

# Hamilton West Apartments

1212 SW Clay  
Portland, OR 97201  
Ph 503-525-0500  
Fax 503-525-6125  
TTY – 711

Cascade Management, Inc  
Real Estate Management Services

hamiltonwest@cascade-management.com  
www.cascade-management.com

Thank you for your interest in Hamilton West Apartments. This community is a Section 42 property. As such, all rentals in this building are income restricted. If you earn more than the “Maximum Annual Income Limit” (see below) for the unit you are seeking, unfortunately we cannot rent to you. Please review the income limits carefully. We look forward to helping you find a home!

## LEASING INFORMATION:

### RENTAL RATES

Efficiency Studio	\$474	248 sq. ft
Large Studio	\$734	365 sq. ft
1 Bedroom	\$775	550 sq. ft

### MINIMUM ANNUAL INCOME

\$8,532  
\$13,212  
\$13,950

### MAXIMUM ANNUAL INCOME

Single \$20,840/2 people \$23,800  
Single \$31,260/2 people \$35,700  
Single \$31,260/2 people \$35,700

**Application Fee \$42.00 (This is a non-refundable fee. We cannot accept cash!)**

**The application fee is not required until you are screened for an apartment. It is free to be placed on the waiting. To be placed on the waiting list, fill out the pre-application completely. Each person age 18 and over who will be residing in the apartment needs to fill out a pre-application.**

### SECURITY DEPOSIT INFORMATION:

Efficiency Studio	\$474
Large Studio	\$734
1 Bedroom	\$775

### Rent includes:

Water/sewer  
Garbage  
Hot Water

### Residents pay:

Electricity (PGE)  
\*Cable/telephone/internet  
(\*Optional to resident)

## WAITING LIST POLICY:

**Your application may be removed from the waiting list for the following reasons:**

1. At your request.
2. You no longer qualify under the guidelines for the complex.
3. You have not contacted management for 60 days.
4. At the second refusal when offered a unit.
5. We have been unable to contact you by phone on three (3) or more occasions
6. Your phone is no longer in service.

**This is a no-pet and non-smoking community.  
We are prohibited from renting to household comprised of only  
full-time students.  
All units are handicap convertible.**





Dear Valued Applicant ~

Please be aware that Cascade Management, Inc. adheres to all Fair Housing rules and regulations and does not discriminate based on race, color, creed, religion, sex, national origin, age, sexual orientation, handicap or disability, income source, or familial status.

To ensure best fair housing practices, Cascade Management, Inc. maintains and follows either a strict Tenant Selection Standard or Criteria for Residency which is made available to all upon request or included as part of the application packet.

The attached application must be completed in its entirety and returned to the property to which you are applying. All applications submitted will be placed on the waiting list by date and time received unless it is incomplete. Incomplete applications will be returned to the applicant for completion.

Applicants must meet the eligibility requirements for the property where they are applying. Each applicant must qualify individually and applicants listed as head, spouse and co-head must be eligible to enter a legal and binding contract.

All applicants are screened through an independent screening company. The independent screening company conducts all screening functions which could include rental history, credit check, and criminal convictions. The screening process is consistent for all applicants. Please refer to the screening criteria if you have questions regarding these requirements.

If you have any questions, please contact the property you are interested in and they can provide you with their property details, amenities and current availability.

Thank you for your interest in Cascade Management, Inc.



Cascade Management, Inc., does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its programs and activities. The Compliance Officer is designated as the 504 Compliance Coordinator.



**For Office Use Only**

Date / Time Received: \_\_\_\_\_ AM/PM

Received By: \_\_\_\_\_

**Hamilton West**

**Physical Address:**

1212 SW Clay Street  
Portland, OR  
97201

**Application for Housing**

**Mailing Address:**

1212 SW Clay Street  
Portland, OR  
97201  
Ph: (503) 525-0500 fax: (503) 525-6125

**Unit Type Requested**

Bedroom Size: (check all that apply) Efficiency  Studio  1  2  3  4  5

Project-based Section 8  Wheelchair accessibility  Other \_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Emergency Contact Phone/Email: \_\_\_\_\_

**List each person (starting with yourself) who will occupy the apartment**

Name (Last, First, Middle) <i>Please include all former, alias and nicknames used</i>	Date of Birth	Relationship to Head of Household	Social Security # (If Applicable)	State Driver's License #	Full time or Part time student Y/N
		<b>Self</b>			

**Please answer and check any /all of the below that apply to your household**

- Senior (55 or older)  Elderly (62 or older)  Disabled  Homeless or at risk  Veteran
- Currently have a Section 8 Voucher  Currently living in a rent subsidized property
- Displaced by a government declared disaster
- Referred by a Social Service Agency (name of agency) \_\_\_\_\_
- How did you hear about our property? \_\_\_\_\_



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**Income Information: List wages, salaries, SSI, disability, unemployment, welfare, child support, or ANY source of income as well as any assets currently held/owned**

Household Member	Income Source	Amount	Type of asset	Amount

Does anyone in your household own real estate? Yes  No   
 Have assets been disposed of for less than the fair market value in the past two years? Yes  No   
 If "Yes", please explain:

Employment Information	Head of Household Name:			
Employer/Company	Address	Phone # /Email	Position	Length Employed

Employment Information	Adult Co-Head Name:			
Employer/Company	Address	Phone # /Email	Position	Length Employed

Employment Information	Adult Co-Head Name:			
Employer/Company	Address	Phone # /Email	Position	Length Employed

Employment Information	Adult Co-Head Name:			
Employer/Company	Address	Phone # /Email	Position	Length Employed



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Automobile Information			
Make	Year	Color	License Plate #

Current and Previous Rental History: Start with your current residence					
Landlord / Apartments	Contact Phone #	Address You Occupied	Move In Date	Move Out Date	Reason For Leaving

Has anyone in your household ever been evicted? No  Yes  Date \_\_\_\_\_

Has legal notices been given where you currently live? No  Yes

Background Information
<p>Have you or any person who will be occupying the unit ever been convicted or pled guilty or no contest to any felony or misdemeanor? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If "Yes", type of offence _____ Where? _____ When? _____</p> <p>Is there any household member subject to a lifetime sex offender registration? No <input type="checkbox"/> Yes <input type="checkbox"/></p>

Applicant Certification: I certify the statements made on this application are true and complete to the best of my knowledge and belief. I authorize Cascade Management Inc. to do a background check according to the screening criteria set forth for the property that I am applying and to make any inquiries necessary to evaluate my approval for tenancy. I understand providing false statements or incomplete information may result in punishment under Federal Law and is grounds for rejection of this application. If any information supplied on this application is later found to be false, this is grounds for termination of tenancy. I understand this is part of the application process and I acquire no rights to an apartment. I will be notified upon acceptance, and agree to sign a lease and pay a security deposit.

The applicant has the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit-reporting agency. The name of the screening service or credit-reporting agency is Pacific Screening.

Head of Household Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Co-Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Co-Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Co-Head Signature \_\_\_\_\_ Date \_\_\_\_\_



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# ASSESSMENT OF HOUSEHOLD DEMOGRAPHICS

Property Name: Hamilton West

Unit #: \_\_\_\_\_

\_\_\_\_\_  
Name of Head of Household (HOH)

\_\_\_\_\_  
Name of Household Member #2

\_\_\_\_\_  
Name of Household Member #3

\_\_\_\_\_  
Name of Household Member #4

\_\_\_\_\_  
Name of Household Member #5

\_\_\_\_\_  
Name of Household Member #6

\_\_\_\_\_  
Name of Household Member #7

**THIS FORM TO BE COMPLETED BY APPLICANT/TENANT**

You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain tenant data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

Check all that apply for each household member							
(A) Racial Categories*	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
1. White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply for each household member							
(B) Ethnic Categories*	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
1. Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(C) Disability Status*:	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Are any household members disabled according to the Fair Housing Act? If yes, check each box that applies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Please refer to the attached page for definitions of race, ethnicity, and disability.

**(D) Decline:**

I/we were given the opportunity to furnish the above-listed information for our household but choose not to. (Do NOT check this box if your household furnished the data requested in sections A, B, and C above.)

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The following racial and ethnic definitions are modeled after the OMB-approved form, “Race and Ethnic Data Reporting Form” (HUD-27061), used by the U.S. Department of Housing and Urban Development (HUD):**

**A. Household members can select one or more of the following applicable racial definitions:**

**White** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American** - A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”

**American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**B. Household members can select one of the following applicable ethnic definitions:**

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”

**Not Hispanic or Latino** - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**The following definition of “disabled” comes directly from the Fair Housing Act:**

**C. Per the Fair Housing Act, the definition of disabled is:**

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24 CFR 100.201, available at: [http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201)
- “Handicap” does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

The housing credit agency administering its low-income housing credit program must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant’s voluntary choice whether to provide such information, and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the housing credit agency shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year’s information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate.



**APPLICABLE CHARGES, DEPOSITS AND FEES DISCLOSURE**

**Project:** Hamilton West Apartments

**For Non-HUD units only:**

*\*Landlord may charge tenant the cost of carpet cleaning from the security deposit even if the tenant cleans the carpet upon vacating the unit.*

*\*\*A screening charge of \$42.00 per applicant will be required to process application*

<b>Monthly Rent Charge</b>		<b>Late Fee</b>	<b>\$ 50.00</b>
Studio	<b>\$ 474 – 734</b>	<b>NSF Fee (returned check)</b>	<b>\$ 25.00</b>
One bedroom	<b>\$ 775.00</b>	<b>Key Replacement</b>	<b>\$ 5.00</b>
Two bedroom	<b>\$ N/A</b>	<b>Access Card/ Key Fob Replacement</b>	<b>\$ 20.00</b>
Three bedroom	<b>\$ N/A</b>	<b>Parking Lot Rules Non Compliance Fee</b>	<b>\$ 50.00</b>
Four bedroom	<b>\$ N/A</b>	<b>Smoke/Carbon Monoxide Alarm Tamper/Removal Fee</b>	<b>\$ 250.00</b>
<b>Execution Deposit</b>	<b>\$ 200.00</b>	<b>Late Payment of Utilities Paid to Landlord -</b>	<b>\$ 50.00</b>
<b>Move-In Security Deposit</b>	<b>\$ 474 – 775</b>	<b>Animal Waste in Common Areas Non-Compliance Fee</b>	<b>\$ 50.00</b>
<b>Pet Deposit</b>	<b>\$ N/A</b>	<b>Non-Compliance Fee for failure to clean up garbage, rubbish or waste from premises common areas (other than dwelling unit) -</b>	<b>\$ 50.00</b>

**For HUD units ONLY:**

<b>Monthly Rent Charge</b>		<b>Move-In Security Deposit – is equal to one month’s tenant portion of rent plus Utility Allowance (when applicable)</b>	<b>\$ N/A</b>
Studio	<b>\$ N/A</b>	<b>Pet Deposit</b>	<b>\$ N/A</b>
One bedroom	<b>\$ N/A</b>	<b>Key Replacement</b>	<b>\$ 1.00</b>
Two bedroom	<b>\$ N/A</b>	<b>Access Card/ Key Fob Replacement</b>	<b>\$ N/A</b>
Three bedroom	<b>\$ N/A</b>	<b>Late Fee (does not apply to HUD 811 PRAC, HUD 202 PRAC or HUD 202/8)</b>	<b>\$ 5.00</b>
Four bedroom	<b>\$ N/A</b>		
Efficiency	<b>\$ N/A</b>		

**The following applies to BOTH HUD and NON-HUD units:**

*\*Monthly rent charges are quoted as of application date. These are subject to change with future rent increases.*

*By signing below, prospective tenant acknowledges that the information listed above are all possible charges, deposits and fees applicable during tenancy. The prospective tenant further acknowledges that no payments have been made to Management prior to signing this form and that this form was signed prior to entering into any rental agreement.*

\_\_\_\_\_  
Prospective Tenant Date

\_\_\_\_\_  
Prospective Tenant Date

\_\_\_\_\_  
Prospective Tenant Date

\_\_\_\_\_  
Prospective Tenant Date



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## Screening Criteria I

Thank you for your interest in applying at one of our apartment communities. Cascade Management, Inc. (CMI) is committed to Fair Housing and follows the laws of Equal Opportunity Housing, the Fair Housing Act, the Violence Against Women Act, the Rehabilitation Act and the Americans with Disabilities Act (ADA). All reasonable accommodation request should be sent to the property you are applying to **Attn: Hamilton West**.

If you would like to review the property selection policy please request a copy from the Community Manager.

### **OCCUPANCY POLICY**

1. Occupancy is based on the number of bedrooms in a unit. A bedroom is defined as a space within the premises used primarily for sleeping, with at least one window, contains at least 70 square feet and is configured so as to take the need for a fire exit into account.
2. Maximum occupancy is two (2) persons per bedroom plus one additional person. The minimum allowed occupancy is one (1) person per bedroom. Exceptions to this rule shall be made on a case by case basis on a standard of reasonableness.

### **GENERAL REQUIREMENTS**

1. A complete and accurate application is required. Incomplete applications will be returned for completion.
2. Each applicant will be required to qualify individually and provide accurate photo identification.
3. Primary applicants must be able to enter a legal and binding contract.
4. Student Status eligibility requirements as per the program of the property.

### **INCOME REQUIREMENTS**

A monthly household income should equal 2 times the stated monthly rent. (Does not apply to Section 8 applicants.) (Properties with PDC/PHB funding have an income to rent ratio of 1.5.)

1. All income and assets must be reported and must be verified.
2. Application will be denied if all income sources cannot be third party verified.
3. False or fraudulent statements will automatically lead to a denial of your application.
4. You must meet the income limit for the program/complex you are applying at.

### **RENTAL REQUIREMENTS**

1. Twelve months of verifiable contractual rental history within the past 2 years from a third party landlord or home ownership is requested. If not provided, rental history demonstrating documented noise or disturbance complaints will be a cause for denial of your application.
2. Home ownership will be verified through the county tax assessor's office. Mortgage payments must be current. Home ownership negotiated through a land sales contract must be verified through the contract holder.



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## Screening Criteria I

3. Three years eviction free rental history will be required. Eviction actions that were dismissed or resulted in a judgment for the applicant will not be considered.
4. Rental history reflecting any unpaid damages or past due rent >\$100 will be a cause for denial of your application.

### **CREDIT REQUIREMENTS**

Credit will be reviewed. No rental history and/or negative credit will result in denial. Negative credit is defined as:

1. Bankruptcy reported within 1 year from the date of application
2. Bankruptcy reported prior to 1 year from the date of application and negative information followed the bankruptcy
3. Involuntary repossession
4. More than 10 collections (not related to medical expenses)

### **RENT WELL GRADUATES**

If applicant fails to meet any criteria related to credit, evictions and/or landlord history, and applicant has received a certificate indicating satisfactory completion of a tenant training program such as “Rent Well”, Owner/Agent will consider whether the course content, instructor comments and any other information supplied by applicant is sufficient to demonstrate that the applicant will successfully live in the complex in compliance with the rental agreement. Based on this information, Owner/Agent may waive the credit, eviction and/or landlord history screening criteria for this applicant.

### **CRIMINAL CONVICTION CRITERIA**

Upon receipt of the rental application and screening fee, Owner/Agent will conduct a search of public records to determine whether the applicant or any proposed tenant has charges pending for, been convicted of, or pled guilty or no contest to, any: drug-related crime; person crime; sex offense; crime involving financial fraud, including identity theft and forgery; or any other crime if the conduct for which the applicant was convicted or is charged is of a nature that would adversely affect property of the landlord or a tenant or the health, safety or right of peaceful enjoyment of the premises of residents, the landlord or the landlord’s agent. A single conviction, guilty plea, no contest plea or pending charge for any of the following shall be grounds for denial of the rental application. If there are multiple convictions, guilty pleas or no contest pleas on the applicant’s record, Owner/Agent may increase the number of years by adding together the years in each applicable category. Owner/Agent will not consider expunged records.

- a) Felonies involving: murder, manslaughter, arson, rape, kidnapping, child sex crimes, manufacturing or distribution of a controlled substance unless applicant provides evidence acceptable to Owner/Agent that applicant has been crime-free for at least 10 years since the later of: i) the date of release from incarceration; or ii) completion of parole.



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## Screening Criteria I

- b) Felonies not listed above involving: drug-related crime; person crime; sex offense; crime involving financial fraud, including identity theft and forgery; or any other crime if the conduct for which applicant was convicted or is charged is of a nature that would adversely affect property of the landlord or a tenant or the health, safety or right of peaceful enjoyment of the premises of the residents, the landlord or the landlord's agent, where the date of disposition has occurred in the last 7 years.
- c) Misdemeanors involving: drug related crimes, person crimes, sex offences, weapons, violation of a restraining order, criminal impersonation, criminal mischief, stalking, possession of burglary tools, financial fraud crimes, where the date of disposition has occurred in the last 5 years.
- d) Misdemeanors not listed above involving: theft, criminal trespass, property crimes or any other crime if the conduct for which applicant was convicted or is charged is of a nature that would adversely affect property of the landlord or a tenant or the health, safety or right of peaceful enjoyment of the premises of the residents, the landlord or the landlord's agent, where the date of disposition has occurred in the last 3 years.
- e) Conviction of any crime that requires lifetime registration as a sex offender will result in denial.

### APPLICATION PROCESS

1. Complete the application on the designated form.
2. You will be placed on the bedroom size waiting lists you qualify for. If requested, the manager will provide you with an approximate timeframe for how long the waiting list is running.
3. Pay your non-refundable credit/screening fee of \$42.00 when appropriate.
4. Once your application is selected for processing, be prepared to wait 1-2 business days for the application screening process.
5. Once screening has been approved an execution deposit may be collected within two (2) business days after screen results are received. Failure to comply with this requirement will remove you from the application process.
6. Applicants will be required to pay a refundable security deposit. The amount of the security deposit is based on the specific property requirements.

### WAITING LIST POLICY

Your application may be removed from the waiting list for the following reasons:

1. At your request.
2. You no longer qualify under the guidelines for the complex.
3. You have not contacted management for 60 days.
4. At the second refusal when offered a unit.
5. We have been unable to contact you by phone on three (3) or more occasions.
6. Your phone is no longer in service.



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## Screening Criteria I

7. You were offered and accepted a unit within the complex (your name will be removed from all other waiting lists within that complex).
8. You are unable or unwilling to disclose information necessary to income qualify within three (3) business days of request made by management

*Please Note: You will be notified in writing of your removal from the waiting list.*

### **LIVE-IN CAREGIVER**

Applicants requiring the assistance of a permanent or temporary live-in caregiver will be required to have the caregiver fill out an application and pay a screening fee of \$ 12.00 . A limited screening involving a credit report (for identification purposes only) and a criminal background check will be performed. The caregiver must meet requirements regarding criminal history or their application will be denied.

### **APPLICATION REJECTION POLICY**

If your application is rejected due to negative and/or adverse information being reported, you may:

1. Contact the company that supplied the information to discuss your application.
2. Contact the credit-reporting agency to identify who is reporting unfavorable information.
3. Correct any incorrect information through the credit-reporting agent as per their policy.
4. Request the credit-reporting agency to submit a corrected credit check to the appropriate screening company. Upon receipt of the corrected information your application will be reevaluated for the next available unit.

*Be Advised:* Incomplete, inaccurate or falsified information will be grounds for denial. Any verifiable information provided to Landlord indicating that applicant's tenancy would constitute a direct threat to the health, safety and welfare of other individuals or whose residency would result in substantial physical damage to the property of others.

If your application has been denied and you feel you qualify as a resident under the criteria above, you may:

1. Submit a written explanation appealing your denial to: **Equal Housing Opportunity Manager, 13221 SW 68<sup>th</sup> Parkway Suite 310, Portland, OR 97223**

If the appeal is granted, you will be returned to the wait list as follows: appeal requests submitted within 3 business days of the denial will result in you being restored to your original position on the waitlist; appeal requests submitted beyond three (3) business days of the denial will result in you being restored at the bottom of the waitlist.



**Screening Criteria I****PROPERTY:**      **Hamilton West Apartments**                      **UNIT:** \_\_\_\_\_**PRINT NAME:**      \_\_\_\_\_

I have received a copy of Cascade Management's Rental Criteria. I understand that all applications are screened by Pacific Screening.

All applicants 18 years of age and head/co head must sign below.

\_\_\_\_\_                      \_\_\_\_\_  
Applicant Signature                      Date



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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

<b>Signature of Applicant</b>	<b>Date</b>

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.