|  |  |
| --- | --- |
| ***Please complete this section for homeowner.*** | Date Received:  |
|  |
| *Last Name First Name* | *Date of Birth:* | *Social Security #:* |
| *Street/Physical Address* |  *City, State* | *Zip Code* |
| *Mailing Address if different* |  *City, State* | *Zip Code* |
| *Telephone Number* | *County* [ ]  Jefferson [ ]  Wasco  | *Marital Status:* |
| [ ] AI/AN | [ ]  Female | [ ]  Hispanic Ethnicity | [ ]  Disabled |
| [ ]  Veteran | [ ]  Male | [ ]  Other Orientation | [ ]  Domestic Violence Victim/Survivor |
| *Head of Household?*[ ]  Yes [ ]  No | *Transitional Housing:*[ ]  Yes [ ]  No |  |
|  |
| *Mortgage/Manufactured home Assistance Needed: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* [ ]  Mortgage [ ]  Manufactured home payments [ ]  Arrearages [ ]  Lot Rent or RV Space lot [ ]  OtherMortgage holder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Transitional Housing Needed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*[ ]  Apartment [ ]  Motel/Hotel [ ]  Emergency Shelter [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| *Name on Electricity bill:* | *Electric Company & Account Number* |
| *Name of other utility company: water, sewer, garbage, gas* | *Account Number:* |
| *Name of other utility company: phone, internet*  | *Account Number:* |
| *Late fees, court fees, utility reconnection fees:* [ ]  Yes [ ]  NoIf yes, please explain: |
| *Does anyone in your household receive financial assistance for disability?* [ ]  Yes [ ]  NoIf yes, who? |
| *Type of Dwelling (Check only one)* |
|  | Single Family House |  | Multi-Unit (2-4) |  | Multi-Unit (over 4) |  | Other (Please List) |
|  | Manufactured /Mobile Home |  | Hotel/Motel |  | Travel Trailer |  |

|  |
| --- |
| ***Briefly describe repairs needed:*** |
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|  |
| *Other concerns or issues:* |
|  |

Disclosure: This information will be shared with the State funders, excluding your names.

Client signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff filling out form signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H&HS GM signature Date