



Harney County Senior and Community Services Center Housing Stabilization
17 S. Alder PO Box 728
Burns, OR 97720
541-573-6024



HOUSING COUNSELING INTAKE FORM

HOMELESS PRE-PURCHASE POST-PURCHASE RENTAL

Any individual with a disability or other medical need who needs accommodation with respect to this form should inform Any Harney County Senior and Community Services Center Staff Person.

This information will be kept confidential and is only used for reporting purposes.

What service/assistance are you seeking? _____

My housing goal is to... (check all that apply):

- Obtain rental housing
- Transition from homelessness
- Become a homeowner
- Prevent foreclosure
- Get credit and budget counseling
- Discuss a fair housing rights violation

PART ONE: Your Biographic and Demographic Information

Name: _____
Last Name First Name Middle Initial

Date: _____

Address: _____
Address & Apartment # City/State Zip

Home Phone: _____

Email Address: _____

Cell Phone: _____

Preferred Contact Method: Cell Phone Home Phone Email Other _____

Social Security #: _____ Date of Birth: _____ Gender: Male Female Transgender

Head of Household: Self Other (specify): _____

Race:

- American Indian / Alaskan Native
- American Indian / Alas Native & Black/Afr Am
- Asian & White
- Black /African American & White
- White
- American Indian / Alas Native & White
- Asian
- Black /African American
- Native Hawaiian/Other Pacific Islander
- Other _____

Gender: Male Female Transgender Ethnicity: Hispanic Non-Hispanic

Marital Status: Single Married Divorced Separated Widowed

Are you Disabled: Yes No Is this disability diagnosed by a physician? Yes No

Type of disability:

- Alcohol Abuse Developmental Disability Drug Abuse HIV/AIDS Mental Illness Physical/Medical Physical/Mobility
- Other disability not listed (specify) _____ Prefer not to answer

Language Proficiency: English Spanish Other (specify) _____

Highest Education Level: K-6 7-8 9-11 High School Grad/GED
 Junior College Vocational College Degree No School/Unknown

Are you a farmworker? Yes No Are you migrant? Yes No Are you a veteran? Yes No
Do you live in a rural area? Yes No Colonias Resident? Yes No

PART TWO: Your Housing Status and Housing Goals

Your household is best described as —

- Single Parent - Female Single Parent – Male Single - Female
 Two Adults / Children Single - Male Unaccompanied Youth
 Two Adults / No Children Extended Family(living with relatives) Grandparents and children

Household Size – Including yourself, how many total people live in your household? (Check **one** box)

- 1 2 3 4 5 6 7 8+

List all additional members of your household, using legal name for each member as it appears on his/her Social Security Card or INS documents. If you have additional household members, please list on back of this form.

Name & Gender <i>Last, First</i>	Relationship to Head of Household	Personal Information	Race* (Select as many as apply)	Ethnicity*	Disability	Disability Type* (if applicable)	Receiving Disability Treatment	Social Security Number
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Gender		DOB: _____ Age: _____ School Attending: _____ Last grade attended: __	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Refused	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No Diagnosed by a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No Provider: _____	- - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Gender		DOB: _____ Age: _____ School Attending: _____ Last grade attended: __	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Refused	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No Diagnosed by a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No Provider: _____	- - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Gender		DOB: _____ Age: _____ School Attending: _____ Last grade attended: __	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Refused	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No Diagnosed by a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No Provider: _____	- - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Gender		DOB: _____ Age: _____ School Attending: _____ Last grade attended: __	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Refused	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No Diagnosed by a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No Provider: _____	- - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.

* This information is voluntary and is used for statistical purposes only.

A. Where have you been living or staying up until today? Please check one:

- | | | |
|--|---|---|
| <input type="checkbox"/> Emergency Shelter (including hotel/motel voucher) | <input type="checkbox"/> Owned by me
<input type="checkbox"/> With Subsidy or <input type="checkbox"/> Without Subsidy | <input type="checkbox"/> Staying with Family |
| <input type="checkbox"/> Foster Care Home or Group Home | <input type="checkbox"/> Permanent Housing for Formerly Homeless Persons | <input type="checkbox"/> Staying with Friends |
| <input type="checkbox"/> Hospital (Non-Psychiatric) | <input type="checkbox"/> Psychiatric Hospital or Facility | <input type="checkbox"/> Substance Abuse Treatment Facility |
| <input type="checkbox"/> Hotel or Motel Paid Without Emergency Shelter Voucher | <input type="checkbox"/> Rental by me | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Jail, Prison, or Juvenile Facility | <input type="checkbox"/> Subsidized | <input type="checkbox"/> Car |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Not Subsidized | <input type="checkbox"/> Prefer not to answer |
| | | <input type="checkbox"/> Other: _____ |

B. How long have you been staying in the situation above?

- | | | |
|--|---|---|
| <input type="checkbox"/> One week or less | <input type="checkbox"/> One to three months | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> More than one week, but less than one month | <input type="checkbox"/> More than three months, but less than one year | |

C. Why can you not continue to live there?

- | | | |
|--|--|--|
| <input type="checkbox"/> Violates Rental Agreement | <input type="checkbox"/> Hotel: can't pay | <input type="checkbox"/> 72 hour notice |
| <input type="checkbox"/> Asked to leave | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Court summons or eviction |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Violates: _____ | |

When are you required to be out?

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> One week (within 7 days) | <input type="checkbox"/> Two weeks (within 14 days) | <input type="checkbox"/> ASAP |
|---|---|-------------------------------|

D. Where did you sleep last night?

- | | | |
|--|---|---|
| <input type="checkbox"/> On the street | <input type="checkbox"/> Hotel or Motel | <input type="checkbox"/> Staying with Family |
| <input type="checkbox"/> Emergency Shelter | Who paid for it?
_____ | <input type="checkbox"/> Staying with Friends |
| <input type="checkbox"/> Foster Care Home or Group Home | <input type="checkbox"/> Owned by me
<input type="checkbox"/> With Subsidy or <input type="checkbox"/> Without Subsidy | <input type="checkbox"/> Substance Abuse Treatment Facility |
| <input type="checkbox"/> Hospital (Non-Psychiatric) | <input type="checkbox"/> Permanent Housing for Formerly Homeless Persons | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Jail, Prison, or Juvenile Facility | <input type="checkbox"/> Psychiatric Hospital or Facility | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Rental by me
<input type="checkbox"/> Subsidized <input type="checkbox"/> Not Subsidized | | <input type="checkbox"/> Car/Camp Trailer |

Number of bedrooms in Rental _____ Rent amount \$ _____

Utilities costs circle all that are paid by you (water, gas, power, garbage) \$ _____ estimate of all utilities

What is/was the zip code of your last permanent address? _____ Don't know Prefer not to answer

Are you/your household currently homeless? _____ Yes No

If yes, enter approximate date current homelessness started: _____ (mm/dd/yyyy)

How many times have you been homeless in the past three years? _____ Total # of months _____

Are you a survivor of domestic violence?Yes No Prefer not to answer

If yes: How long ago was the last incident?

- Currently fleeing
- From six to twelve months ago
- Don't Know
- Within the past three months
- More than one year ago
- Prefer not to answer
- Three to six months ago

Have you, or a member of your household, served in the US Military?Yes No Prefer not to answer

If yes: List individual from page 1: _____

Has any individual listed been charged or convicted of a crime?.....Yes No

If yes: List individual and most recent conviction date: _____

Has any individual been charged or convicted of a sex offense or illegal drug charge?Yes No

If yes: List individual and most recent conviction date: _____

Does any individual listed on Page 1 have a medical marijuana card? Yes No

Notice of Use.

Harney County Senior and Community Services Center provides services through a variety of funding sources such as; Oregon Housing and Community Services, Rural Community Assistance Corporation, HUD, Department of Human Services, and private foundations. Harney County Senior and Community Services Center is required to collect and report on certain information to account for how these funds are used. In addition, this information may aid the effort to end homelessness by demonstrating how many individuals and families in the area need services.

For this reason, you have been asked to provide the information on this form. The information you have provided will be entered into a Homeless Management Information System (HMIS) and used to provide statistical information about services provided to homeless persons (or persons at risk of homelessness) in Harney County.

Your identifying information will be kept as confidential as possible: it will only be seen by persons employed by or volunteering with Harney County Senior and Community Services Center, and persons administering or auditing the HMIS.

Statement of accuracy

Under penalty of perjury, I/we certify, through my/our signature below, that all information provided herein by me/us is true and accurate. I/we understand that providing falsel representations constitutes an act of fraud. False, misleading or incomplete information may result in termination of any assistance provided to me/us, and may violate state and/or federal law resulting in criminal charges.

Statement of warrants

Head of household certifies through signature below that no member of the household has any outstanding warrants for their arrest through any court.



Completion of this document does not guarantee assistance. Consent to release information must be completed by all persons age 18+.

Signature of the Head of the Household

Date

Spouse/Other Adult

Date

PART THREE: Income and Cash Benefits

Has any member of the household received any **income or cash benefits** in the last 30 days? Yes No

If yes, please indicate the monthly amount from each of the following sources:

Income Type	Gross Monthly Amount	Who?	Approx. Date Income Began	Income Type	Gross Monthly Amount	Who?	Approx. Date Income Began
Child Support	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		Social Security Retirement	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
Earned Income Employer: _____ _____	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		SSDI	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
Pension	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		SSI	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
Self-Employment	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		TANF	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
List Asset (checking, savings, 401K, stocks/bonds, vehicle make and model, etc.):	Value \$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		Unemployment	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
	Value \$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		Veteran's Benefits	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
	Value \$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		Worker's Compensation	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
				Other (financial aid, insurance settlement, etc.)	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	

If no income was received, where do you get \$ to pay your bills? _____

B. Non-Cash Benefits

Has any member of the household received any **non-cash benefits** in the last 30 days? Yes No

If yes, please indicate the monthly amount from each of the following sources:

Benefit Type	Monthly Amount, if known	Who?	Approx. Date Benefit Began	Benefit Type	Monthly Amount, if known	Who?	Approx. Date Benefit Began
Food Stamps (aka "SNAP")	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		Other TANF-Funded Services	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
Medicaid	N/A	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		Rental Subsidy (Section 8, HUD)	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
Medicare	N/A	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____					
SCHIP	N/A	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____					
Spec. Supp. Nutrition, aka WIC	N/A	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____					
VA Medical Services	N/A	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____					

Part Four: Your Employment Status

HEAD OF HOUSEHOLD

- | | | |
|---|---|--|
| <input type="checkbox"/> Employed Full-Time | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Employed Seasonally |
| <input type="checkbox"/> Unemployed, receiving benefits | <input type="checkbox"/> Unemployed, not receiving benefits | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Disabled, receiving benefits | <input type="checkbox"/> Retired | <input type="checkbox"/> Other (Specify) _____ |

Most Recent

Employer: _____

Dates of

Employment: _____ to _____

Address: _____
Address City/State Zip

Work Phone: _____

Previous

Employer: _____

Dates of

Employment: _____ to _____

Address: _____
Address City/State Zip

Work Phone: _____

Employment Status of other adult in home:

- | | | |
|---|---|--|
| <input type="checkbox"/> Employed Full-Time | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Employed Seasonally |
| <input type="checkbox"/> Unemployed, receiving benefits | <input type="checkbox"/> Unemployed, not receiving benefits | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Disabled, receiving benefits | <input type="checkbox"/> Retired | <input type="checkbox"/> Other (Specify) _____ |

Most Recent

Employer: _____

Dates of

Employment: _____ to _____

Address: _____
Address City/State Zip

Work Phone: _____

Previous

Employer: _____

Dates of

Employment: _____ to _____

Address: _____
Address City/State Zip

Work Phone: _____

PART FIVE: Participation Agreement

Participation Agreement: *Actively participate in activities *Maintain confidentiality about discussions that occur in counseling sessions *Attend one-on-one appointments on time * Work to meet goals set during counseling sessions

Printed Name (Head of Household) Signature Date

Printed Name (Spouse or Other Adult) Signature Date

Housing Counselor Name Signature Date

PART SIX: Your Rental and Mortgage Information

If you are currently renting, how long have you been renting? _____ Years _____ Months
Have you purchased or sold a home within the last 3 years (36 months)? YES NO

Please check all that apply:

<input type="checkbox"/> I pay market rent	<input type="checkbox"/> I receive a rent subsidy and/or public housing resident	<input type="checkbox"/> I am a Section 8 recipient
<input type="checkbox"/> I am facing eviction	<input type="checkbox"/> I am delinquent with my rent and need assistance	<input type="checkbox"/> I am delinquent with utilities and need assistance
<input type="checkbox"/> I am interested in filing a fair housing claim. Specify reason(s):		

If you own your property, do you have a mortgage? YES NO IF YES, please answer the questions below.

My mortgage data		
	First Mortgage	Second Mortgage
Is this loan current or delinquent?	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent
Mortgage server name		
Loan Number	# _____ <input type="checkbox"/> I don't know	# _____ <input type="checkbox"/> I don't know
Loan Balance	\$ _____ <input type="checkbox"/> I don't know	\$ _____ <input type="checkbox"/> I don't know
Interest Rate	_____ % <input type="checkbox"/> I don't know	_____ % <input type="checkbox"/> I don't know
Monthly Principal and Interest Payment (excluding taxes and insurance)		
Fixed or Adjusting Interest Rate?	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I don't know	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I don't know
Date you made your last payment:	____ / ____ / ____	____ / ____ / ____
Private Mortgage Insurance (PMI) payment	\$ _____	\$ _____
Past Due Amount:	\$ _____	\$ _____
Have you previously applied for a loan modification for forbearance? If yes, please provide details on the outcome of your previous foreclosure prevention effort here:→	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Default:		
<input type="checkbox"/> Divorce <input type="checkbox"/> Disability <input type="checkbox"/> Marital Separation <input type="checkbox"/> Decrease in income <input type="checkbox"/> Increase in expenses <input type="checkbox"/> Medical Hardship <input type="checkbox"/> Other (specify) _____		
Please provide additional remarks about your hardship here:		
Has your hardship ended? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have the ability and willingness to resume mortgage payments? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, are you seeking an alternative outcome, such as a deed-in-lieu of foreclosure or short sale? Explain:		

Questions related to your credit history:

1. Are there any outstanding judgements against you?

YES NO

2. Have you declared bankruptcy within the past seven years?

YES NO I am currently in a bankruptcy plan.

3. Within the past seven years, have you had a property foreclosed or surrendered through a deed-in-lieu?

YES NO

PART SIX: Your Income, Debt, and Average Monthly Expenses

Monthly Spending Plan for Month of _____ 20__

Monthly Income		
Item	Gross	Net
Earned Income 1		
Earned Income 2		
SSI/SSDI		
Unemployment Ins.		
Child Support		
Food Stamps		
Other		
Subtotal		

Children Expense	
Item	Monthly Pmt
Child Care	
Toys/Games	
Other	
Subtotal	

Insurance	
Item	Monthly Pmt
Vehicle Insurance	
Homeowner/Renter	
Health	
Life	
Subtotal	

Housing		
Item	Arrearages	Monthly Pmt
Mortgage/Rent		

Taxes		
Water/Sewer		
Electric		
Gas		
Garbage		
Cable		
Internet		
Phone		
Other		
Subtotal		

Food	
Item	Monthly Amount
Groceries	
Eating Out	
Other	
Subtotal	

Transportation		
Item	Arrearages/Total	Monthly Pmt
Vehicle Payment 1		
Vehicle Payment 2		
Fuel		
Maintenance		
Other		
Subtotal		

Miscellaneous	
Item	Monthly Amount
Entertainment	
Clothing	
Household	
Personal Care	
Medical	
Pet Care	
Other	
Subtotal	

Loans		
Item	Total Balance	Monthly Pmt
Credit Card 1		
Credit Card 2		
Credit Card 3		
Payday Loan		
Student Loan		
Title loan		
Collections Accts.		
Other		
Subtotal		

Assets	
Item	Current Amount
Savings	
Checking	
Other	
Other	
Total	

Monthly Budget	Amount
Total Income	
Total Expenses	
Monthly Difference	

Applicant Signature: _____

Date: _____



Harney County Senior and Community Services Center Housing Stabilization
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CONSENT TO EXCHANGE INFORMATION

I, _____, understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing Harney County Senior and Community Services Center and any other agencies, including but not limited to those listed below, to exchange certain information for the purpose of working together effectively to provide or coordinate services or benefits, determine eligibility, and as needed for verification purposes for myself and any children for whom I am parent and/or legal guardian.

Names of Agencies:

Oregon Trail Electric Coop.
Cities of Burns and Hines
Credco©
Community Mental Health Programs
Department of Human Services (DHS)
Employers (Previous and Current)
Financial and/or Educational Institution
Community Action Partnerships of Oregon
Head Start
Housing Authority of Malheur County(HUD)
HOPPE Shelter
Harney Electric
Landlord (Previous and Current)
Symmetry Care
Harney County Departments
Burns/Hines Police Dept./Law Enforcement

Oregon Housing and Community Services
Oregon Human Development Center (OHDC)
Physicians & Other Medical Institutions
WIC
School District Staff
Senior & Disabled Services Division
Social Security Administration
State Employment Agencies
State Oregon Health and Human Services
Training & Employment Consortium (TEC)
Harney County Senior and Community
Services Center Network
Community Counseling Solutions
Burns Paiute Tribe

Other: _____

Any and all providers of services of any kind (including educators) for my minor children: _____

I understand that my records are protected under the Privacy Act and/or other State and Federal laws and regulations, and they cannot be disclosed without written consent unless otherwise provided for in the regulations. I also understand that I may withdraw this consent at any time, except to the extent that any actions have been taken in reliance on it. This consent expires ten years from the date it is signed or ten years after the closure of my case.

SIGNATURE: _____ DATE: _____

This Agency Uses



SERVICEpoint™

CounselorMax®

Notice to Clients of Uses & Disclosures Privacy Notice

- Our agency enters personal and demographic information about you into a computerized record-keeping system.
- The information is used to plan delivery of services & to provide statistical information for setting goals.
- Information you provide will be used for administrative and operational purposes to improve, provide & coordinate services that can be offered you.
- Information you provide will be used for functions related to payment or reimbursement for services, monitor program effectiveness, and to prepare reports and statistical information without personal identifying information.
- If you have safety concerns, you may not want personal information entered into the system, you should discuss this with a staff member.
- Personally identifying information may be seen by staff members who provide you with services, select community service providers when appropriate, and a small number of people (ie: system administrators or program funders) who maintain the computerized record-keeping system, except as required by law.
- You will not be denied services, if you refuse to consent to share data.
- You have the right to see your record and to ask that it be corrected.
- You have the right to file a grievance if you feel you have been harmed in some way by the use of the computerized data system.

I acknowledge that I have read and signed this release of information for the agency to use as needed.

Signature _____ Date _____

Other Adult Signature _____ Date _____



Conflict of Interest Disclosure

Harney County Senior and Community Services Center Housing Stabilization
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Harney County Senior and Community Services Center serving Harney County is a HUD Approved Housing Counseling Agency. Our office is located at 17 S Alder Burns, OR. We are open Monday through Thursday 8 am – 4:30pm and Friday 8am – 4pm.

Harney County Senior and Community Services Center provides the following services:

- Information and Referrals
- Rental Assistance Programs
- Homeless Prevention and Rapid Rehousing
- Energy Assistance Programs and Education
- Weatherization Programs
- Homeownership and Foreclosure Prevention

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Harney County Senior and Community Services Center receives State and Federal funding from the following sources:

- Housing and Urban Development (HUD)
- Rural and Community Assistance Corporation (RCAC)
- Oregon Housing and Community Services (OHCS)
- Community and Shelter Assistance Corporation (CASA)
- Rural Oregon Continuum of Care (ROCC)
- United States Department of Agriculture (USDA)

Harney County Senior and Community Services Center Partnering Organizations, Agencies, and Businesses:

~Community Action Partnerships of Oregon ~Housing Authority of Malheur/Harney County ~Oregon Housing and Community Services ~Oregon Human Development Center ~Cities of Burns and Hines ~Credco ~Oregon Department of Human Services ~ HUD ~ Harney County Departments ~Burns/Hines Police Department ~Harney County Sheriff's Department ~ Harney County Veteran Service Officer ~Physician's and Medical Institutions ~ Symmetry Care~ HHOPE shelter ~Department of Human Services (DHS) ~Burns/Hines School District Staff ~Senior and Disabled Services ~Social Security Administration ~State Employment Agencies ~State of Oregon Health and Human Services ~Training and Employment Consortium ~TFP Therapeutic Services ~Harney County Senior and Community Services Center Network ~Treasure Valley Community College ~Area Real Estate Agencies ~Area Landlords ~Head Start of Harney County ~Harney County Financial Institutions ~ Work source Oregon ~Fair Housing Council of Oregon ~Oregon Law Center ~Kids Club of Harney County ~Oregon Food Bank ~Harney County Senior & Community Services Center~ Community Counseling Solutions

Other: _____

(Any and all providers of services of any kind (including educators) for my/our minor children:

I/We acknowledge that I/we have received a copy of the Harney County Senior and Community Services Center Privacy Policy, and that I/we are not obligated or required to utilize any program or assistance which is available from Harney County Senior and Community Services Center or its partners. Participation in any one program does not obligate me/us to participate in another, although I am/we are welcome to do so. I/We further understand that participation in Harney County Senior and Community Services Center counseling activities does not in any way obligate me/us to use Harney County Senior and Community Services Center's referred lenders, realtors, or business partners.

I/We understand that records are protected under the Privacy Act and/or other State and Federal laws and regulations, and they cannot be disclosed without written consent unless otherwise provided for in the regulations. I/We also understand that I/we may withdraw this consent t any time, except to the extent that any actions have been taken in reliance on it.

SIGNATURE: _____

SIGNATURE: _____

Print Name : _____

Print Name: _____

Date: _____

Date: _____

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PRIVACY POLICY

Harney County Senior and Community Services Center is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all the information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Harney County Senior and Community Services Center has a grievance policy and you can request a copy of it at any time from our agency or you can download it from our website.

TYPES OF INFORMATION THAT WE GATHER ABOUT YOU

1. Information we receive from you orally, on application or other forms, such as your name, address, social security number, assets, and income.
2. Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
3. Information we receive from a credit reporting agency, such as your credit history.

YOU MAY OPT-OUT OF CERTAIN DISCLOSURES

1. You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that direct us not to make those disclosures.
2. If you choose to "opt-out", we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your "opt-out", you may call us at 541-889-9555 ext. 103 and do so.

RELEASE OF YOUR INFORMTION TO THIRD PARTIES

1. So long as you have not opted out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.

2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process)

3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

I acknowledge that I received a copy of Harney County Senior and Community Services Center's Privacy Policy.

1. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

2. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

3. I understand that Harney County Senior and Community Services Center provides counseling and education on loss mitigation, credit/budget management, individual development accounts, loan products, homebuyer education/counseling, post-purchase and financial fitness classes. Harney County Senior and Community Services Center currently does not have any financial relationships with industry partners. I further understand that the housing counseling I received from Harney County Senior and Community Services Center in no way obligates me to choose any of these particular housing programs.

I authorize Harney County Senior and Community Services Center Housing Center to:

Obtain a copy of the FINAL HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan or the title company that closes the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provision of Title 18, United States Code, Section 1001.

Applicant

Date

Co-applicant

Date



Harney County Senior and Community Services Center Housing Stabilization
17 S. Alder PO Box 728
Burns, OR 97720
541-573-6024



HARNEY COUNTY SENIOR AND COMMUNITY SERVICES CENTER HOUSING PROGRAMS
PRIMARILY PROVIDE ASSISTANCE TO HOUSEHOLDS THAT QUALIFY AS HOMELESS BY THE
FOLLOWING HUD DEFINITIONS:

New Federal Definition of Homelessness: On December 5, 2011, HUD published the final rule on the Definition of Homeless in the Federal Register and it went into effect on January 4, 2012. The final rule on the Definition of Homeless established four categories under which an individual or family may qualify as homeless.

Please check below the box that most closely describes your current situation:

1. **Literally Homeless**-An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning:
 - Has a primary nighttime residence that is a public or private place not meant for human habitation; or
 - Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs); or
 - Is exiting an institution where he or she resided for 90 days or less AND who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

2. **Imminent Risk of Homelessness**-An individual or family who will imminently lose their primary nighttime residence, provided that:
 - Residence will be lost within 14 days of the date of the application for homeless assistance;
 - No subsequent residence has been identified; and
 - Lacks the resources or support networks needed to obtain other permanent housing.

3. **Homeless under other Federal Statutes**-Unaccompanied youth (under 25) or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - Are defined as homeless under another federal statute;
 - Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
 - Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and
 - Can be expected to continue in such status for an extended period of time due to special needs or barriers.

4. **Fleeing/Attempting to Flee Domestic Violence**-Any individual or family who:
 - Is fleeing, or is attempting to flee, domestic violence;
 - Has no other residence; and
 - Lacks the resources or support networks needed to obtain other permanent housing



