Pinehurst Management Affordable Housing Application Selections (5 Max)

Name: _____

Each adult in the household must complete their own application. _____# of Adults _____# of Minors

- Gross (before taxes) monthly household income must be at least 2x monthly rent and cannot exceed the applicable maximum income limit assigned to the unit. A Housing Voucher is considered when qualifying a household for a unit, including when the household is under income.
- Waiting lists include vacant & occupied units. Applicants are placed on a waiting list, for each property-bedroom size option selected, in order of when the completed application is received. Applicants with documented preference are placed at the top of the waiting list. For details see Property Tenant Selection Plan.

Contact Us: Office Hours M-F 9am-5pm, 200 25th St NE #112, Salem, OR 97301, 503-362-3031, millcreek@pinehurstmanagement.com.

Submit completed applications by email, mail, in office, or in MANAGER rent drop slot.

Occupancy Standards: Single Room Occupancy (SRO)-Studio 1 person / 1 bd (bedroom) 1-3 people / 2 bd 2-5 people / 3 bd 3-7 people / 4 bd 4-9 people/ 5 bd 5-11 people / 6 bd-6-13 people

Property & *Information or Preferences*	**Address**	**Amenities** All include some parking	**Rent Amounts**	**Property-Bedroom Size Options** Select 1 to 5 Boxes to Apply							
				SRO	Studio 0 bd	1 bd	2 bd	3 bd	4 bd	5 bd	6 bd
Campbell	4133-4145 Campbell Dr SE Salem 97317	W/D hookup	2 bd = $1264				☐				
Chemawa Village	831-853 Chemawa Rd N Keizer 97303	Duplex w/attached garage & W/D hookup	2 bd = $922-$1264				☐				
East State St Apts	4170-4178 State St NE Salem 97301	W/D hookup, some w/ attached garages	2 bd = $1209 3 bd = $1384 4 bd = $1180-$1519				☐	☐	☐		
Emerson	781-783 Hawthorne Ave NE Salem 97301	Duplex, W/D hookup, attached garage	1 bd = $1053 3 bd = $1460			☐		☐			
Grant Apts	1355-1365 4th St NE Salem 97301	Onsite laundry	2 bd = $1264				☐				
Highland Station	1262-1286 Highland Ave NE Salem 97301	Onsite laundry, some W/D hookup, Community Rm	2 bd = $527-$948 3 bd = $1091				☐	☐			
Lee Street	2585 & 2595 Lee St SE Salem 97301	Onsite laundry	1 bd = $1053			☐					
Liberty Road	4550-4590 Liberty Rd S Salem 97302	Onsite laundry & AC	1 bd = $793-$1053			☐					
Marilyn Townhomes	1250-1256 Marilyn St SE Salem OR 97302	Onsite laundry	2 bd = $922-$1264				☐				
Mill Creek Meadows *30% & 50% Income Limits*	200 & 218-256 25th St NE Salem 97301	Community room, onsite laundry, secure building & cottages	0 bd = $760 1 bd = $771-$793 2 bd = $948		☐	☐	☐				
Pacific Station *Fostering Hope Initiative (FHI) Referrals*	1240 Highland Ave NE Salem 97301	W/D provided in unit & AC	3bd = $1460 4bd = $1629					☐	☐		
Renaissance Place	1725 Evergreen Ave NE Salem 97301	Onsite laundry, AC & secured building	1 bd = $771-$1053 2 bd = $922-$1251 3 bd = $1445			☐	☐	☐			
River Park	2981-2999 River Rd N Salem 97303	Onsite laundry	1 bd = $793-$1053 2 bd = $948-$1264			☐	☐				
Statesman Apartments	539 Statesman NE Salem 97301	Onsite laundry	1 bd = $968-$1042 2 bd = $1251 3 bd = $1384-1445 6 bd = $1946			☐	☐	☐			☐
St Monica Apartments *FHI Referrals*	151-171 Apple Blossom Ave N Keizer 97303	Onsite laundry, AC & some W/D hookup	2 bd = $937-$1251 3 bd = $1079-$1445				☐	☐			
Villa Esperanza	1245, 1251, 1255 E Lincoln St Woodburn 97071	Carport parking, onsite laundry & Community Rm	2 bd = $937-$1146 3 bd = $1079-$1320				☐	☐			
White Oak Apartments *In Polk County*	2579 2583 2587 Wallace Rd NW Salem 97304	Onsite laundry & some W/D hookup	1 bd = $771-$1042 2 bd = $922-$1251 4 bd = $1612 5 bd = $1779			☐	☐		☐	☐	
Winter Street Apartments	2029-2055 Winter St SE Salem 97302	Onsite laundry	1 bd = $968-1042 2 bd = $922-$1251			☐	☐				
Woodmansee Apartments	4685-4711 Sunnyside Rd SE Salem 97302	Onsite laundry, AC & W/D hookup, & private back yard	1 bd = $968-$1042 2 bd = $1209-$1251 4 bd = $1612 6 bd = $1946			☐	☐		☐		☐
Properties with preference to specific populations											
Casa Adele *Homeless agricultural worker 12-month max*	915 S Main St Mount Angel 97362	Onsite laundry & washroom All utilities paid	0 bd = $811 2 bd = $1042		☐		☐				
Emerson *ONLY Marion County H&HS*	769, 787 & 789 Hawthorne Ave NE, Salem 97301	Shared living, onsite laundry	SRO = $340	☐							
New Day *ONLY Marion County H&HS*	2453-2459 State St Salem 97301	Shared living, onsite laundry	SRO = $340	☐							

Were you referred by Fostering Hope Initiative (FHI)? ☐ Yes ☐ No If yes, attach verifying documentation.

Were you referred by Marion County Health and Human Services? ☐ Yes ☐ No

Properties Owned By: Catholic Community Services Foundation

Except Marilyn Townhomes Owned by Try Investments

MULTIFAMILY NW
The Association Promoting Quality Rental Housing

OREGON—TAX CREDIT
RENTAL APPLICATION
TO BE COMPLETED BY EACH ADULT APPLICANT

ALL UNITS SUBJECT TO AVAILABILITY

EQUAL HOUSING OPPORTUNITY

OFFICE USE ONLY

☐ NEW MOVE-IN ☐ OCCUPANT TURNING 18 ☐ ADD/REMOVE ROOMMATE ☐ TRANSFER

PROPERTY NAME / NUMBER _____

UNIT NUMBER _____ ADDRESS _____

DATE UNIT WANTED _____ (MM/DD/YYYY) UNIT RENT $_____ NON-REFUNDABLE SCREENING CHARGE $_____

OWNER / AGENT Pinehurst Management PHONE (503) 362-3031

OWNER / AGENT ADDRESS 6663 SW Beaverton-Hillsdale Hwy, #300, Portland, OR 97225

SMOKING POLICY: ☐ ALLOWED - ENTIRE PREMISES ☑ PROHIBITED - ENTIRE PREMISES ☐ ALLOWED IN LIMITED AREAS (ASK MANAGEMENT FOR DETAILS)

APPLICANT

PLEASE DO NOT LEAVE ANYTHING BLANK. IF NOT APPLICABLE, WRITE "N/A."

APPLICANT FULL LEGAL NAME _____ EMAIL _____

PREVIOUS NAMES, ALIASES OR NICKNAMES USED _____

DATE OF BIRTH _____ (MM/DD/YYYY) SOC. SECURITY # _____ APPLICANT PHONE (_____) _____

GOVERNMENT ISSUED PHOTO I.D. TYPE _____ # _____ / STATE _____ EXP. DATE _____ (MM/DD/YYYY)

CURRENT STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ DATE YOU MOVED IN _____ (MM/DD/YYYY)

HAVE YOU APPLIED TO ANY OTHER LOCATIONS MANAGED BY LANDLORD IN THE LAST 60 DAYS? ☐ YES ☐ NO

IF YES, WHERE? _____

CURRENT LANDLORD NAME _____ LANDLORD PHONE (_____) _____

LANDLORD EMAIL _____ LANDLORD FAX (_____) _____

STREET ADDRESS (OR APT NAME) _____ CITY _____ STATE _____ ZIP _____

APPLICANT FORMER STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ FROM _____ (MM/DD/YYYY) TO _____ (MM/DD/YYYY)

FORMER LANDLORD NAME _____ LANDLORD PHONE (_____) _____

LANDLORD EMAIL _____ LANDLORD FAX (_____) _____

STREET ADDRESS (OR APT NAME) _____ CITY _____ STATE _____ ZIP _____

OTHER STATES AND COUNTIES YOU HAVE LIVED IN DURING THE PAST 5 YEARS _____

INCOME

ARE YOU SELF-EMPLOYED? ☐ YES ☐ NO **ARE YOU A FULL-TIME STUDENT?** ☐ YES ☐ NO

CURRENT EMPLOYER _____ PHONE (_____) _____

HR EMAIL _____ HR FAX (_____) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ DATE HIRED _____ GROSS MONTHLY INCOME $_____

ADDITIONAL CURRENT EMPLOYER _____ PHONE (_____) _____

HR EMAIL _____ HR FAX (_____) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ DATE HIRED _____ GROSS MONTHLY INCOME $_____

OTHER MONTHLY INCOME: THIS INCLUDES, BUT IS NOT LIMITED TO, WELFARE ASSISTANCE, SOCIAL SECURITY, PENSIONS, DISABILITY, MILITARY PAY/ BENEFITS, UNEMPLOYMENT, CHILD SUPPORT, ALIMONY, STUDENT GRANTS/LOANS, SELF-EMPLOYMENT, LOTTERY INCOME, INCOME FROM THE SALE OF PROPERTY, INCOME FROM TRUSTS AND ANY OTHER INCOME RECEIVED FROM PEOPLE NOT RESIDING WITH YOU.

SOURCE _____ $_____ SOURCE _____ $_____

ASSETS

ASSETS: THIS INCLUDES, BUT IS NOT LIMITED TO, CHECKING/SAVINGS ACCOUNTS, 401K, MONEY MARKET ACCOUNTS, IRA, STOCKS/BONDS, CD'S, TRUSTS, WHOLE OR UNIVERSAL LIFE INSURANCE POLICIES, CASH HELD IN SAFETY DEPOSIT BOXES, ITEMS HELD AS INVESTMENTS, ETC.

ASSET TYPE	FINANCIAL INSTITUTION	ASSET TYPE	FINANCIAL INSTITUTION

OTHER OCCUPANTS

NAME	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY #	FULL-TIME STUDENT?
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO

☐ ON SITE ☐ RESIDENT ☐ MAIN OFFICE (IF REQUIRED)

VEHICLES

MAKE	MODEL	COLOR	STATE	LICENSE PLATE #	OWNER

PETS

☑ IF CHECKED, PETS ARE NOT ALLOWED AT THIS PROPERTY.

☐ IF CHECKED, PETS ARE ALLOWED SUBJECT TO MANAGEMENT APPROVAL. HOW MANY PETS WILL BE RESIDING IN THIS UNIT? _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

CONTACTS

EMERGENCY CONTACT _____ PHONE (_____) _____

ADDRESS _____

CONTACT IN CASE OF DEATH _____ PHONE (_____) _____

ADDRESS _____

OTHER

DO YOU INTEND TO USE: ☐ WATERBED ☐ AQUARIUM ☐ MUSICAL INSTRUMENT _____

HAVE YOU BEEN EVICTED WITHIN THE LAST 5 YEARS OR IS THERE A PENDING EVICTION CASE AGAINST YOU? ☐ YES ☐ NO

IF YES, PLEASE LIST COUNTY & STATE _____

HAVE YOU EVER FILED FOR BANKRUPTCY, OR ARE YOU CURRENTLY IN THE BANKRUPTCY PROCESS? ☐ YES ☐ NO IF YES, DATE _____ (MM/DD/YYYY)

HAVE YOU EVER HAD A HOME FORECLOSED ON, OR ARE YOU CURRENTLY IN THE FORECLOSURE PROCESS? ☐ YES ☐ NO IF YES, DATE _____ (MM/DD/YYYY)

HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT EVER BEEN CONVICTED OF, OR PLED GUILTY OR NO CONTEST TO, ANY FELONY OR MISDEMEANOR RELATED TO THE CRIMINAL CONVICTION CRITERIA? ☐ **YES** ☐ **NO** IF YES, WHO _____

COUNTY & STATE _____ WHEN _____ (MM/DD/YYYY) WHAT _____

HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT BEEN ARRESTED FOR A CHARGE RELATED TO THE CRIMINAL CONVICTION CRITERIA THAT HAS NOT BEEN DISMISSED? ☐ YES ☐ NO IF YES, COUNTY & STATE _____

WHY ARE YOU VACATING YOUR PRESENT PLACE OF RESIDENCE? _____

HOW DID YOU HEAR ABOUT OUR PROPERTY? Nd

SCREENING

Owner/Agent has charged a screening charge as set forth above. Owner/Agent may obtain a consumer credit report and/or an Investigative Consumer Report which may include the checking of the applicant's credit, income, employment, rental history, and criminal court records and may include information as to his/her character, general reputation, personal characteristics, and mode of living. You have the right to request additional disclosures provided under Section 606 (b) of the Fair Credit Reporting Act, and a written summary of your rights pursuant to Section 609(c). You have the right to dispute the accuracy of the information provided to the Owner/Agent by the screening company or the credit reporting agency as well as complete and accurate disclosure of the nature and scope of the investigation.

SCREENING COMPANY OR CREDIT REPORTING AGENCY

COMPANY NAME Pacific Screening, Inc. PHONE (503) 297-1941

ADDRESS PO Box 1397, Wilsonville, OR 97070

EMAIL applications@pacificscreening.com

If the application is approved, applicant will have _____ hours from the time of notification to either, at Owner/Agent's option, execute a rental agreement and make all deposits required thereunder or make a deposit to hold the unit and execute an agreement to execute a rental agreement which will provide for the forfeiture of the deposit if applicant fails to occupy the unit. If applicant fails to timely take the steps required above, he/she will be deemed to have refused the unit and the next application for the unit will be processed.

THE FOLLOWING INFORMATION IS SUBJECT TO CHANGE PRIOR TO EXECUTION OF RENTAL AGREEMENT.

RENT

THE FOLLOWING ARE MAXIMUM AMOUNTS. THE ACTUAL AMOUNT CHARGED WILL DEPEND ON UNIT SIZE, SCREENING RESULTS, AND OTHER FACTORS.

MAXIMUM POTENTIAL RENT $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

DEPOSITS

SECURITY DEP. MINIMUM $Monthly Rent

SECURITY DEP. MAXIMUM $ Monthly Rent
(DEPENDS ON SCREENING RESULTS AND UNIT SIZE)

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

GOOD FAITH ESTIMATE

Approximate number of units currently available, or which will in the foreseeable future be available, of the size and in the area requested by applicant: _____ unit(s).

Approximate number of applications previously accepted and currently under consideration for those units: _____ application(s).

If the blanks above are not filled in, then there is at least one unit available and there are no applications ahead of yours currently under consideration.

SIGNATURE

I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I understand that Owner/Agent may refuse to process or deny this application if it is materially incomplete, fails to include information regarding my identification or income, or if I intentionally withheld or misrepresented required information. I understand that if any information supplied on this application is later found to be false, this is grounds for termination of tenancy.I understand that I am welcome to provide supplemental evidence to mitigate potentially negative screening results. Applicants may provide evidence of mitigating circumstances and request for reasonable accomodation/modification to the following location for review, consideration and response:

Mill Creek Meadows Office @ 200 25th St NE, Salem, OR 97301 ***I have received and read the Owner/Agent's rental criteria.***

APPLICANT X _____ DATE _____ (MM/DD/YYYY) SUPPLEMENTAL EVIDENCE PROVIDED? ☐ YES ☐ NO

OWNER/AGENT X _____ SUPPLEMENTAL EVIDENCE RECEIVED? ☐ YES ☐ NO

☐ PHOTO I.D. VERIFIED BY _____ (INITIALS) DATE RECEIVED _____ (MM/DD/YYYY) TIME RECEIVED _____

OWNER/AGENT NOTES _____

OREGON TAX CREDIT
RENTAL CRITERIA FOR RESIDENCY
(Applicable only if Owner/Agent does not have custom criteria.)

OCCUPANCY POLICY

1. Occupancy is based on the number of bedrooms in a unit. (A bedroom is defined as a habitable room that is intended to be used primarily for sleeping purposes, contains at least 70 square feet and is configured so as to take the need for a fire exit into account.)
2. The general rule is two persons are allowed per bedroom. Owner/Agent may adopt a more liberal occupancy standard based on factors such as size and configuration of the unit, size and configuration of the bedrooms, and whether any occupants will be infants.
3. A minimum of one person per bedroom may be required under applicable regulations.

GENERAL STATEMENTS

1. Current, positive, government-issued photo identification that allows Owner/Agent to adequately screen for criminal and or credit history will be required.
2. Each applicant will be required to qualify individually or as per specific criteria areas.
3. Inaccurate, incomplete or falsified information will be grounds for denial of the application.
4. Any applicant currently using illegal drugs will be denied. If approved for tenancy and later illegal drug use is confirmed, termination shall result.
5. Any individual whose tenancy may constitute a direct threat to the health and safety of any individual, the premises, or the property of others, will be denied tenancy.
6. Per HUD & IRS Section 42 regulations, with limited exceptions, households which are comprised entirely of full time students may not be eligible for housing. *NOTE: If, after taking occupancy, the household becomes comprised entirely of full-time students and does not meet any of the exceptions, that household will no longer qualify and will be required to vacate the premises.*

INCOME CRITERIA

1. **Monthly household income should be at least** __2__ (if blank, 1½) **times the monthly stated rent*** and cannot exceed the applicable maximum income limit assigned to the unit. The income limits are a percentage of the area median income, published annually by HUD, and adjusted for household size. Exceptions will be made to income/rent ratios for those with a minimum of six months of documented, guaranteed rental assistance and/or for those with verified assets on hand sufficient to pay rent and utilities for a minimum of six months.
   *If applicant will be using local, state or federal housing assistance as a source of income, "monthly stated rent" as used in this section means that portion of the rent that will be payable by applicant and excludes any portion of the rent that will be paid through the assistance program.
2. Monthly income must be from a verifiable, legal source.
3. Minimum monthly income will be consistent with project guidelines.
4. Income and assets of all household members will be verified per methods approved by IRS Section 42 regulations. Verification requests will be mailed, e-mailed, or faxed by management, directly to the verifying institution/agency or employer and not hand-carried by applicant.

RENTAL HISTORY CRITERIA

1. Twelve months of verifiable contractual rental history from a current unrelated, third party landlord, or home ownership, is required. Less than twelve months verifiable rental history will require an additional security deposit or acceptable co-signer.
2. Three or more notices for nonpayment of rent within one year will result in denial of the application.
3. Three or more dishonored checks within one year will result in denial of the application.
4. Rental history reflecting any past due and unpaid balances to a landlord will result in denial of the application except for unpaid rent, including rent reflected in judgments or referrals of debt to a collection agency, that accrued on or after April 1, 2020, and before March 1, 2022.
5. Rental history including three or more noise disturbances or any other material non-compliance with the rental agreement or rules within the past two years will result in denial.

EVICTION HISTORY CRITERIA

Five years of eviction-free history is required except for general eviction judgments entered on claims that arose on or after April 1, 2020, and before March 1, 2022. Eviction actions that were dismissed or resulted in a judgment for the applicant or when the applicant has provided supplemental evidence proving that they suffered a job loss due to no fault of their own will not be considered. If your eviction was related to a non-behavioral issue, you may provide supplemental evidence as instructed herein and that information will be considered.

CREDIT CRITERIA

1. Negative credit scoring or adverse debt showing on consumer credit report may result in denial or require additional security deposits or acceptable cosigners.
2. Ten or more unpaid collections (not related to medical expenses) will result in denial of the application.

FAIR HOUSING LAWS

Landlord has a non-discrimination policy as required by federal, state or local law and does not discriminate against any applicant because of the race, color, religion, sex, sexual orientation, gender identity, national origin, marital status, familial status or source of income of the applicant.

BANKRUPTCIES

Chapter 7 Bankruptcies filed within one (1) year of the application or current pending bankruptcies will result in a denial of the application. Any negative or adverse debt showing on a consumer credit report within the last two (2) years (not related to educational or medical expenses) that is reported following a bankruptcy, or multiple bankruptcy filings will result in denial of the application. Applicants with a current Chapter 13 bankruptcy may be approved if the bankruptcy is over 3 years old, in good standing, and no negative or adverse debts have been established since.

CRIMINAL CONVICTION CRITERIA

Upon receipt of the Rental Application and screening fee, Owner/Agent will con- duct a search of public records to determine whether applicant or any proposed resident or occupant has a "Conviction" (which means: charges pending as of the date of the application; a conviction; a guilty plea; or no contest plea), for any of the following crimes as provided in ORS 90.303(3): 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 resi- dents, the landlord or the landlord's agent. Owner/Agent will not consider a pre- vious arrest that did not result in a Conviction or expunged records.

If applicant, or any proposed occupant, has a Conviction in their past which would disqualify them under these criminal conviction criteria, and desires to sub- mit additional information to Owner/Agent along with the application so Owner/Agent can engage in an individualized assessment (described below) upon receipt of the results of the public records search and prior to a denial, applicant should do so. Otherwise, applicant may request the review process after denial as set forth below, however, see item (c) under "Criminal Conviction Review Process" below regarding holding the unit.

A single Conviction for any of the following, subject to the results of any review process, shall be grounds for denial of the Rental Application.

a) Felonies involving: murder, manslaughter, arson, rape, kidnapping, child or other violent/predatory sex crimes or manufacturing or distribution of a controlled substance.

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 dis- position has occurred in the last 7 years.

c) Misdemeanors involving: drug related crimes, person crimes, sex offenses, domestic violence, violation of a restraining order, stalking, weapons, criminal impersonation, 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, criminal mischief, property crimes or any other crime if the conduct for which appli- cant 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, or for which applicant is currently registered as a sex offender, will result in denial.

Criminal Conviction Review Process.

Owner/Agent will engage in an individualized assessment of the applicant's, or other proposed occupant's, Convictions if applicant has satisfied all other criteria (the denial was based solely on one or more Convictions) as required by local, state and federal law, and:

(1) Applicant has submitted supporting documentation prior to the public records search; or

(2) Applicant is denied based on failure to satisfy these criminal criteria and has submitted a written request along with supporting documentation.

Supporting documentation may include:

i) Letter from parole or probation office;
ii) Letter from caseworker, therapist, counselor, etc.;
iii) Certifications of treatments/rehab programs;
iv) Letter from employer, teacher, etc.
v) Certification of trainings completed;
vi) Proof of employment; and
vii) Statement of the applicant.

Landlord will also perform an individualized assessment if no supplemental information is received as required by any local, state or federal law.

Owner/Agent will:

(a) Consider relevant individualized evidence of mitigating factors, which may include: the facts or circumstances surrounding the criminal conduct; the age of the convicted person at the time of the conduct; time since the criminal conduct; time since release from incarceration or completion of parole; evidence that the individual has maintained a good tenant history before and/or after the conviction or conduct; and evidence of rehabilitation efforts. Owner/Agent may request additional information and may consider whether there have been multiple Convictions as part of this process.

(b) Notify applicant of the results of Owner/Agent's review within a reasonable time after receipt of all required information.

(c) Hold the unit for which the application was received for a reasonable time under all the circumstances to complete the review unless prior to receipt of applicant's written request (if made after denial) the unit was committed to another applicant.

EUGENE APPLICANTS

Owner/Agent may refuse to process an application submitted by an applicant who has violated a rental agreement with the Owner/Agent three or more times during the 12-month period preceding the date of the application and the Owner/Agent can provide documentation of the violations.

Assessment of Household Demographics

OREGON HOUSING and COMMUNITY SERVICES

Property Name: _____ Unit #: _____

Family Name: _____

Oregon Housing and Community Services (OHCS) requests the following information to comply with the Housing & Economic Recovery Act (HERA) of 2008, which requires housing finance agencies (HFAs) to collect demographic data from all Low-Income Housing Tax Credit (LIHTC) properties and submit the data to the U.S. Department of Housing & Urban Development (HUD).

Although OHCS would appreciate receiving this information, there is no penalty to households who chose not to. However, all household members must sign and date at the bottom of this form as proof that the option to disclose their demographic information was made available. Adult members will sign/date on behalf of minors.

Use following Race codes to complete the table below:

A = Asian
AIND = Asian Indian
ACH = Chinese
AF = Filipino
AJ = Japanese
AK = Korean
AV = Vietnamese
AO = Asian Other
AI = American Indian/Alaskan Native
B = Black/African American
NH = Native Hawaiian/Other Pacific Islander
PNH = Native Hawaiian
PGC = Guamanian or Chamarro
PS = Samoan
PO = Pacific Islander Other
O = Other
W = White

Use the following Ethnicity codes to complete the table below:

H = Hispanic or Latino
N = Not Hispanic or Latino
PR = Puerto Rican
C = Cuban
MAC = Mexican, Mexican American, Chicano/a
O = Another Hispanic, Latino/a, or Spanish Origin

Disability Status:

Per the Fair Housing Act, individuals with mental or physical impairments that substantially limit one of more major life activities are considered to have a disability. Please refer to 24 CFR 100.201 for the definitions of mental or physical impairments, as well as other terms commonly referred to within the Act.

Enter applicable Race and Ethnicity codes for each household member: (Use additional forms if more space is needed)

Last Name	First Name	Race Code	Ethnicity Code	Disabled Yes / No	Decline (initial)
Example: Kai	Leilani	PNH	N	No	

Signature Head of Household _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

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.

Applicant Name:
Mailing Address:
Telephone No: **Cell Phone No:**
Name of Additional Contact Person or Organization:
Address:
Telephone No: **Cell Phone No:**
E-Mail Address (if applicable):
Relationship to Applicant:

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: 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.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: 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.

Signature of Applicant **Reminder: All Adults Must Complete Their Own Application** **Date**

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.

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