payment Assistance (DPA), and Housing Counseling Services (HCS).

This application provides guidance to help you navigate through the questions. Look for the  to find more information about the questions, how to best answer them, and which documents you will need to submit to your local housing agency or case manager with your application.

County You Live In	Local Agency	Agency Phone Number	Agency Email
Clackamas	MWVCAA	503-399-9080	tim.weese@mwvcaa.org
Douglas	ACCESS	541-414-0318	ccr@accesshelps.org
Jackson	ACCESS	541-414-0318	ccr@accesshelps.org
Klamath	ACCESS	541-414-0318	ccr@accesshelps.org
Lane	Lane Co. Human Services Division	541-682-2918	iha@lanecountyor.gov
Lincoln	Community Services Consortium	541-928-6335	info@communityservices.us
Linn	Community Services Consortium	541-928-6335	info@communityservices.us
Marion	MWVCAA	503-399-9080	tim.weese@mwvcaa.org

To submit your application, you must also complete the **Consent to Release** in the Application Submission and Signatures section. This allows Oregon Housing and Community Services (OHCS) to request or share information with third parties, such as federal or state agencies, private companies, or organizations involved in your housing recovery, to help determine your eligibility and process your application. If you have questions about the Consent to Release, please contact your local housing agency or case manager.

If you seek DPA or Housing Recovery Services, you must consent to release information in order to be referred to a partner agency.

Got Questions?

Email: housingsupport@reoregon.org

Call: 877-510-6800 or 541-250-0938



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A. Applicant Information

* Indicates required fields

Applicant Name* _____ Co-Applicant Name _____

Applicant Contact Information*

Enter your legal first and last name exactly as they appear on your government-issued ID (local, state, federal, foreign, or national). Your provided name must match your ID to confirm your identity and ensure that benefits are correctly awarded.

A.1 Legal First Name _____

A.2 Legal Last Name _____

A.3 Chosen/Preferred Name (optional) _____

A chosen or preferred name is a name that is different from a person's legal name.

A.4 Preferred Language ☐ English ☐ Spanish ☐ Other (What language?) _____

A.5 If you select a language other than English, do you need translation assistance? ☐ Yes ☐ No

A.6 Do you need TTY assistance? ☐ Yes ☐ No

A.7 Damaged/Destroyed Property Address

Address Line 1 _____

Address Line 2 _____

City _____ State _____ ZIP _____

Damaged Property County

☐ Clackamas ☐ Douglas ☐ Jackson ☐ Klamath ☐ Lane ☐ Lincoln ☐ Linn ☐ Marion

Got Questions?

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Call: 877-510-6800 or 541-250-0938

A. Applicant Information

A.8 Do you currently live at the damaged or destroyed property address?* ☐ Yes ☐ No

A.9 Current Address (If you answered "No" for A.8)

Address Line 1 _____

Address Line 2 _____

City _____ State _____ ZIP _____

A.10 Is your mailing address different from your current address?* ☐ Yes ☐ No

If yes, provide the mailing address.

Address Line 1 _____

Address Line 2 _____

City _____ State _____ ZIP _____

A.11 Email _____

You must have a valid email address to apply for assistance through ReOregon. Notifications about the status of your application will be sent to this email address. If you do not have an email address and need help creating one, contact your local housing agency or case manager for assistance.

A.12 Phone _____

A.13 Contact Preference ☐ Phone ☐ Email ☐ Mail

How do you prefer to be contacted by the program with questions or information about your application?

If by phone, do you have a preferred contact time? ☐ 7:30–9:00 a.m. ☐ 9:00 a.m.–5:00 p.m.

☐ 5:00–7:30 p.m. ☐ No preference

A. Applicant Information

A.14 What is your current living situation?

- ☐ Emergency shelter (including hotel/motel paid for with emergency shelter voucher or RHY-funded Host Home shelter)
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Own property, no ongoing housing subsidy
- ☐ Place not meant for habitation
- ☐ Rental property, no ongoing housing subsidy
- ☐ Rental property, with other ongoing housing subsidy
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Substance abuse treatment facility or detox center
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Other _____

A.15 If you are currently renting, provide your landlord's information:

Landlord Name _____

Landlord Address _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ ZIP _____

Landlord Phone _____

A.16 Is there a co-applicant?*

A co-applicant is an additional person who shares responsibility of the home, such as a spouse or parent.

- ☐ Yes (If yes, complete **Co-Applicant Contact Information** on the next page.)
- ☐ No

A. Applicant Information

Co-Applicant Contact Information (if applicable)

Enter the co-applicant's legal first and last name exactly as they appear on their government-issued ID (local, state, federal, foreign, or national). Their provided name must match their ID to confirm identity and ensure that benefits are correctly awarded.

A.17 Legal First Name _____

A.18 Legal Last Name _____

A.19 Chosen/Preferred Name (optional) _____

A chosen or preferred name is a name that is different from a person's legal name.

A.20 Is the co-applicant's current address the same as the applicant's? ☐ Yes ☐ No

If no, provide the co-applicant's current address.

Address Line 1 _____

Address Line 2 _____

City _____ State _____ ZIP _____

A.21 Is the co-applicant's mailing address different from their current address? ☐ Yes ☐ No

If yes, provide the mailing address.

Address Line 1 _____

Address Line 2 _____

City _____ State _____ ZIP _____

A.22 Co-Applicant Phone _____

A.23 Co-Applicant Email _____

The co-applicant's email address may be the same as the applicant's.

A. Applicant Information

Alternate Contact (Optional)

You can choose a third party, called an alternate contact, to get information about your program status in person or by phone, email, or mail. However, this person cannot make decisions or sign any documents or affidavits for you unless they have a valid power of attorney.

A.24 Legal First Name _____

A.25 Legal Last Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ ZIP _____

Email _____ Phone _____

Power of Attorney (Optional)

If someone has power of attorney for you and you want them to help with this application, including making decisions, please list their name here.

A.26 Name of Individual With Power of Attorney _____



For ReOregon to work with the person who holds your power of attorney, you must submit the power of attorney document and their ID before we can share information or take directions from them. Since the power of attorney may have limits, we need to review the documentation to understand what the person is allowed to do on your behalf.

Disability*

A person with a disability is defined as someone who has a physical or mental condition that significantly limits major life activities, has a history of such a condition (such as cancer in remission), or is seen by others as having such a condition (like someone with scars from severe burns).

A.27 Does anyone in your household need help completing the application or assistance with their living situation because of a disability? ☐ Yes ☐ No

If yes, please tell us what help you need. _____

B. Household Composition

 IHA

 DPA

 HCS

* Indicates required fields

Applicant Name* _____ Co-Applicant Name _____

Household Members

List the head of household as the "Primary Household Member" below and provide the requested information.

List all other household members (including yourself, if you are not the head of household) and provide their information. When adding household members, please add only people who will be living with you if you are eligible for the ReOregon Intermediate Housing Assistance (IHA) or Down Payment Assistance (DPA) programs. Household members are defined as adults and children, or individuals who share the same house, whether they are related or unrelated, regardless of age. You may count partially absent household members such as children who live in the house at least 50% of the time and who are named in a shared-custody agreement or family members who are classified as household dependents such as children attending college or a family member in a nursing home.

Please do not count temporary members in the household, such as foster children, employees, or tenants.

The head of household is the adult member of the family who is the head of the household for the purposes of determining income eligibility and rent. ReOregon collects this data to provide updates to the U.S. Department of Housing and Urban Development (HUD) and to support equitable program policies.

Primary Household Member*

Legal First Name _____

Middle Name _____

Last Name _____

Birthdate (month/day/year) ____ / ____ / ____

Relationship to Head of Household: ☒ Is the head of household

Got Questions?

Email: housingsupport@reoregon.org

Call: 877-510-6800 or 541-250-0938

B. Household Composition

Primary Household Member *(continued)*

Gender: ☐ Decline to answer ☐ Female ☐ Male ☐ Non-binary
☐ Transgender ☐ Questioning ☐ Culturally specific identity ☐ Different identity
(e.g., Two-Spirit)

Race *(select all that apply):*

☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander
☐ Asian or Asian American ☐ White
☐ Black/African American or African ☐ Other
☐ Middle Eastern or North African ☐ Decline to answer

Ethnicity:

Hispanic or Latino/a/x/e: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" also applies to this category.

☐ Not Hispanic or Latino/a/x/e ☐ Hispanic or Latino/a/x/e ☐ Decline to answer

Disability: Is this person living with a disability? ☐ No ☐ Yes ☐ Does not know ☐ Decline to answer

Additional Household Member #1 (if applicable)

Legal First Name _____

Middle Name _____

Last Name _____

Birthdate (month/day/year) ____ / ____ / ____

Relationship to Head of Household:

☐ Spouse/partner of head of household ☐ Temporarily absent member
☐ Other adult household member (such as on active military duty)
☐ Dependent (including children under age 18) ☐ Member confined to nursing home or hospital

Gender: ☐ Decline to answer ☐ Female ☐ Male ☐ Non-binary
☐ Transgender ☐ Questioning ☐ Culturally specific identity ☐ Different identity
(e.g., Two-Spirit)

Race *(select all that apply):*

☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander
☐ Asian or Asian American ☐ White
☐ Black/African American or African ☐ Other
☐ Middle Eastern or North African ☐ Decline to answer

B. Household Composition

Primary Household Member *(continued)*

Ethnicity: ☐ Not Hispanic or Latino/a/x/e ☐ Hispanic or Latino/a/x/e ☐ Decline to answer

Disability: Is this person living with a disability? ☐ No ☐ Yes ☐ Does not know ☐ Decline to answer

Additional Household Member #2 (if applicable)

Legal First Name _____

Middle Name _____

Last Name _____

Birthdate (month/day/year) ____ / ____ / ____

Relationship to Head of Household:

- | | |
|--|---|
| <input type="checkbox"/> Spouse/partner of head of household | <input type="checkbox"/> Temporarily absent member
(such as on active military duty) |
| <input type="checkbox"/> Other adult household member | <input type="checkbox"/> Member confined to nursing home or hospital |
| <input type="checkbox"/> Dependent (including children under age 18) | |

Gender: ☐ Decline to answer ☐ Female ☐ Male ☐ Non-binary
☐ Transgender ☐ Questioning ☐ Culturally specific identity ☐ Different identity
(e.g., Two-Spirit)

Race *(select all that apply):*

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American or African | <input type="checkbox"/> Other |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Decline to answer |

Ethnicity: ☐ Not Hispanic or Latino/a/x/e ☐ Hispanic or Latino/a/x/e ☐ Decline to answer

Disability: Is this person living with a disability? ☐ No ☐ Yes ☐ Does not know ☐ Decline to answer

B. Household Composition

Additional Household Member #3 (if applicable)

Legal First Name _____

Middle Name _____

Last Name _____

Birthdate (month/day/year) ____ / ____ / ____

Relationship to Head of Household:

- | | |
|--|---|
| <input type="checkbox"/> Spouse/partner of head of household | <input type="checkbox"/> Temporarily absent member
(such as on active military duty) |
| <input type="checkbox"/> Other adult household member | <input type="checkbox"/> Member confined to nursing home or hospital |
| <input type="checkbox"/> Dependent (including children under age 18) | |

Gender: ☐ Decline to answer ☐ Female ☐ Male ☐ Non-binary
☐ Transgender ☐ Questioning ☐ Culturally specific identity ☐ Different identity
(e.g., Two-Spirit)

Race (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American or African | <input type="checkbox"/> Other |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Decline to answer |

Ethnicity: ☐ Not Hispanic or Latino/a/x/e ☐ Hispanic or Latino/a/x/e ☐ Decline to answer

Disability: Is this person living with a disability? ☐ No ☐ Yes ☐ Does not know ☐ Decline to answer

B. Household Composition

Additional Household Member #4 (if applicable)

Legal First Name _____

Middle Name _____

Last Name _____

Birthdate (month/day/year) ____ / ____ / ____

Relationship to Head of Household:

- | | |
|--|---|
| <input type="checkbox"/> Spouse/partner of head of household | <input type="checkbox"/> Temporarily absent member
(such as on active military duty) |
| <input type="checkbox"/> Other adult household member | <input type="checkbox"/> Member confined to nursing home or hospital |
| <input type="checkbox"/> Dependent (including children under age 18) | |

Gender: ☐ Decline to answer ☐ Female ☐ Male ☐ Non-binary
☐ Transgender ☐ Questioning ☐ Culturally specific identity ☐ Different identity
(e.g., Two-Spirit)

Race (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American or African | <input type="checkbox"/> Other |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Decline to answer |

Ethnicity: ☐ Not Hispanic or Latino/a/x/e ☐ Hispanic or Latino/a/x/e ☐ Decline to answer

Disability: Is this person living with a disability? ☐ No ☐ Yes ☐ Does not know ☐ Decline to answer

C. Income Verification

* Indicates required fields

Applicant Name* _____ Co-Applicant Name _____

All permanent household members who are 18 years and older are required to submit income documentation. You must provide annual income information (from all sources) for all individual household members over the age of 18. For each adult, you must either list a source of income or certify that they have no income. Household members who are under the age of 18 must be reported in this application, but no income documentation will be collected.

Adult Household Members Who File Tax Returns

- **Single Filing:** Individuals who have submitted an income tax return to the IRS for the recent calendar year should choose one tax document to submit for income verification. These documents can include IRS Form 1040 or 1040EZ for the most recent calendar year, IRS Form 8879, or a transcript of tax return. (If you submit a tax return, no additional documents are required.)
- **Married Filing Jointly Tax Status:** If you are married and filing taxes jointly with your spouse, choose the appropriate tax return documents for both household members. You should split the full adjusted gross income value in half and report half of the income for each joint filer.

Adult Household Members Who Do Not File Tax Returns

- Individuals will report each applicable income source separately.
- Supporting documentation for each source of income is required in order for your local housing agency or case manager to calculate your income.

Adult Household Members Who Receive Zero Income

- Individuals with no income will select "Zero Income" from the options provided.
- An accompanying certification must be signed by the household member and provided to your local housing agency or case manager.

Minor Household Members

- Minor children must be reported, but income information will not be collected. Please select "Minor: Under the age of 18" from the options provided.

Got Questions?

Email: housingsupport@reoregon.org
Call: 877-510-6800 or 541-250-0938

C. Income Verification

Household Income Verification Overview

Number of people presently in my household who are age 18 and older	
Number of people presently in my household who are younger than 18	
Total number of people in my household (line 1 + line 2)	

Income Details

The Housing Support Services program uses household members' income information to calculate the total household adjusted gross income for household members 18 years and older. If an income tax return was not filed for an adult household member, the program will calculate the adjusted gross income for each household member.

C.1 Household Members' Tax Return Status*

Provide income information for every household member, including minors and dependents. If a household member answers "No" to "Did you file an income tax return for last year and do you have access to your tax forms or an IRS transcript?," proceed to C.2. If you answer "Yes," proceed to the next section.

	Household Member Name	Relation to Head	Date of Birth	Did you file an income tax return for last year and do you have access to your IRS 1040, IRS 8879, or IRS transcript?	
1			/ /	<input type="checkbox"/> Yes, filed individually <input type="checkbox"/> Yes, filed jointly	<input type="checkbox"/> No <input type="checkbox"/> NA, Minor/Dependent
2			/ /	<input type="checkbox"/> Yes, filed individually <input type="checkbox"/> Yes, filed jointly	<input type="checkbox"/> No <input type="checkbox"/> NA, Minor/Dependent
3			/ /	<input type="checkbox"/> Yes, filed individually <input type="checkbox"/> Yes, filed jointly	<input type="checkbox"/> No <input type="checkbox"/> NA, Minor/Dependent
4			/ /	<input type="checkbox"/> Yes, filed individually <input type="checkbox"/> Yes, filed jointly	<input type="checkbox"/> No <input type="checkbox"/> NA, Minor/Dependent
5			/ /	<input type="checkbox"/> Yes, filed individually <input type="checkbox"/> Yes, filed jointly	<input type="checkbox"/> No <input type="checkbox"/> NA, Minor/Dependent
6			/ /	<input type="checkbox"/> Yes, filed individually <input type="checkbox"/> Yes, filed jointly	<input type="checkbox"/> No <input type="checkbox"/> NA, Minor/Dependent
7			/ /	<input type="checkbox"/> Yes, filed individually <input type="checkbox"/> Yes, filed jointly	<input type="checkbox"/> No <input type="checkbox"/> NA, Minor/Dependent
8			/ /	<input type="checkbox"/> Yes, filed individually <input type="checkbox"/> Yes, filed jointly	<input type="checkbox"/> No <input type="checkbox"/> NA, Minor/Dependent

C. Income Verification

Head of Household

C.2 If you are the head of household and answered “No” in C.1, complete the following questions:

Select all applicable sources of income for this household member[†]

- | | |
|--|--|
| <input type="checkbox"/> Employment wages, salaries, or tips | <input type="checkbox"/> Unemployment compensation |
| <input type="checkbox"/> IRA distributions | <input type="checkbox"/> Recurring cash contributions [‡] |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Income from business including rental properties [‡] |
| <input type="checkbox"/> Pension or annuity | <input type="checkbox"/> Do not have income [‡] |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Social Security (retirement, disability, supplemental) |
| <input type="checkbox"/> Public benefits | |
| <input type="checkbox"/> Other (List types): _____ | |

How many dependents do you have? _____

Dependents include household members under the age of 18; elderly dependents; handicapped or disabled people; or full-time students; but not the family head, spouse, or foster children.

Did your household have any childcare expenses in the last year for children 12 years of age and under that enabled a household member to work, seek employment, or further their education?

(ONLY EXPENSES NOT REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.)

Childcare cannot be paid to another member of the household.

☐ NA ☐ No ☐ Yes If yes, what was the annual expense: \$ _____

Did your household have expenses for non-elderly, disabled family members in the last year?

(ONLY EXPENSES NOT REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.)

Expenses may include attendance care (provided by a non-household member) and/or auxiliary apparatus for any disabled household member that enables that person or any other household member to work.

☐ NA ☐ No ☐ Yes If yes, what was the annual expense: \$ _____

Did your household have medical and/or assistance expenses for elderly or disabled family members in the last year? (ONLY EXPENSES NOT REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.)

☐ NA ☐ No ☐ Yes If yes, what was the annual expense: \$ _____

[†] See Documents Checklist for supporting documentation requirements.

[‡] Certification of Recurring Cash Contributions Form, Certification of Income from Business Form, or Certification of Zero Income Form is required. (See the appendices for the applicable form.)

C. Income Verification

Household Members

C.3 If you answered "No" in C.1, complete the following questions for your applicable household member:
Complete this section for each applicable household member.

Household Member Name _____

Relation to Head _____

Select all applicable sources of income for this household member[†]

- | | |
|--|--|
| <input type="checkbox"/> Employment wages, salaries, or tips | <input type="checkbox"/> Unemployment compensation |
| <input type="checkbox"/> IRA distributions | <input type="checkbox"/> Recurring cash contributions [‡] |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Income from business including rental properties [‡] |
| <input type="checkbox"/> Pension or annuity | <input type="checkbox"/> Do not have income [‡] |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Social Security (retirement, disability, supplemental) |
| <input type="checkbox"/> Public benefits | |
| <input type="checkbox"/> Other (List types): _____ | |

Household Member Name _____

Relation to Head _____

Select all applicable sources of income for this household member[†]

- | | |
|--|--|
| <input type="checkbox"/> Employment wages, salaries, or tips | <input type="checkbox"/> Unemployment compensation |
| <input type="checkbox"/> IRA distributions | <input type="checkbox"/> Recurring cash contributions [‡] |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Income from business including rental properties [‡] |
| <input type="checkbox"/> Pension or annuity | <input type="checkbox"/> Do not have income [‡] |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Social Security (retirement, disability, supplemental) |
| <input type="checkbox"/> Public benefits | |
| <input type="checkbox"/> Other (List types): _____ | |

[†] See Documents Checklist for supporting documentation requirements.

[‡] Certification of Recurring Cash Contributions Form, Certification of Income from Business Form, or Certification of Zero Income Form is required.
(See the appendices for the applicable form.)

C. Income Verification

Household Members

Household Member Name _____

Relation to Head _____

Select all applicable sources of income for this household member[†]

- | | |
|--|--|
| <input type="checkbox"/> Employment wages, salaries, or tips | <input type="checkbox"/> Unemployment compensation |
| <input type="checkbox"/> IRA distributions | <input type="checkbox"/> Recurring cash contributions [‡] |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Income from business including rental properties [‡] |
| <input type="checkbox"/> Pension or annuity | <input type="checkbox"/> Do not have income [‡] |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Social Security (retirement, disability, supplemental) |
| <input type="checkbox"/> Public benefits | |
| <input type="checkbox"/> Other (List types): _____ | |

Household Member Name _____

Relation to Head _____

Select all applicable sources of income for this household member[†]

- | | |
|--|--|
| <input type="checkbox"/> Employment wages, salaries, or tips | <input type="checkbox"/> Unemployment compensation |
| <input type="checkbox"/> IRA distributions | <input type="checkbox"/> Recurring cash contributions [‡] |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Income from business including rental properties [‡] |
| <input type="checkbox"/> Pension or annuity | <input type="checkbox"/> Do not have income [‡] |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Social Security (retirement, disability, supplemental) |
| <input type="checkbox"/> Public benefits | |
| <input type="checkbox"/> Other (List types): _____ | |

[†] See Documents Checklist for supporting documentation requirements.

[‡] Certification of Recurring Cash Contributions Form, Certification of Income from Business Form, or Certification of Zero Income Form is required.
(See the appendices for the applicable form.)

C. Income Verification

Household Members

Household Member Name _____

Relation to Head _____

Select all applicable sources of income for this household member[†]

- | | |
|--|--|
| <input type="checkbox"/> Employment wages, salaries, or tips | <input type="checkbox"/> Unemployment compensation |
| <input type="checkbox"/> IRA distributions | <input type="checkbox"/> Recurring cash contributions [‡] |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Income from business including rental properties [‡] |
| <input type="checkbox"/> Pension or annuity | <input type="checkbox"/> Do not have income [‡] |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Social Security (retirement, disability, supplemental) |
| <input type="checkbox"/> Public benefits | |
| <input type="checkbox"/> Other (List types): _____ | |

Household Member Name _____

Relation to Head _____

Select all applicable sources of income for this household member[†]

- | | |
|--|--|
| <input type="checkbox"/> Employment wages, salaries, or tips | <input type="checkbox"/> Unemployment compensation |
| <input type="checkbox"/> IRA distributions | <input type="checkbox"/> Recurring cash contributions [‡] |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Income from business including rental properties [‡] |
| <input type="checkbox"/> Pension or annuity | <input type="checkbox"/> Do not have income [‡] |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Social Security (retirement, disability, supplemental) |
| <input type="checkbox"/> Public benefits | |
| <input type="checkbox"/> Other (List types): _____ | |

[†] See Documents Checklist for supporting documentation requirements.

[‡] Certification of Recurring Cash Contributions Form, Certification of Income from Business Form, or Certification of Zero Income Form is required.
(See the appendices for the applicable form.)

D. Damaged Home Information

 IHA

 DPA

 HCS

* Indicates required fields

Applicant Name* _____ Co-Applicant Name _____

Please complete the following information regarding the damaged home and provide the applicable supporting documentation. For more information on the required documentation, see **Documents Checklist** in the appendices.

Occupancy/Primary Residence

D.1 Were you a renter or owner of your disaster-affected property?* ☐ Renter ☐ Owner

D.2 Have you ever owned a home or property, including any rental properties?

☐ No ☐ Yes – Currently ☐ Yes, in the past

D.3 Are you pursuing a permanent housing solution (such as finding affordable rental housing or owning an affordable home?)*

☐ Yes, finding affordable rental housing ☐ Yes, owning an affordable home ☐ No

D.4 Was the damaged or destroyed home your primary residence at the time of the event?*

☐ Yes ☐ No

 **You must provide documents that include the damaged or destroyed home address, are dated on or before Sept. 7, 2020, and list you as the resident. You must provide ONE of the following:**

- Federal Emergency Management Agency (FEMA) determination letters (that specify primary residence)
- Small Business Administration (SBA) determination letters (that specify primary residence)
- 2020 tax return (IRS Form 1040) or request for extension
- Government-issued ID (must list address; see acceptable forms found in Documents Checklist)

Got Questions?

Email: housingsupport@reoregon.org

Call: 877-510-6800 or 541-250-0938

D. Damaged Home Information



If you cannot provide one of the documents listed above, you must submit TWO of the following documents as proof of occupancy of the property as your primary residence at the time of the event.

- Utility bill or letter from utility confirming services to you or the co-applicant in August/September 2020
- Credit card or bank statement for August/September 2020
- Voter or school registration (from time of the disaster with names of the applicant(s) or minor child)
- Federal benefits documentation (such as Women, Infants and Children; Medicare; Unemployment; Temporary Assistance for Needy Families)

Special Occupancy Circumstances

D.5 At the time of the wildfire event, were there any special circumstances that may affect your proof of primary residence (such as being active-duty military, incapacitated due to illness, incarcerated at the time of the event, in a nursing home at the time of the event, or some other status)?*

☐ Yes (If yes, answer D.5a–D.5e.) ☐ No (If no, continue to D.6.)

D.5a Were you or any applicants on active duty in the military at the time of the event?

☐ Yes ☐ No



If yes, you must provide evidence of assignment away from your primary residence at the time of the event.

D.5b Were you or any applicants incapacitated due to illness at the time of the event?

☐ Yes ☐ No



If yes, you must provide evidence of illness or medical stays at the time of the event.

D.5c Were you or any applicants incarcerated at the time of the event?

☐ Yes ☐ No



If yes, you must provide evidence of incarceration at the time of the event.

D.5d Were you or any applicants in a nursing home at the time of the event?

☐ Yes ☐ No



If yes, you must provide evidence of nursing home or assisted living stay at the time of the event.

D.5e Were there other special circumstances regarding occupancy that you experienced at the time of the event?

☐ Yes (if yes, please explain) _____

☐ No



If yes, you must provide evidence of these occupancy circumstances at the time of the event.

D. Damaged Home Information

Damaged/Destroyed Home Information

If you answered "owner" to question D.1, complete the questions below:

D.6 Do you currently have a mortgage or loan on the home?*

- ☐ Yes (If yes, answer D.6a.) ☐ No (If no, continue to D.7.)

D.6a What is the status of the mortgage?

If the applicant is not already current or on a repayment plan, they can move forward with application processing if they agree to request housing counseling services.

- ☐ My mortgage payments are current — I have not received a Notice of Default or Pre-Foreclosure Breach Letter.
- ☐ I am on a formal repayment plan with the mortgage lender to prevent foreclosure.
- ☐ I have received a letter of mortgage delinquency or foreclosure.

D.7 If you had a mortgage or loan at the time of the disaster, did the bank/lender require you to pay off the balance of the loan after the home was damaged/destroyed?* ☐ Yes ☐ No

D.8 Are there any other lien(s) on the home?*

- ☐ No
- ☐ Yes (explain): _____

D.9 Are you in good standing on your property taxes, or do you have an installment agreement with your tax assessor's office?*

- ☐ Not applicable, as I am exempt from property taxes.
- ☐ I am current on my property taxes.
- ☐ I am on a formal installment agreement for property taxes.
- ☐ I am delinquent on my property taxes with no installment agreement with the tax assessor's office.
- ☐ I am in foreclosure or have filed a Delay of Foreclosure due to delinquent property taxes.
- ☐ I am on a formal installment agreement for property taxes.
- ☐ I am participating in the Oregon property tax deferral program.
- ☐ There is a tax warrant or tax lien issued against my property.
- ☐ Not applicable, as my property was sold or destroyed.

E. Housing Stability

To qualify for the Intermediate Housing Assistance (IHA) program, you must meet one of the following criteria:

- Your monthly housing costs (including rent, mortgage, property taxes, insurance, homeowners association fees, personal property/chattel loans, land lease, and/or pad rent in a manufactured housing park) are more than 30% of your household's adjusted gross monthly income.
- You live in housing that is not decent, safe, and sanitary. This includes overcrowded housing based on the Program Occupancy Standard. You also need to show that the average rent in your county would cost more than 30% of your income.

Housing Stability

Answer the questions below to help the program assess your housing stability:

E.1 Enter your monthly housing costs in the tables below. If a category doesn't apply to you, enter \$0.

E.1a Enter your current monthly rent or accommodation: \$_____

E.1b If you previously owned a property and you are still required to make payments on the mortgage, taxes, insurance, or other expenses, enter the monthly costs below:

☐ Not applicable, the below are not housing costs for my household

Housing Cost	Monthly Cost
Mortgage Payments	\$
Property Taxes	\$
Homeowners Insurance	\$
Homeowners Association Fees	\$
Personal Property/Chattel Loans for Manufactured, Modular, Park Model, or Tiny Homes	\$
Manufactured Housing Park Pad/Space Rent	\$
Land Lease	\$
E.1c Total Monthly Housing Costs (E.1a + E.1b)	\$

Got Questions?

Email: housingsupport@reoregon.org

Call: 877-510-6800 or 541-250-0938

E. Housing Stability

E.2 Is your current housing situation (such as hotel, staying with family/friends, or other temporary/unsafe housing) *not* decent, safe, or sanitary?

☐ No ☐ Yes

If you answered "Yes," describe your current housing conditions:

*If you answered **Yes** to question E.2, your assigned community action agency will need to conduct an inspection of your current housing situation prior to determining your eligibility for IHA.*

F. Disaster Recovery Status

 IHA

 DPA

 HCS

* Indicates required fields

Applicant Name* _____ Co-Applicant Name _____

F.1 Are you currently receiving rental assistance from any program?* ☐ Yes (answer F.1a-c) ☐ No
Examples include Section 8, Housing Choice Voucher, Uniform Relocation Assistance, Rapid Re-housing, Emergency Solutions Grant, and/or other state or federal rental assistance.

F.1a Provide the program name _____

F.1b How much assistance do you receive? \$ _____

F.1c How often do you receive the assistance?

☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

F.2 Do you anticipate receiving rental assistance from any program in the next year?*

☐ Yes (answer F.2a-d) ☐ No

Examples include Section 8, Housing Choice Voucher, Uniform Relocation Assistance, Rapid Re-housing, Emergency Solutions Grant, and/or other state or federal rental assistance.

F.2a Provide the program name _____

F.2b How much assistance do you anticipate receiving? \$ _____

F.2c How often will you receive the assistance?

☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

F.2d How long do you anticipate this assistance will last? _____

Got Questions?

Email: housingsupport@reoregon.org

Call: 877-510-6800 or 541-250-0938



F. Disaster Recovery Status

F.3 Are you currently receiving utility assistance from any program?* ☐ Yes (answer F.3a-c) ☐ No
Examples include LIHEAP, OEAP, and/or other state or federal utility assistance.

F.3a Provide the program name _____

F.3b How much assistance do you receive? \$ _____

F.3c How often do you receive the assistance?

☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

F.4 Do you expect to receive utility assistance from any program in the next year?*

☐ Yes (answer F.4a-d) ☐ No ☐ Unknown

F.4a Provide the program name _____

F.4b How much assistance do you anticipate receiving? \$ _____

F.4c How often will you receive the assistance?

☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

F.4d How long do you anticipate this assistance will last? _____

F.5 Are you currently receiving any housing counseling services to help you find affordable housing or understand or manage your finances?* ☐ Yes (answer F.5a-b) ☐ No

F.5a Provide the agency name _____

F.5b Type of service(s) receiving _____

F.6 Have you applied for affordable homebuyer assistance from any other program?*

☐ Yes (answer F.6a) ☐ No

Examples include Proud Ground, McKenzie Community Land Trust, Habitat for Humanity, Oregon Housing and Community Home Ownership program, Rogue Valley Association of Realtors/Oregon Association of Realtors HOME first-time homebuyer assistance program, U.S. Department of Agriculture Rural Development, Oregon Veterans' Association (VA).

F.6a Provide the program or agency name _____

Insurance and Disaster Assistance Benefits

F.7 Was there an insurance policy in effect for the damaged or destroyed home at the time of the event?* ☐ Yes (answer F.7a) ☐ No

F.7a Did the insurance include Loss of Use or Additional Living Expenses coverage?

☐ Yes ☐ No ☐ Unknown

F. Disaster Recovery Status

F.8 Please select your status for the types of disaster assistance listed below:

Benefit Type	Has anyone in your household applied for and/or received any assistance for your damaged property?	If you received assistance, did you use the assistance for its intended purpose?
a. FEMA Rental Assistance	<input type="checkbox"/> Did not apply <input type="checkbox"/> Applied, but not assisted <input type="checkbox"/> Applied and received <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. FEMA Temporary Housing Unit (THU), also known as a FEMA Trailer. <i>Due to financial hardship, FEMA may reduce the purchase price of a THU for a survivor.</i>	<input type="checkbox"/> Did not apply <input type="checkbox"/> Applied, but not assisted <input type="checkbox"/> Applied and received <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. OHCS Wildfire Recovery and Resilience Account Funds	<input type="checkbox"/> Did not apply <input type="checkbox"/> Applied, but not assisted <input type="checkbox"/> Applied and received <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. OHCS Wildfire Damage Housing Relief	<input type="checkbox"/> Did not apply <input type="checkbox"/> Applied, but not assisted <input type="checkbox"/> Applied and received <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Interim Mortgage Assistance	<input type="checkbox"/> Did not apply <input type="checkbox"/> Applied, but not assisted <input type="checkbox"/> Applied and received <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No



You must provide copies of your insurance policy and award or determination letter that includes the amount of the assistance, an outline of benefits, and the allowable uses for these funds.

F.9 Did you receive any disaster assistance from other sources, such as nonprofit organizations, government agencies (such as county programs), insurance (flood, fire, or hazard), or local foundations for disaster-related temporary housing, rental assistance, or buying a home or a manufactured housing unit?

- ☐ Yes (provide the information requested on the next page, then continue to F.10)
- ☐ No (continue to F.10)

F. Disaster Recovery Status

Please list any disaster assistance you have received from other sources. This can include help from groups such as long-term recovery/unmet needs committees, Energy Trust of Oregon, United Way, Catholic Charities, St. Vincent de Paul, Habitat for Humanity, and Homes for Good.

Funding Source	Funding Amount	Funding Use (select one)	
	\$	<input type="checkbox"/> Repair/Rehab <input type="checkbox"/> Fire Hardening <input type="checkbox"/> Replacement <input type="checkbox"/> Reconstruction <input type="checkbox"/> Flexible Funds	<input type="checkbox"/> Personal Property <input type="checkbox"/> Temporary Housing (Non-RV) <input type="checkbox"/> Temporary Housing (RV) <input type="checkbox"/> Rental Assistance
	\$	<input type="checkbox"/> Repair/Rehab <input type="checkbox"/> Fire Hardening <input type="checkbox"/> Replacement <input type="checkbox"/> Reconstruction <input type="checkbox"/> Flexible Funds	<input type="checkbox"/> Personal Property <input type="checkbox"/> Temporary Housing (Non-RV) <input type="checkbox"/> Temporary Housing (RV) <input type="checkbox"/> Rental Assistance
	\$	<input type="checkbox"/> Repair/Rehab <input type="checkbox"/> Fire Hardening <input type="checkbox"/> Replacement <input type="checkbox"/> Reconstruction <input type="checkbox"/> Flexible Funds	<input type="checkbox"/> Personal Property <input type="checkbox"/> Temporary Housing (Non-RV) <input type="checkbox"/> Temporary Housing (RV) <input type="checkbox"/> Rental Assistance



For ongoing cases, you must provide your local housing agency or case manager with a copy of the most current status letter or court docket.

If a settlement has been reached, submit the final legal settlement documentation that outlines the amount, purpose or term agreements, and potential payout dates.

Proof of Damages

F.10 If you did not receive disaster assistance from any of the above sources, please provide proof of damages due to the 2020 Labor Day wildfires or straight-line winds.



Refer to the Documents Checklist in the appendices for more information.

G. Assistance Selection

* Indicates required fields

Applicant Name* _____ Co-Applicant Name _____

What type of assistance are you looking to receive from Housing Support Services?* (select all that apply)

Check here if interested	Assistance Type	Assistance Description
<input type="checkbox"/>	Housing Navigation	<ul style="list-style-type: none"> • Help with locating affordable rental units • Guidance on the rental application process • Assistance with understanding lease agreements
<input type="checkbox"/>	Rental and Utility Assistance	<ul style="list-style-type: none"> • Short-term or medium-term rental subsidies • Security deposit assistance • Utility payment assistance
<input type="checkbox"/>	Financial Counseling	<ul style="list-style-type: none"> • Budgeting and financial planning workshops • Credit repair services • Assistance with debt management
<input type="checkbox"/>	Down Payment Assistance	<ul style="list-style-type: none"> • Direct financial assistance • Closing cost assistance • Homebuyer education and counseling • Budgeting and financial planning
<input type="checkbox"/>	Learning about other OHCS programs I may be eligible for	

Got Questions?

Email: housingsupport@reoregon.org
Call: 877-510-6800 or 541-250-0938

H. Application Submission and Signatures

 IHA DPA HCS

Purpose

By signing and submitting these pages, you are confirming your application and agreeing to the terms and conditions of the ReOregon Intermediate Housing Assistance (IHA), Down Payment Assistance (DPA), and/or Housing Counseling Services (HCS) programs.

Instructions

Print the pages in this section, check the boxes to acknowledge each section, and provide your original signature for each subsection.

Applicant Name* _____ Co-Applicant Name _____

Proof of Damages

- ☐ I hereby consent to the disclosure of my information collected by federal or state agencies, private companies, and/or other organizations to ReOregon, the entity that administers IHA, DPA, and HCS Services.*
- ☐ I understand and agree that:*
- The information and data I have submitted and provided, in writing or verbally to a representative, will be used to evaluate my need and eligibility to receive assistance under different disaster recovery activities and/or housing assistance programs related to the 2020 Labor Day Disasters.
 - The information and data submitted may be subject to verification.
 - Data and documents I have provided to state and federal agencies, their contractors, nonprofit organizations, and other partner agencies, groups, or organizations to receive benefits under any of the disaster response, recovery activities, and/or housing assistance programs may be shared and used to determine or verify my eligibility to receive assistance.

Got Questions?

Email: housingsupport@reoregon.org
Call: 877-510-6800 or 541-250-0938

H. Application Submission and Signatures

☐ **I provide consent to ReOregon to refer my application to other ReOregon program providers and agree that:***

- If I seek housing counseling services, down payment assistance, or affordable housing units, I understand that my information provided in this application or throughout the programs may be shared across the different programs.
- I have the right to accept or decline services or products from any referral.
- It will not be the provider's responsibility to resolve my financial, housing, or legal challenge(s) but to provide guidance and education to empower me in resolving my challenge(s).
- To provide goods and services including case management, the coordination of recovery efforts among agencies and nonprofits, and the prevention of duplication of services, I consent that the above information may be disclosed to the above organizations and others that may be identified by ReOregon. Information collected through this ReOregon application process may also be disclosed with third parties for the purposes of coordination of benefits and providing additional assistance to applicants. All the information contained in this Consent to Release is true and complete to the best of my knowledge and belief.

Applicant Signature* _____ Date* _____

Co-Applicant Signature (if applicable) _____ Date _____

Conflict of Interest

A conflict of interest may exist for any employee, agent, consultant, officer, or elected official or appointed official of the recipient, or for any designated public agencies, subrecipients who exercise or have exercised any functions or responsibilities with respect to Community Development Block Grant Disaster Recovery (CDBG-DR) activities assisted under ReOregon, or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a ReOregon-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a ReOregon-assisted activity, or with respect to the proceeds of the CDBG-DR-assisted activity, for either themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter (24 CFR 570.611).

Please select the option that best applies to your situation:*

- ☐ I do not have conflicts
- ☐ I do have, or am not sure if I have, conflicts

Applicant Signature* _____ Date* _____

Co-Applicant Signature (if applicable) _____ Date _____

H. Application Submission and Signatures

Acknowledgment of Receipt of Program Forms or Notices

Check the boxes and sign below to acknowledge receipt of the following information as part of your application.

- ☐ U.S. Environmental Protection Agency booklet: "Protect Your Family from Lead in Your Home"

Applicant Signature* _____ Date* _____

Co-Applicant Signature (*if applicable*) _____ Date _____

Applicant Authorization

- ☐ I authorize ReOregon, OHCS, and its agents and representatives to obtain information about me and my household for determining my eligibility for participation in the CDBG-DR program.
- ☐ I acknowledge that:*
- A photocopy of this form is as valid as the original; AND
 - I have the right to review information received using this form; AND
 - I have the right to a copy of information provided to the entity and to request correction of any information I believe to be inaccurate; AND
 - I am responsible for making my best efforts to ensure that all adult household members will cooperate with the eligibility verification process; AND
 - I understand that my documents may become electronically permanent.

H. Application Submission and Signatures

Applicant Certification

- ☐ I understand the information provided above is collected to determine if I am eligible to receive assistance under the ReOregon Community Development Block Grant Disaster Recovery (CDBG-DR) program.*
- ☐ I hereby certify that all the information provided herein is true and correct.
- ☐ I understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.

Applicant Signature* _____ Date* _____

Co-Applicant Signature (if applicable) _____ Date _____

WARNING: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I certify that the information presented above is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001, of the U.S. Code states that a person is guilty of a FELONY if they knowingly and willfully makes a false statement to any department of the United States government.

Remember to:



1. Submit the supporting documentation outlined in the Documents Checklist.
2. Complete the required forms in the appendices that must accompany your application.

Appendices

 IHA DPA HCS

Within this section, you will find multiple forms that need to be completed and submitted to your case manager, along with your application. If you have questions about what forms are required for your application, please contact your case manager.

Forms required based on applicant situation:

Some (or all) of these forms may be required based on your situation and answers you provided to questions in the application.

Appendix A: Documents Checklist

Appendix B: Additional Household Members

Appendix C: Additional Household Member Income Verification

Appendix D: Certification of Income from Business

Appendix E: Certification of Recurring Cash Contributions

Appendix F: Certification of Zero Income

Appendix G: EPA Booklet: “Protect Your Family from Lead in Your Home”

Appendix H: EPA Disclosure of Lead-Based Paint Information

Appendix I: Visual Assessment Form

Got Questions?

Email: housingsupport@reoregon.org

Call: 877-510-6800 or 541-250-0938

Appendix A: Documents Checklist

 IHA DPA HCS

** Indicates required fields*

If you are from a low- or moderate-income household and you lost your primary residence in the 2020 Labor Day Disasters, the ReOregon Housing Support Services program can help.

To apply for Housing Support Services, you will need to provide documents to support your application. Use this checklist to keep track of everything you need.

You can find detailed information about the list on re.oregon.gov. If you have questions, please call **877-510-6800** or email housingsupport@reoregon.org. We are happy to assist you.

Below are acceptable forms of proof. If these are not available, the program will consider other evidence that you provide.

Proof of Identity*

You and any co-applicant must prove your identity to make sure you receive the correct benefits.

☐ Provide one of the following forms of identification that contains a photograph:

- Driver's license (not expired more than 13 years)
- State-issued ID (not expired more than 13 years)
- Passport or passport card (not expired more than five years)
- Current military or armed forces ID
- Current Oregon federally recognized Tribal ID
- Oregon concealed weapon/handgun license (not expired more than five years)
- Oregon Department of Corrections release ID (issued after 2005)
- Consular ID (not expired more than five years)
- Valid foreign passport
- Certificate of Citizenship (Form N-560 or N-561)
- Certificate of Naturalization (Form N-550 or N-570)
- Permanent resident card or alien registration receipt card (Form I-151 or I-551)
- Valid employment authorization card (Form I-688)

Got Questions?

Email: housingsupport@reoregon.org

Call: 877-510-6800 or 541-250-0938

Appendix A: Documents Checklist

- Valid reentry permit (Form I-327)
- Valid employment authorization document issued by Immigration and Naturalization Service (Form I-688B)

☐ **If the above options are unavailable, provide two of the following:**

- Social Security Card
- Birth certificate
- Voter registration card
- Medicare or Medicaid card
- Health insurance card
- U.S. marriage license or certificate or record of marriage
- W-2 or 1099 tax form
- Oregon student ID (issued within the last five years)
- School registration

Verification of Income*

You will need to provide documents that show your household's current income. All household members ages 18 years and older are required to state their income (including members with zero income).

Household members who file tax returns must submit one of the following:

- Income Verification Section completed for each household member (including minors)
- Most recent (signed and submitted) federal tax return (IRS Form 1040, 8870 or 4506-T tax) for each member of the household ages 18 years and older

☐ **Household members who do not file tax returns must submit documentation of all income sources, including wages, pension payments, investment income, child support, etc.**

- **W-2 or 1099 Forms:** W-2 and/or 1099 forms for the year 2023.
- **Pay Statements:** three consecutive months of paystubs (e.g., three paystubs if paid monthly, six paystubs if paid biweekly, or 12 paystubs if paid weekly).
- **Signed Employer Statement:** a signed statement by the employer that includes date of employment, current position, wages and frequency of pay, employer name, and contact information.
- **IRA Distributions:** 1099-R or yearly statement for the year 2023.
- **Investment Income:** 1099-B, 1099-DIV, 1099-INT, and/or 1099-MISC form for the year 2023 OR the most recent monthly or quarterly account statement.
- **Pension or Annuity:** pension and/or annuity annual statement for the year 2023, OR the most recent monthly or quarterly account statement, OR the last three consecutive months check stubs with date.
- **Retirement:** retirement annual statement for the year 2023, OR the most recent monthly or quarterly account statement, OR the last three consecutive months of check stubs with date.
- **Social Security:** Social Security retirement, disability, or supplemental income statement for the year 2023, the most recent award or benefit letter, OR computer printout from court or public agency stating the payments and dates.

Appendix A: Documents Checklist

- **Alimony:** copies of the last three months of checks, with recording date and check number, OR the payment ledger from the court, OR a copy of the divorce decree
- **Child Support:** copies of the last three months of checks, with recording date and check number, OR the payment ledger from the court, OR a copy of the divorce decree
- **Unemployment Compensation:** 1099-G statement for the year 2023, OR the most recent check stubs with payment and date, OR the most recent award or benefit letter, OR computer printout from court or public agency stating the payments and dates
- **Public Benefits:** the most recent check stubs with payment and date, OR the most recent award or benefit letter, OR computer printout from court or public agency stating the payments and dates. Examples: Temporary Assistance for Needy Families, federal disability, etc.
- **Income From Business Including Rental Properties:** Certification of Income From Business Form (found in the appendix). All household members who are 18 years and older and receive income from business should sign and date the form, certifying the income received during the specified time frame. For rental properties, upload copies of recent rent checks, lease, and receipts for expenses.
- **Recurring Cash Contributions:** Certification of Recurring Cash Contributions Form (see the appendix). All household members who are 18 years and older and receive recurring cash contributions should sign and date the form, certifying they receive cash income at the identified intervals.
- **Zero Income:** Certification of Zero Income Form (see the appendix). All household members who are 18 years and older and receive no income should sign and date the form, certifying they do not receive income from any of the listed sources.
- **Other Income:** corresponding third-party support and/or payment documentation.

Proof of Occupancy and Primary Residency*

You must provide supporting documentation that includes the damaged or destroyed home address, dated on or before Sept. 7, 2020, that lists you as the resident.

☐ **Provide one of the following:**

- Federal Emergency Management Agency (FEMA) determination letters (that specify primary residence)
- Small Business Administration (SBA) determination letters (that specify primary residence)
- 2020 tax return (Form 1040) or request for extension
- Government-issued ID
- Homeowners insurance policy (that specifies primary residence)

Appendix A: Documents Checklist

☐ **If one of the above cannot be provided, submit two of the following:**

- Utility bill or letter from utility confirming services to you or the co-applicant in August/September 2020
- Credit card or bank statement for August/September 2020 with damaged address listed
- Voter or school registration (from time of the disaster with names of the applicant(s) or minor child)
- Federal benefits documentation (such as WIC; Medicare; unemployment; Temporary Assistance for Needy Families)

Special Occupancy Documentation

Provide documentation for any of the following special occupancy circumstances:

- Evidence of assignment away from your primary residence at the time of the event
- Evidence of illness or medical stays at the time of the event
- Evidence of incarceration at the time of the event
- Evidence of nursing home or assisted living stay at the time of the event
- Evidence of these occupancy circumstances at the time of the event

☐ **Special circumstances (if above proof cannot be provided):**

- Active military duty or deployment: evidence of assignment away from primary residence at the time of the disaster
- Living elsewhere due to illness
- Incarceration
- Nursing home/assisted living

Property Damage Verification*

Property must have been damaged as a direct result of the 2020 Labor Day Disasters.

☐ **Submit one of the following, if available:**

- Proof of disaster assistance received
 - Documents from federal (including FEMA or SBA award letters with description of qualifying costs), state, insurance, or other sources, which may include verified home loss, insurance adjuster estimates, or property payout
- Proof of damages, including damage assessments, before and after photos, or any other documentation

Appendix A: Documents Checklist

Proof of Other Assistance Received (if applicable)

Submit all applicable documents

- Renters Insurance Policy Declaration
- FEMA Rental Assistance Award Letter(s)
- FEMA Temporary Housing Unit Award Letter
- Oregon Housing and Community Services Wildfire Recovery and Resilience Account Award Letter
- Oregon Housing and Community Services Wildfire Damage Housing Relief Award Letter
- Legal Settlement Award
- COVID-19 Emergency Rental Assistance Award Letter(s)

Proof of Monthly Housing Costs*

Submit all applicable documents

- **Rent:** current lease or other written rental agreement OR three months of rental payment receipts, OR sworn affidavit of rental payments made (signed by property owner and tenant)
- **Mortgage Payments:** current mortgage statement
- **Property Taxes:** current mortgage statement (if it includes property taxes) OR property tax statement or invoice
- **Homeowners Insurance:** current mortgage statement (if it includes homeowners insurance) OR current homeowners insurance statement or invoice
- **Homeowners Association (HOA) Fees:** HOA agreement or written invoice or statement of fees OR current mortgage statement (if it includes HOA fees)
- **Personal Property/Chattel Loans for Manufactured, Modular, Park Model, or Tiny Homes:** monthly loan statement
- **Manufactured Housing Park Pad/Space Rent:** current pad lease or written rental agreement OR three months of pad rent payment receipts
- **Land Lease:** current land lease agreement OR monthly invoice or statement

Power of Attorney (if applicable)

- Power of attorney document and
- Identification of the power of attorney

Appendix B: Additional Household Members

 IHA

 DPA

 HCS

* Indicates required fields

Applicant Name* _____ Co-Applicant Name _____

Additional Household Member #5 (if applicable)

First Name _____

Middle Name _____

Last Name _____

Birthdate (month/day/year) ____ / ____ / ____

Relationship to Head of Household:

- | | |
|--|---|
| <input type="checkbox"/> Spouse/partner of head of household | <input type="checkbox"/> Temporarily absent member
(such as on active military duty) |
| <input type="checkbox"/> Other adult household member | <input type="checkbox"/> Member confined to nursing home or hospital |
| <input type="checkbox"/> Dependent (including children under age 18) | |

Gender: ☐ Decline to answer ☐ Female ☐ Male ☐ Non-binary
☐ Transgender ☐ Questioning ☐ Culturally specific identity ☐ Different identity
(e.g., Two-Spirit)

Race (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American or African | <input type="checkbox"/> Other |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Decline to answer |

Ethnicity: ☐ Not Hispanic or Latino/a/x/e ☐ Hispanic or Latino/a/x/e ☐ Decline to answer

Disability: Is this person living with a disability? ☐ No ☐ Yes ☐ Does not know ☐ Decline to answer

Got Questions?

Email: housingsupport@reoregon.org

Call: 877-510-6800 or 541-250-0938

Appendix B: Additional Household Members

Additional Household Member #6 (if applicable)

First Name _____

Middle Name _____

Last Name _____

Birthdate (month/day/year) ____ / ____ / ____

Relationship to Head of Household:

- | | |
|--|---|
| <input type="checkbox"/> Spouse/partner of head of household | <input type="checkbox"/> Temporarily absent member
(such as on active military duty) |
| <input type="checkbox"/> Other adult household member | <input type="checkbox"/> Member confined to nursing home or hospital |
| <input type="checkbox"/> Dependent (including children under age 18) | |

Gender: ☐ Decline to answer ☐ Female ☐ Male ☐ Non-binary
☐ Transgender ☐ Questioning ☐ Culturally specific identity ☐ Different identity
(e.g., Two-Spirit)

Race (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American or African | <input type="checkbox"/> Other |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Decline to answer |

Ethnicity: ☐ Not Hispanic or Latino/a/x/e ☐ Hispanic or Latino/a/x/e ☐ Decline to answer

Disability: Is this person living with a disability? ☐ No ☐ Yes ☐ Does not know ☐ Decline to answer

Appendix B: Additional Household Members

Additional Household Member #7 (if applicable)

First Name _____

Middle Name _____

Last Name _____

Birthdate (month/day/year) ____ / ____ / ____

Relationship to Head of Household:

- | | |
|--|---|
| <input type="checkbox"/> Spouse/partner of head of household | <input type="checkbox"/> Temporarily absent member
(such as on active military duty) |
| <input type="checkbox"/> Other adult household member | <input type="checkbox"/> Member confined to nursing home or hospital |
| <input type="checkbox"/> Dependent (including children under age 18) | |

Gender: ☐ Decline to answer ☐ Female ☐ Male ☐ Non-binary
☐ Transgender ☐ Questioning ☐ Culturally specific identity ☐ Different identity
(e.g., Two-Spirit)

Race (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American or African | <input type="checkbox"/> Other |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Decline to answer |

Ethnicity: ☐ Not Hispanic or Latino/a/x/e ☐ Hispanic or Latino/a/x/e ☐ Decline to answer

Disability: Is this person living with a disability? ☐ No ☐ Yes ☐ Does not know ☐ Decline to answer

Appendix B: Additional Household Members

Additional Household Member #8 (if applicable)

First Name _____

Middle Name _____

Last Name _____

Birthdate (month/day/year) ____ / ____ / ____

Relationship to Head of Household:

- | | |
|--|---|
| <input type="checkbox"/> Spouse/partner of head of household | <input type="checkbox"/> Temporarily absent member
(such as on active military duty) |
| <input type="checkbox"/> Other adult household member | <input type="checkbox"/> Member confined to nursing home or hospital |
| <input type="checkbox"/> Dependent (including children under age 18) | |

Gender: ☐ Decline to answer ☐ Female ☐ Male ☐ Non-binary
☐ Transgender ☐ Questioning ☐ Culturally specific identity ☐ Different identity
(e.g., Two-Spirit)

Race (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American or African | <input type="checkbox"/> Other |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Decline to answer |

Ethnicity: ☐ Not Hispanic or Latino/a/x/e ☐ Hispanic or Latino/a/x/e ☐ Decline to answer

Disability: Is this person living with a disability? ☐ No ☐ Yes ☐ Does not know ☐ Decline to answer

Appendix C: Additional Household Member Income Verification

 IHA DPA HCS

* Indicates required fields

Applicant Name* _____ **Co-Applicant Name** _____

Additional Household Member #5 (if applicable)

Household Member Name _____

Relation to Head _____

Select all applicable sources of income for this household member[†]

- | | |
|--|--|
| <input type="checkbox"/> Employment wages, salaries, or tips | <input type="checkbox"/> Unemployment compensation |
| <input type="checkbox"/> IRA distributions | <input type="checkbox"/> Recurring cash contributions [‡] |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Income from business including rental properties [‡] |
| <input type="checkbox"/> Pension or annuity | <input type="checkbox"/> Do not have income [‡] |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Social Security (retirement, disability, supplemental) |
| <input type="checkbox"/> Public benefits | |
| <input type="checkbox"/> Other (List types): _____ | |

[†] See Documents Checklist for supporting documentation requirements.

[‡] Certification of Recurring Cash Contributions Form, Certification of Income from Business Form, or Certification of Zero Income Form is required.
(See the appendices for the applicable form.)

Got Questions?

Email: housingsupport@reoregon.org

Call: 877-510-6800 or 541-250-0938



Appendix C: Additional Household Member Income Verification

Applicant Name* _____ Co-Applicant Name _____

Additional Household Member #6 (if applicable)

Household Member Name _____

Relation to Head _____

Select all applicable sources of income for this household member[†]

- | | |
|--|--|
| <input type="checkbox"/> Employment wages, salaries, or tips | <input type="checkbox"/> Unemployment compensation |
| <input type="checkbox"/> IRA distributions | <input type="checkbox"/> Recurring cash contributions [‡] |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Income from business including rental properties [‡] |
| <input type="checkbox"/> Pension or annuity | <input type="checkbox"/> Do not have income [‡] |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Social Security (retirement, disability, supplemental) |
| <input type="checkbox"/> Public benefits | |
| <input type="checkbox"/> Other (List types): _____ | |

[†] See Documents Checklist for supporting documentation requirements.

[‡] Certification of Recurring Cash Contributions Form, Certification of Income from Business Form, or Certification of Zero Income Form is required. (See the appendices for the applicable form.)

Appendix C: Additional Household Member Income Verification

Applicant Name* _____ Co-Applicant Name _____

Additional Household Member #7 (if applicable)

Household Member Name _____

Relation to Head _____

Select all applicable sources of income for this household member[†]

- | | |
|--|--|
| <input type="checkbox"/> Employment wages, salaries, or tips | <input type="checkbox"/> Unemployment compensation |
| <input type="checkbox"/> IRA distributions | <input type="checkbox"/> Recurring cash contributions [‡] |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Income from business including rental properties [‡] |
| <input type="checkbox"/> Pension or annuity | <input type="checkbox"/> Do not have income [‡] |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Social Security (retirement, disability, supplemental) |
| <input type="checkbox"/> Public benefits | |
| <input type="checkbox"/> Other (List types): _____ | |

[†] See Documents Checklist for supporting documentation requirements.

[‡] Certification of Recurring Cash Contributions Form, Certification of Income from Business Form, or Certification of Zero Income Form is required. (See the appendices for the applicable form.)

Appendix C: Additional Household Member Income Verification

Applicant Name* _____ Co-Applicant Name _____

Additional Household Member #8 (if applicable)

Household Member Name _____

Relation to Head _____

Select all applicable sources of income for this household member[†]

- | | |
|--|--|
| <input type="checkbox"/> Employment wages, salaries, or tips | <input type="checkbox"/> Unemployment compensation |
| <input type="checkbox"/> IRA distributions | <input type="checkbox"/> Recurring cash contributions [‡] |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Income from business including rental properties [‡] |
| <input type="checkbox"/> Pension or annuity | <input type="checkbox"/> Do not have income [‡] |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Social Security (retirement, disability, supplemental) |
| <input type="checkbox"/> Public benefits | |
| <input type="checkbox"/> Other (List types): _____ | |

[†] See Documents Checklist for supporting documentation requirements.

[‡] Certification of Recurring Cash Contributions Form, Certification of Income from Business Form, or Certification of Zero Income Form is required. (See the appendices for the applicable form.)

Appendix E: Certification of Recurring Cash Contributions

 IHA

 DPA

 HCS

Purpose

This form certifies that the named household member receives recurring income in cash and is unable to document income through other methods. Recurring income is reliable and consistent, which can include support from a charity or someone outside of the household.

The program uses household members' income information to calculate the total household income using the IRS Form 1040 method. This information helps determine whether the household meets the U.S. Department of Housing and Urban Development's (HUD) low- to moderate-income threshold.

Instructions

All household members ages 18 years and older who receive regular or recurring cash income should sign and date this form to certify that they receive cash income and expect to receive cash income at the identified intervals below.

Warning: Title 18, Section 1001, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government.

I, _____, living at _____,
Household Member
Property Address

anticipate receiving the following cash amounts during the next 12 months:

Month	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

Purpose of Cash Contributions:

I hereby authorize the release of the requested information to verify recurring cash contributions.

Household Member Print Name

Household Member Signature

Date

Got Questions?

Email: housingsupport@reoregon.org

Call: 877-510-6800 or 541-250-0938

Appendix F: Certification of Zero Income

 IHA

 DPA

 HCS

Purpose

This form certifies that the named household member receives no income.

The program uses household members' income information to calculate the total household income using the IRS Form 1040 method. This information helps determine whether the household meets the U.S. Department of Housing and Urban Development's (HUD) low- to moderate-income threshold.

Instructions

All household members ages 18 years and older who receive no income should sign and date this form to certify that they do not receive income from any of the sources listed.

Warning: Title 18, Section 1001, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government.

If you receive cash income of any kind on a regular basis, such as weekly, monthly, or quarterly, please fill out the Certification of Recurring Cash Contributions Form.

I, _____, living at _____,
Household Member
Property Address

do **not** currently receive income from any of the following sources:

- | | |
|---|--|
| <ul style="list-style-type: none"> a. Wages from employment (including commissions, tips, bonuses, fees, and other sources of funds). b. Business and/or farm income or loss (includes self-employment like Avon, Mary Kay, Shaklee, etc.). c. Rental income from real estate or personal property. d. Royalties, partnerships, S corporations, trusts, or estates. e. Interest or dividends. f. Capital gains or losses. g. Social Security payments, pensions and annuities, individual retirement account (IRA) distributions, or death benefits (excluding life insurance proceeds unless they were taxable). h. Unemployment or disability payments. | <ul style="list-style-type: none"> i. Alimony, gifts, or inheritance received that are taxable by IRS standard. j. Regular pay, special pay, and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling). k. Periodic allowances such as alimony, child support, or gifts received from persons not living in the household. l. Jury duty or winnings from gambling, lotteries, raffles, or prizes and awards. m. Taxable refunds, credits, or offsets of state and local income taxes. n. Any other source not named above. |
|---|--|

I currently have no income of any kind, and I do not expect an imminent change in my financial status or employment status during the next 12 months.

I will be using the following sources of funds to pay for rent and other necessities:

Household Member Print Name

Household Member Signature

Date

Appendix G:

EPA Lead Booklet

 IHA DPA HCS

The Environmental Protection Agency's booklet "Protect Your Family From Lead in Your Home" provides information that will help keep you and your family safe from lead exposure. Lead is a hazardous substance that can be found in some homes and is especially harmful to children and pets. This booklet will help you identify potential sources of lead in your home and teach you how to ensure the safety of your loved ones.



Got Questions?

Email: housingsupport@reoregon.org

Call: 877-510-6800 or 541-250-0938

Appendix G: EPA Lead Booklet

Are You Planning to Buy or Rent a Home Built Before 1978?

Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

Read this entire brochure to learn:

- How lead gets into the body
- How lead affects health
- What you can do to protect your family
- Where to go for more information

Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint or lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



Simple Steps to Protect Your Family from Lead Hazards

If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at [epa.gov/lead](https://www.epa.gov/lead).
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil off shoes before entering your house.

Appendix G: EPA Lead Booklet

Lead Gets into the Body in Many Ways

Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



Women of childbearing age should know that lead is dangerous to a developing fetus.

- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

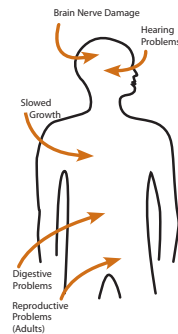
2

Health Effects of Lead

Lead affects the body in many ways. It is important to know that even exposure to low levels of lead can severely harm children.

In children, exposure to lead can cause:

- Nervous system and kidney damage
- Learning disabilities, attention-deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage



While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

In adults, exposure to lead can cause:

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

3

Appendix G: EPA Lead Booklet

Check Your Family for Lead

Get your children and home tested if you think your home has lead.

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

Your doctor can explain what the test results mean and if more testing will be needed.

4

Where Lead-Based Paint Is Found

In general, the older your home or childcare facility, the more likely it has lead-based paint.¹

Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint. In 1978, the federal government banned consumer uses of lead-containing paint.²

Learn how to determine if paint is lead-based paint on page 7.

Lead can be found:

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at [epa.gov/lead](https://www.epa.gov/lead).

¹ "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm²), or more than 0.5% by weight.

² "Lead-containing paint" is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

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Appendix G: EPA Lead Booklet

Identifying Lead-Based Paint and Lead-Based Paint Hazards

Deteriorated lead-based paint (peeling, chipping, chalking, cracking, or damaged paint) is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

Lead-based paint is usually not a hazard if it is in good condition and if it is not on an impact or friction surface like a window.

Lead dust can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 10 micrograms per square foot ($\mu\text{g}/\text{ft}^2$) and higher for floors, including carpeted floors
- 100 $\mu\text{g}/\text{ft}^2$ and higher for interior window sills

Lead in soil can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

6

Checking Your Home for Lead

You can get your home tested for lead in several different ways:

- A **lead-based paint inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:
 - Portable x-ray fluorescence (XRF) machine
 - Lab tests of paint samples
- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:
 - Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
 - Sample dust near painted surfaces and sample bare soil in the yard
 - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.

Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.



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Appendix G: EPA Lead Booklet

Checking Your Home for Lead, continued

In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit [epa.gov/lead](https://www.epa.gov/lead), or call **1-800-424-LEAD (5323)** for a list of contacts in your area.³

³ Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

8

What You Can Do Now to Protect Your Family

If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

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Appendix G: EPA Lead Booklet

Reducing Lead Hazards

Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.

- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead-safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.



Always use a certified contractor who is trained to address lead hazards safely.

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement contractor. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

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Reducing Lead Hazards, continued

If your home has had lead abatement work done or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 10 micrograms per square foot ($\mu\text{g}/\text{ft}^2$) for floors, including carpeted floors
- 100 $\mu\text{g}/\text{ft}^2$ for interior windows sills
- 400 $\mu\text{g}/\text{ft}^2$ for window troughs

Abatements are designed to permanently eliminate lead-based paint hazards. However, lead dust can be reintroduced into an abated area.

- Use a HEPA vacuum on all furniture and other items returned to the area, to reduce the potential for reintroducing lead dust.
- Regularly clean floors, window sills, troughs, and other hard surfaces with a damp cloth or sponge and a general all-purpose cleaner.

Please see page 9 for more information on steps you can take to protect your home after the abatement. For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 15 and 16), epa.gov/lead, or call 1-800-424-LEAD.

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Appendix G: EPA Lead Booklet

Renovating, Repairing or Painting a Home with Lead-Based Paint

If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
 - Open-flame burning or torching
 - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment
 - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects, visit epa.gov/getleadsafe, or read *The Lead-Safe Certified Guide to Renovate Right*.

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Other Sources of Lead

Lead in Drinking Water

The most common sources of lead in drinking water are lead pipes, faucets, and fixtures.

Lead pipes are more likely to be found in older cities and homes built before 1986.

You can't smell or taste lead in drinking water.

To find out for certain if you have lead in drinking water, have your water tested.

Remember older homes with a private well can also have plumbing materials that contain lead.

Important Steps You Can Take to Reduce Lead in Drinking Water

- Use only cold water for drinking, cooking and making baby formula. Remember, boiling water does not remove lead from water.
- Before drinking, flush your home's pipes by running the tap, taking a shower, doing laundry, or doing a load of dishes.
- Regularly clean your faucet's screen (also known as an aerator).
- If you use a filter certified to remove lead, don't forget to read the directions to learn when to change the cartridge. Using a filter after it has expired can make it less effective at removing lead.

Contact your water company to determine if the pipe that connects your home to the water main (called a service line) is made from lead. Your area's water company can also provide information about the lead levels in your system's drinking water.

For more information about lead in drinking water, please contact EPA's Safe Drinking Water Hotline at 1-800-426-4791. If you have other questions about lead poisoning prevention, call 1-800 424-LEAD.*

Call your local health department or water company to find out about testing your water, or visit epa.gov/safewater for EPA's lead in drinking water information. Some states or utilities offer programs to pay for water testing for residents. Contact your state or local water company to learn more.

13 * Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

Appendix G: EPA Lead Booklet

Other Sources of Lead, continued

- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.⁴
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as "**greta**" and "**azarcon**," used to treat an upset stomach.

⁴ In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint. In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products.

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For More Information

The National Lead Information Center

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at epa.gov/lead and hud.gov/lead, or call **1-800-424-LEAD (5323)**.

EPA's Safe Drinking Water Hotline

For information about lead in drinking water, call **1-800-426-4791**, or visit epa.gov/safewater for information about lead in drinking water.

Consumer Product Safety Commission (CPSC) Hotline

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772**, or visit CPSC's website at cpsc.gov or saferproducts.gov.

State and Local Health and Environmental Agencies

Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at epa.gov/lead, or contact the National Lead Information Center at **1-800-424-LEAD**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

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Appendix G: EPA Lead Booklet

U. S. Environmental Protection Agency (EPA) Regional Offices

The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

Region 1 (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact
U.S. EPA Region 1
5 Post Office Square, Suite 100, OES 05-4
Boston, MA 02109-3912
(888) 372-7341

Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact
U.S. EPA Region 2
2890 Woodbridge Avenue
Building 205, Mail Stop 225
Edison, NJ 08837-3679
(732) 906-6809

Region 3 (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)

Regional Lead Contact
U.S. EPA Region 3
1650 Arch Street
Philadelphia, PA 19103
(215) 814-2088

Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact
U.S. EPA Region 4
AFC Tower, 12th Floor, Air, Pesticides & Toxics
61 Forsyth Street, SW
Atlanta, GA 30303
(404) 562-8998

Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact
U.S. EPA Region 5 (LL-17J)
77 West Jackson Boulevard
Chicago, IL 60604-3666
(312) 353-3808

Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact
U.S. EPA Region 6
1445 Ross Avenue, 12th Floor
Dallas, TX 75202-2733
(214) 665-2704

Region 7 (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact
U.S. EPA Region 7
11201 Renner Blvd.
Lenexa, KS 66219
(800) 223-0425

Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact
U.S. EPA Region 8
1595 Wynkoop St.
Denver, CO 80202
(303) 312-6966

Region 9 (Arizona, California, Hawaii, Nevada)

Regional Lead Contact
U.S. EPA Region 9 (CMD-4-2)
75 Hawthorne Street
San Francisco, CA 94105
(415) 947-4280

Region 10 (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact
U.S. EPA Region 10 (20-C04)
Air and Toxics Enforcement Section
1200 Sixth Avenue, Suite 155
Seattle, WA 98101
(206) 553-1200

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Consumer Product Safety Commission (CPSC)

The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

CPSC

4330 East West Highway
Bethesda, MD 20814-4421
1-800-638-2772
cpsc.gov or saferproducts.gov

U. S. Department of Housing and Urban Development (HUD)

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Contact to Office of Lead Hazard Control and Healthy Homes for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

HUD

451 Seventh Street, SW, Room 8236
Washington, DC 20410-3000
(202) 402-7698
hud.gov/lead

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U. S. EPA Washington DC 20460
U. S. CPSC Bethesda MD 20814
U. S. HUD Washington DC 20410

EPA-747-K-12-001
March 2021

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IMPORTANT!

Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).

Appendix H: EPA Disclosure of Lead-Based Paint Information



IHA



DPA



HCS

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Seller's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (check (i) or (ii) below):

(i) _____ Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's Acknowledgment (initial)

(c) _____ Purchaser has received copies of all information listed above.

(d) _____ Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home*.

(e) Purchaser has (check (i) or (ii) below):

(i) _____ received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

(ii) _____ waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgment (initial)

(f) _____ Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Seller	Date	Seller	Date
Purchaser	Date	Purchaser	Date
Agent	Date	Agent	Date

