



Cascade Management, Inc
Real Estate Management Services

RENTAL APPLICATION

Type Unit Requested: _____ Bedrooms <input type="checkbox"/> Handicap	<i>Office Use Only</i>
All blanks must be filled in for this application to be considered complete and processed for eligibility. Write N/A if the information requested does not apply. If additional space is needed, please attach separate sheet(s). Return this application to the manager of the apartment complex you wish to reside in.	Date _____ Time _____ AM / PM

Primary Applicant Information

Full Legal Name	Social Security No.	Date of Birth	Driver's Lic. No.
Primary Applicant:			
Co-Applicant:			
Co-Applicant or Household Member:			
Co-Applicant or Household Member:			
Household Member:			
Household Member:			

1. Have you ever lived in an RD, HUD or other federal housing program project? Yes No
 If yes, where? _____ Vacate Date: _____
2. Have you ever been evicted from private housing, public housing or any other federal housing program? Yes No
 If yes, where, when and why? _____
3. Would a household member benefit from a wheelchair/other special handicap accessible unit? Yes No
 If yes, are you applying for these features? Yes No
4. Do you have pets or service animals? Yes No
 If yes, please specify: _____
5. Are you or a household member a current illegal user/distributor of a controlled substance? Yes No
6. Have you or a household member been convicted of the illegal use of a controlled substance? Yes No
7. Have you or a household member been convicted of the illegal manufacture or distribution of a controlled substance? Yes No
8. If questions 5, 6 or 7 were answered yes, has the person successfully completed a controlled substance abuse recovery program or is the person presently enrolled in such a program? Yes No
9. Have you or any member of your household been convicted of a misdemeanor or felony? Yes No
10. Do you or any member of your household have a history of violence of any kind? Yes No
11. Are any applicants currently Part Time or Full Time Students? Yes No
12. **I HAVE A PREFERENCE:** I have been displaced by government action or a presidentially declared disaster
 Yes No (You will be required to provide verification at time of application.)

Primary Applicant Current/Previous Residence Information

Applicant Phones: (home) _____ (work) _____ Current Landlord Phone: _____

Current Address: _____

City: _____ State: _____ ZIP: _____ Move-in Date: _____ Length of Tenancy: _____

Current Landlord/Address: _____

Monthly Rent: \$ _____ Reason for Moving: _____

Previous Address: _____ Residency From: ____ \ ____ \ ____ To: ____ \ ____ \ ____

City: _____ State: _____ ZIP: _____ Length of Tenancy: _____

Previous Landlord/Address: _____ Previous Landlord Phone: _____

Reason for Moving: _____

Previous Address: _____ Residency From: ____ \ ____ \ ____ To: ____ \ ____ \ ____

City: _____ State: _____ ZIP: _____ Length of Tenancy: _____

Previous Landlord/Address: _____ Previous Landlord Phone: _____

Reason for Moving: _____

Primary Applicant Current Bank Information

Type	Account Number	Bank Name	Interest Rate %	Balance
Checking Account				
Checking Account				
Savings Account				
Certificate				
Other				

Primary Applicant Current Investments

Savings Bond: _____ Yes No
 No. _____ Maturity Date _____ Cash Value \$ _____

Life Insurance: _____ Yes No
 Name: _____ Policy No. _____ Cash Value \$ _____

Bonds or Stocks: _____ Yes No
 If yes, note Current Value \$ _____

Real Property: _____ Yes No
 If yes, Type: _____ Appraised Market Value \$ _____
 Location: _____

Have you sold/disposed of any property/assets in the last 2 years? _____ Yes No
 If property/asset sold, list type of property/asset: _____
 Date property/asset sold: _____ Amount received from asset \$ _____

List other assets not listed above (excluding household goods): _____

Primary Applicant Income From Assets, Employment and Other Sources

List all income sources including, but not limited to income from sale of property, interest on assets, dividends, and annuities, full or part-time employment, pension, SS, SSI, welfare agencies, food stamps, disability, armed forces reserves, unemployment, alimony, child care, child support, student grants, regular contributions from people not residing with you. Please show sources of income for at least the last 12 months for Primary Applicant.

Source of Income	Address of Income Source	Begin Date	End Date	Length	Annual Gross Income

Deductions

1. Other than applicant and co-applicant, is any household member a full-time student and 18 years of age or older? (Student must carry a "full-time" subject load as defined by the attended college/school.) Yes No
2. Do you request an adjustment to income due to payment of child care which enables you or a member of your household to work? (Note: Only non-reimbursed amounts for child care of minors under 13 years of age may be deducted and is permitted only when such care is necessary to enable a household member to further his/her education or to be gainfully employed.) Yes No

If Yes, Expected Annual Expense: \$ _____

Care Provider Name, Address and Phone: _____

3. Do you or any household member request a handicap/disability adjustment to income? Yes No
 (Note: This deduction is allowed only if applicant or co-applicant is **62 years of age or older or disabled or handicapped**. *DO NOT INCLUDE EXPENSES COVERED BY MEDICARE OR INSURANCE.*)

If yes, complete the following (attach additional sheet to this application if needed):

Anticipated Expense for Prescriptions and Non-Prescription Items
as Prescribed by a Physician for the Next 12 Months

<u>Pharmacy Name</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

Anticipated Expense for Hospital, Medical, Dental, Optical and
Medical Insurance Premium for the Next 12 Months

<u>Name/Policy #</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

Anticipated Expense for Hospital, Medical, Dental or Optical

<u>Provider</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Primary Applicant Personal References

Personal References - Non-related Persons Not Living With You Whom You Have Known 1+ Years

Name	Address	Area Code/Phone

Automobiles

Year	Make and Model of Vehicle	License Plate Number	State Vehicle is registered in

Primary Applicant Debt & Credit Information

Please provide all information on your current debt history as requested below, complete and accurate information is required. Include auto loans, equipment and furniture loans, credit cards, revolving accounts (i.e. department store accounts), student loans, personal loans and any other debts that you owe.

Credit Source/ Company's Name	Address of Credit Source	Account Number	Current Balance	Minimum Monthly Payment	Current on Payments Yes or No

Applicant and/or Co-applicant hereby certifies that this apartment will be their permanent residence and that they will not maintain a separate subsidized rental unit in a different location.

Applicant(s) authorizes owner or owner's representative to investigate and obtain a credit rating, current and past rental records, criminal records, employment history, sources of income in my household, current and past utility records and any information necessary to determine eligibility. The information obtained will be used for management purposes only and will be held in confidence. A conviction or convictions for any felony or any misdemeanor which involves theft, dishonesty, assault, intimidation, drug-related or weapons charges shall be grounds for the denial of the rental application.

Your signature below certifies that the statements made on this application are true and correct, and gives management consent to verify the information contained in this application. You acknowledge also that due to changes in circumstances additional information may be requested at a later date to complete the processing of this application.

GIVING FALSE INFORMATION ON THIS APPLICATION MAY RESULT IN EVICTION AFTER OCCUPANCY.

WARNING: Section 1001 of Title 18, United States Code provides, "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or use any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined under this title or imprisoned not more than five years, or both."

Primary Applicant Date Co-Applicant

Application Fee Required: \$ _____

Race Codes:	
1	American Indian or Alaskan Native
2	Asian
3	Black or African American
4	Native Hawaiian or Other Pacific Islander
5	White

Optional:

Household Member	Sex	Ethnicity	Race Code (Use Table Above)
Applicant	<input type="checkbox"/> Male <input type="checkbox"/> Female	(a) <input type="checkbox"/> Hispanic or Latino (b) <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Co-Applicant	<input type="checkbox"/> Male <input type="checkbox"/> Female	(a) <input type="checkbox"/> Hispanic or Latino (b) <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Household Member	<input type="checkbox"/> Male <input type="checkbox"/> Female	(a) <input type="checkbox"/> Hispanic or Latino (b) <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Household Member	<input type="checkbox"/> Male <input type="checkbox"/> Female	(a) <input type="checkbox"/> Hispanic or Latino (b) <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Household Member	<input type="checkbox"/> Male <input type="checkbox"/> Female	(a) <input type="checkbox"/> Hispanic or Latino (b) <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Household Member	<input type="checkbox"/> Male <input type="checkbox"/> Female	(a) <input type="checkbox"/> Hispanic or Latino (b) <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

"The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the federal government, acting through Rural Housing Service, that federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap 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/national origin and sex of individual applicants on the basis of visual observation or surname."

Management Agent

Date

<i>Office Use Only</i>
Eligible Bedroom Sizes <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

CO-APPLICANT

Co-Applicant Information

Name: _____ Driver's License No.: _____
 Social Security No.: _____ Date of Birth: _____

1. Have you ever lived in an RD, HUD or other federal housing program project? Yes No
 If yes, where? _____ Vacate Date: _____
2. Have you ever been evicted from private housing, public housing or any other federal housing program? Yes No
 If yes, where, when and why? _____
3. Would a household member benefit from a wheelchair/other special handicap accessible unit? Yes No
 If yes, are you applying for these features? Yes No
4. Do you have pets or service animals? Yes No
 If yes, please specify: _____
5. Are you or a household member a current illegal user/distributor of a controlled substance? Yes No
6. Have you or a household member been convicted of the illegal use of a controlled substance? Yes No
7. Have you or a household member been convicted of the illegal manufacture or distribution of a controlled substance? Yes No
9. If questions 5, 6 or 7 were answered yes, has the person successfully completed a controlled substance abuse recovery program or is the person presently enrolled in such a program? Yes No
9. Have you or any member of your household been convicted of a misdemeanor or felony? Yes No
10. Do you or any member of your household have a history of violence of any kind? Yes No

Co-Applicant Current/Previous Residence Information

✓ here if your current/previous residence information is the same as the primary applicant's and do not complete this section.

Applicant Phones: (home) _____ (work) _____ Current Landlord Phone: _____

Current Address: _____

City: _____ State: _____ ZIP: _____ Move-in Date: _____ Length of Tenancy _____

Current Landlord/Address: _____

Monthly Rent: \$ _____ Reason for Moving: _____

Previous Address: _____ Residency From: ___/___/___ To: ___/___/___

City: _____ State: _____ ZIP: _____ Length of Tenancy: _____

Previous Landlord/Address: _____ Previous Landlord Phone: _____

Reason for Moving: _____

Previous Address: _____ Residency From: ___/___/___ To: ___/___/___

City: _____ State: _____ ZIP: _____ Length of Tenancy: _____

Previous Landlord/Address: _____ Previous Landlord Phone: _____

Reason for Moving: _____

Co-Applicant Debt & Credit Information

here if your debt & credit information is the same as the primary applicant's and do not complete this section.

Please provide all information on your current debt history as requested below, complete and accurate information is required. Include auto loans, equipment and furniture loans, credit cards, revolving accounts (i.e. department store accounts), student loans, personal loans and any other debts that you and/or any member of your household owe.

Credit Source/ Company's Name	Address of Credit Source	Account Number	Current Balance	Minimum Monthly Payment	Current on Payments Yes or No

Co-Applicant Applicant Current Bank Information

here if your debt & credit information is the same as the primary applicant's and do not complete this section.

Type	Account Number	Bank Name	Interest Rate %	Balance
Checking Account				
Checking Account				
Savings Account				
Certificate				
Other				

Co-Applicant Current Investments

here if your current investment information is the same as the primary applicant's and do not complete this section.

Savings Bond: Yes No
 No. _____ Maturity Date _____ Cash Value \$ _____

Life Insurance: Yes No
 Name: _____ Policy No. _____ Cash Value \$ _____

Bonds or Stocks: Yes No
 If yes, note Current Value \$ _____

Real Property: Yes No
 If yes, Type: _____ Appraised Market Value \$ _____
 Location: _____

Have you sold/disposed of any property/assets in the last 2 years? Yes No
 If property/asset sold, list type of property/asset: _____
 Date property/asset sold: _____ Amount received from asset \$ _____

List other assets not listed above (excluding household goods): _____

Co-Applicant Income From Assets, Employment and Other Sources

List all income sources including, but not limited to income from sale of property, interest on assets, dividends, and annuities, full or part-time employment, pension, SS, SSI, welfare agencies, food stamps, disability, armed forces reserves, unemployment, alimony, child care, child support, student grants, regular contributions from people not residing with you. Please show sources of income for at least the last 12 months.

Source of Income	Address of Income Source	Begin Date	End Date	Length	Annual <u>Gross</u> Income

CASCADE MANAGEMENT, Inc.
Screening Criteria I

Thank you for your interest in applying at one of our apartment complexes. Our apartment communities are great places to live, and we trust you will find they make great homes. Part of keeping our communities safe and livable is our screening process. This process is outlined below.

Cascade Management, Inc. (CMI) does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its housing, programs or activities. We comply with requirements of the Fair Housing Acts, Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). CMI will accept Reasonable Accommodation requests to accommodate a disability. They should be sent to the Compliance Officer at the corporate address listed below.

If you have any questions after reviewing these criteria, please don't hesitate to ask.

UNIT SIZE STANDARDS

1. Maximum occupancy is 2 persons per bedroom plus one additional person. The minimum allowed occupancy is 1 person per bedroom.

GENERAL REQUIREMENTS

1. A complete and accurate application is required. Incomplete applications will be returned for completion.
2. Each applicant and live-in-aides or later additions to the household will be required to qualify individually.
3. Primary applicants must be able to enter a legal and binding contract.

INCOME REQUIREMENTS

All income and assets must be reported and will be verified. False or fraudulent statements will automatically lead to a denial of your application. Applicants applying for Section 236 and BMIR apartments must have a minimum monthly income equal to or greater than 1.5 times the monthly rent. You must meet the income limit for the complex you are applying at.

RENTAL REQUIREMENTS

1. Third-party rental history will be verified.
2. Lack of rental history will not be a cause for an applicant to be rejected.
3. 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.
4. 3 years eviction free rental history will be required. Any household containing a member(s) who was evicted in the last 3 years from federally assisted housing for drug-related criminal activity will be denied. There are 2 exceptions: (1) The evicted member has successfully completed an approved, supervised drug rehab program, or (2) The circumstances that led to the eviction no longer exist (e.g. the member no longer resides with the applicant household).
5. Rental history reflecting any outstanding damages or past due rent >\$100 will be a cause for denial

- of your application. (An exception is made when payments are being made.)
6. Rental history demonstrating documented noise or disturbance complaints will be a cause for denial of your application when the manager would not re-rent if 1-year positive rental history cannot be verified within the last year.

CREDIT REQUIREMENTS

Credit will be reviewed. Individuals who do not share the same credit report will be required to submit individual applications. Each applicant must qualify individually. The credit report must show a maximum national credit risk rating of 600 or greater, or 50%, to qualify. Failing this, the applicant may be offered the opportunity to provide a guarantor who would assume liability for the credit of the applicant.

Unpaid collections or judgment information will be obtained. The presence of unpaid collections or judgments, which has been filed within the past four (4) years, will disqualify you for residency. Failing this, the applicant may be offered the opportunity of a guarantor who would assume liability for the credit of the applicant. The guarantor must meet the above mentioned screening requirements for credit to qualify as guarantor. The option to allow a guarantor is at the discretion of Cascade Management.

ELIGIBILITY REQUIREMENTS

Your application may be rejected for the following HUD eligibility requirements:

1. You are ineligible for occupancy in a particular unit or property.
2. You are unable to disclose and document SSNs of all household members who are at least 6 years old, or you do not execute a certification stating no SSNs have been assigned.
3. You do not sign and submit verification consent forms or the Authorization for Release of Information (HUD Forms 9887 & 9887A).
4. Your household characteristics are not appropriate for the unit available at this time or you have a family of a size not appropriate for the unit available.
5. Your family includes members who did not declare citizenship or noncitizenship status, or sign a statement electing not to contend noncitizen status. You may revise your application to exclude proposed family members who do not declare citizenship or eligible noncitizens.
6. For those applicants whose head or co-head of household are students, the following additional requirements will apply:
 - a) Established a household separate and distinct from parents or legal guardians for at least one (1) year prior to application OR meet the definition of an independent student; and
 - b) Not be claimed as a dependant by parents or legal guardians.

To be considered an independent student you must be one of the following:

- At least twenty-four (24) by December 31 of the year applying for; or
- An orphan or ward of the court; or
- A veteran of the U.S. Armed Forces; or
- A graduate or professional student; or
- Married; or
- Have legal dependants other than a spouse

CRIMINAL CONVICTION POLICY

A conviction or convictions for any felony, or any misdemeanor involving assault, intimidation, prostitution, drug-related activity, or weapons charges, obscenity and related violations (ORS 167.060 through 167.100), within the last 5 years shall be grounds for denial of your application. A conviction, guilty plea or no contest plea to any misdemeanor not mentioned above in the last year will be cause for denial of your application. Any conviction or convictions for any sex crimes and/or child sex crimes within the last 7 years (or longer if found in court records) shall be grounds for denial of your application. Any household member who is subject to a state sex offender lifetime registration requirement will be cause for denial of your application.

APPLICATION PROCESS

1. Complete the application on the designated form.
2. If there is a waiting list at the project, you may ask to be placed on any of the bedroom size waiting lists you qualify for. The manager will provide you with an approximate timeframe for how long the waiting list is running.
3. Once your application is selected for processing, be prepared to wait 1-2 business days for the application screening process.
4. Applicants will be required to pay a refundable security deposit. The amount of the security deposit is based on the specific program requirements.
5. You are encouraged to read the rental agreement at the time of application.

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 contact management for 6 months.
4. At the second refusal when offered a unit.
5. We have been unable to contact you by phone on 3 or more occasions.
6. Your phone is no longer in service.

You will be notified in writing of your removal from the waiting list.

REJECTED APPLICATION POLICY

If your application is rejected due to negative and 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.
5. Upon receipt of the corrected information your application will be reevaluated for the next available unit.

Please be advised that your application can also be denied for the following reasons:

1. Incomplete, inaccurate or falsified information.
2. Any applicant currently using illegal drugs, and/or possessing illegal drugs.
3. Any individual who may constitute a direct threat to the health and safety of any individual, or whose tenancy may pose a threat to the complex, or the property of others.
4. If your demeanor (your manners) during the application process is overly aggressive, confrontational, rude, unprofessional, or otherwise indicative of someone who won't get along with neighbors, we may deny your application.

If your application has been denied and you feel you qualify as a resident under the criteria above, you can do one of the following: (1) Write to: **Compliance Officer 830 NE Victoria Street, Grants Pass, OR 97526**. In the letter explain the reasons you believe your application should be approved and request a review of your file. (2) Request a meeting. Any meeting with you will be conducted by someone who was not involved in the initial decision. Within 5 working days of receipt of your letter or the meeting, your application file will be reviewed and you will be notified in writing of the final decision of your eligibility.

CMI reserves the right to overturn denials for extenuating circumstance. (For example: medical reasons, domestic violence, or completion of the Ready to Rent program.)

If you feel you have been a victim of discrimination, you may contact HUD at: 909 1st Avenue, Room 205, Seattle, WA 98104-1000, 1-800-877-0246, TTY 1-206-220-5185, www.hud.gov.

You may request a copy of CMI's Tenant Selection Policy from the Project Manager.