

Oroville Harvest Park
1609 Orchard Street
Oroville, WA 98844

Oroville Housing Authority
617 US Hwy 97, PO Box 1242
Oroville, WA 98844
Office (509) 476-3059, Fax: (509) 476-4404

**MIGRANT/SEASONAL AGRICULTURAL WORKER
ELIGIBILITY INFORMATION**

Thank you for your interest in the agricultural worker housing program. Your application will be processed, and your name placed on a waiting list by date and time of application and availability of beds. When your name comes to the top of the waiting list, we will notify you by phone. Please keep this office informed of any changes in your contact numbers.

YOU MUST MEET THE FOLLOWING REQUIREMENTS:

1. The applicant must be a citizen of the United States (US); a Legal Resident admitted for permanent US residency. A copy of your US Birth Certificate, Resident Alien Card or US Passport must be provided along with the application materials.
2. In the last twelve months you must have made at least \$3,525.00 in eligible agricultural work to be classified as an agricultural worker and eligible for this program.
3. You must be a migrant farmworker, and be able to provide proof.

Okanogan 50% of Median Income

# Persons in Household	1	2	3	4	5	6	7
50% Level	22,750	26,000	29,250	32,550	37,700	40,300	44,300

4. Your adjusted annual family income may not exceed 50% Income limit amount for Okanogan County.
5. The applicant must be 18 years of age or older.
6. No pets are allowed except for documented service animals.
7. A copy of everyone's US Birth Certificate, Permanent Resident Alien Card, Driver's License, or Passport and Social Security Card is needed for all adult household members. Copy both sides if anything is written on the back. If your spouse or children were not born in the US, please provide a Birth Certificate from where they were born.
8. Able to provide most recent employer information or last Income Tax Return and W-2 Forms that you filed.

Head of Household Name: _____ **Date:** _____

INCOME:

1. Can you provide your most recent pay stubs or Income Tax Return and W-2 forms that you filed?
(Circle one) **Yes/No**
2. Have you or your household earned at least \$3525 within the last 12 months from working in the agriculture industry? (Circle one) **Yes/No**

Current Employer Name: _____

Employer Phone Number: _____

Employer Address:

Number & Street

City State

Zip Code

INCOME FROM AGRICULTURAL WORK:

(Please list all agricultural income earned by each adult family member for the past 12 months.)

Head of Household's Agricultural Income:

Grower/ Company	Address	Dates Worked	Total Income Received
		From: To:	
		From: To:	
		From: To:	

Spouse or Co-Tenants' Agricultural Income:

Grower/ Company	Address	Dates Worked	Total Income Received
		From: To:	
		From: To:	
		From: To:	

Income from non-agricultural sources:

(Please list all income earned by each adult family member for the past 12 months.)

Employer	Address	Dates Worked	Total Income Received
		From: To:	
		From: To:	
		From: To:	

Source of Income	Amount	Frequency	Dates Received	Total Income Received
Unemployment		Monthly / Weekly	From: To:	
Society Security		Monthly / Weekly	From: To:	
Other		Monthly / Weekly	From: To:	

Race & Ethnicity Data Reporting:

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation.

Ethnicity: Hispanic or Latino ____ None Hispanic of Latino ____ Choose not to answer ____

Race (check all that apply):

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other
- Choose Not to answer

APPLICANT'S CERTIFICATION AND SIGNATURES:

The information in this application is full, true and complete to the best of my knowledge. I understand that if I have not given full, true and complete information to the best of my knowledge, my application for housing assistance may be denied.

I certify that I am seeking residency in a location on a migrant basis, in an attempt to receive farm labor employment at one or more locations away from my home base. In addition, the subsidized rental unit I am applying for will be my temporary residence and I do not, or will I maintain a separate Rural Housing Service subsidized rental unit in a different location.

I hereby give my consent to inquiries being made by the Oroville Housing Authority or the purpose of verifying the statements contained in this application.

SIGNATURES:

Head of Household

Date

Co-Tenant

Date

This institution is an equal opportunity provider and employer.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

CHECKLIST FOR OFFICE USE ONLY			
Total Income	Combined Total Family Income		\$
	Copy off last pay stub or Income Tax Return and W-2 forms. Note: If this documentation cannot be provided then a Certification Statement of Migrant Agriculture Labor must be completed.		Yes No
	Certification Statement of Migrant Agricultural Labor:		
Deductions	\$480 per child under 18	\$	\$
	\$400 for elderly (62+)	\$	
Adjusted Gross Income	Total Combined Family Income less deductions = Adjusted Gross Income		\$
Proof of Citizenship/Legal Residency	Copies of Resident Alien Card, Temporary Resident Card, US Birth Certificate, or passport.		
	Social Security Cards for every member family member.		
Qualifying	Applicant meets minimum income requirement of \$3525 in agriculture income. Note: This is combined household income.		Yes No
	Family Size	Family Adjusted Gross Income from Above	Okanogan County Income Limit for Family Size
		\$	\$
Staff Signature			
