Columbia Cascade Housing Corporation

900 Vey Way Office The Dalles, OR 97058 (541) 296-3810



FAX: (541) 296-3892

CASA LOMAS RENTAL APPLICATION

Type Unit Requested: Bedrooms ☐ Upstairs	□ Downstairs □ H	andicap	Office Use Only					
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 AM / PM								
Applican	t Information							
Full Legal Name	Social Security No.	Date of 1	Birth Driver's Lic. No.					
Primary Applicant:								
Co-Applicant:								
Co-Applicant or Household Member:								
Co-Applicant or Household Member:								
Household Member:								
Household Member:								
Check items to be moved into the unit (insurance required for each item): ☐ Waterbed 1. Have you ever lived in an RD, HUD or other federal housing program project? ☐ Yes ☐ No If yes, where?								
program? If yes, where, when and why? 3. Would a household member benefit from a wheelchair/			☐ Yes ☐ No					
If yes, are you applying for these features?	☐ Yes ☐ No							
4. Do you have pets or service animals? If yes, please specify:			☐ Yes ☐ No					
5. Are you or a household member a current illegal user/d	istributor of a controlled	substance?	☐ Yes ☐ No					
6. Have you or a household member been convicted of the	e illegal use of a controlle	d substance	? □ Yes □ No					
7. Have you or a household member been convicted of the a controlled substance?	e illegal manufacture or d	istribution o	f □ Yes □ No					
8. If questions 5, 6 or 7 were answered yes, has the person substance abuse recovery program or is the person pres	, i		☐ Yes ☐ No					
9. Have you or any member of your household been convi	cted of a misdemeanor or	felony?	☐ Yes ☐ No					
10. Do you or any member of your household have a histor	y of violence of any kind	?	☐ Yes ☐ No					
11. Are any applicants currently Full Time Students?								
(Defined as 5 months per year and usually 12 credit hours p	er semester)		☐ Yes ☐ No					

	Applicant Current/	Previous Resid	ence Informat	ion	
Applicant Phones: (home) _	(work)		Current Landlor	d Phone:	
Current Address:					
City:	State: ZIP:	_ Move-in Date:_	Length of	f Tenancy:	
Current Landlord/Address:					
Monthly Rent: \$	Reason for Moving:				
Previous Address:			Residence	ey From:\	To:\
City:	State: ZIP:		Length	of Tenancy:	
Previous Landlord/Address:			Previous Landlo	ord Phone:	
			Reason for Mov	ring:	
Previous Address:			Reside	ncy From:\	_To:\
City:	State: ZIP:		Length	of Tenancy:	
Previous Landlord/Address:			Previous Landlo	ord Phone:	
·			Reason for Mov	ving:	
m	1	Current Bank In		T	T 5.1
Type	Account Number	Bank N	Name	Interest Rate %	Balance
Checking Account					
Checking Account					
Savings Account					
Certificate					
Other					
	A 10		, ,		
Carrings Dand	Applicant	Current Inves	stments		Vas 🗖 Na
Savings Bond: No.	Maturity Date	Cash	Value \$		Yes □ No
Life Insurance:	1714047165 2 400	Cush	, 41.00 ¢		Yes □ No
	Policy No	Cash	Value \$		
Bonds or Stocks:	nt Value \$			Ц	Yes □ No
Real Property:	iit value φ	_			Yes □ No
± •	A _I	ppraised Market	Value \$		
Location:					
•	of any property/assets in toold, list type of property/a	•			Yes □ No
Date property/ass	et sold: Amou	ant received from	n asset \$		
List other assets not list	ted above (excluding house	ehold goods):			

	Applicant Income From Asse	ts Employme	ent and Oth	er Source	9			
List all income sources annuities, full or part-ti reserves, unemploymen	including, but not limited to including, but not limited to include employment, pension, SS, at, alimony. child care, child su ase show sources of income for	come from sale SSI, welfare a apport, student	e of property gencies, foo grants, regu	d stamps, lar contrib	on assets, dividends, and disability, armed forces outions from people not			
Source of Income	come Address of Income Source Begin Date End Date Length							
	De	ductions						
	and co-applicant, is any household			-				
	dent must carry a "full-time" subje		•	_	·			
	justment to income due to paymen			-	☐ Yes ☐ No			
•	ehold to work? (Note: Only non							
•	may be deducted and is permitte	•		essary to en	able a			
	further his/her education or to be		oyed.)					
_	Annual Expense: \$	-						
	ne, Address and Phone:				- -			
	nold member request a handicap/d				☐ Yes ☐ No			
	n is allowed <u>only</u> if <u>applicant or co</u> O NOT INCLUDE EXPENSES CO		-					
	e following (attach additional she				CL.)			
ii yes, complete tii	•	11						
	Anticipated Expense for Press as Prescribed by a Phy	-	_					
Pharmacy Name	• •	dress	zxt 12 Month	8	Amount			
1 Harmacy Ivanic	<u> </u>	<u>101035</u>			\$			
								
	Anticipated Expense for Ho	spital Medical	Dental Ontic	al and				
	Medical Insurance Pre	•	•					
Name/Policy # Address Amount								
					 \$			
					\$			
	Anticipated Expense for Ho	ospital, Medical	, Dental or O	ptical				
<u>Provider</u>	• •	<u>ddress</u>			<u>Amount</u>			
					\$			
					\$			
								
					\$			

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					

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 A	Applicant	Date		Co-Applicant			
Application Fee Requi	red: \$						
				Rac	e Codes:		
			1	American Indian	or Alaskan Native		
			2	Asian			
			3	Black or African			
			4	Native Hawaiian	or Other Pacific Islander		
			5	White			
Optional:							
Household Member	Sex	Ethnicity	7		Race Code		
					(Use Table Above)		
Applicant	☐ Male ☐ Female	(a) \square Hispanic or Latino (b) \square \wedge			$\Box 1 \ \Box 2 \ \Box 3 \ \Box 4 \ \Box 5$		
Co-Applicant	☐ Male ☐ Female	(a) \square Hispanic or Latino (b) \square \wedge		•	$\Box 1 \ \Box 2 \ \Box 3 \ \Box 4 \ \Box 5$		
Household Member	☐ Male ☐ Female	(a) \square Hispanic or Latino (b) \square \wedge			$\Box 1 \ \Box 2 \ \Box 3 \ \Box 4 \ \Box 5$		
Household Member	☐ Male ☐ Female	(a) \square Hispanic or Latino (b) \square \wedge		1	$\Box 1 \ \Box 2 \ \Box 3 \ \Box 4 \ \Box 5$		
Household Member	☐ Male ☐ Female	(a) \square Hispanic or Latino (b) \square \wedge		•	$\Box 1 \ \Box 2 \ \Box 3 \ \Box 4 \ \Box 5$		
Household Member	☐ Male ☐ Female	(a) \square Hispanic or Latino (b) \square \wedge	IOT His	spanic or Latino	$\Box 1 \ \Box 2 \ \Box 3 \ \Box 4 \ \Box 5$		
"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."							
		<u> </u>	ъ.		Office Use Only		
Managem	ent Agent		Date	;	Eligible Bedroom Sizes		
E	•				Englote Beardon bizes		

Co-Applicant Information	
Name: Driver's License No.:	
Social Security No.: Date of Birth:	
Have you ever lived in an RD, HUD or other federal housing program project? If yes, where? Vacate Date:	□ Yes □ No
If yes, where?Vacate Date: 2. Have you ever been evicted from private housing, public housing or any other feder program? If yes, where, when and why?	eral housing
3. Would a household member benefit from a wheelchair/other special handicap accellif yes, are you applying for these features?	essible unit?
4. Do you have pets or service animals? If yes, please specify:	☐ Yes ☐ No
5. Are you or a household member a current illegal user/distributor of a controlled su	ıbstance? □ Yes □ No
6. Have you or a household member been convicted of the illegal use of a controlled	substance?
7. Have you or a household member been convicted of the illegal manufacture or distance?	tribution of Yes No
9. If questions 5, 6 or 7 were answered yes, has the person successfully completed a substance abuse recovery program or is the person presently enrolled in such a program of the person presently enrolled in the person presently enrol	
9. Have you or any member of your household been convicted of a misdemeanor or f	elony? □ 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 Infor	mation
\square $$ here if your current/previous residence information is the same as the primary applic	
Applicant Phones: (home) (work) Current Lan	ndlord Phone:
Current Address:	
City: State: ZIP: Move-in Date:	-
Current Landlord/Address: Monthly Rent: \$ Reason for Moving:	
Previous Address: Residency	y From:\To:\
	th of Tenancy:
Previous Landlord/Address: Previous Landlord/Address: Reason for I	ndlord Phone: Moving:
	y From:\To:\
	th of Tenancy:
	andlord Phone:
Co-Applicant Debt & Credit Information	·
\square $$ here if your debt & credit information is the same as the primary applicant	s and do not complete ints section.

Include auto loans, equi	mation on your current debt pment and furniture loans, cro other debts that you and/or an	edit card	ls, revolving accounts	(i.e. c	departme		
Credit Source/ Company's Name	Address of Credit So	ource	Account Number	_	urrent alance	Minimun Monthly Payment	Payments
				_			
		_	nt Current Bank In			. 7.	
	t & credit information is the Account Number	same a	Bank Name	nt's d		at Rate %	
Type Chasking Assount	Account Number		Dank Name		mieres	a Kate %	Balance
Checking Account							
Checking Account							
Savings Account							
Certificate							
Other							
	Co-Applica	ınt Cı	ırrent Investmer	nts			
□ √here if your ci	urrent investment information				int's and	do not com	olete this section.
Savings Bond:				_		_	□ Yes □ No
	Maturity Date _		Cash Value	\$			□ Yes □ No
Name:	Policy No		Cash Value	\$			
Bonds or Stocks:	ırrent Value \$						□ Yes □ No
Real Property:							□ Yes □ No
If yes, Type: _ Location:		_ Appra	nised Market Value	\$			
Have you sold/dispos	sed of any property/assets						□ Yes □ No
Date property/ass	set sold, list type of proper /asset sold: A	ty/assei mount	received from asset	\$_			
	listed above (excluding ho						
	Co-Applicant Income Fr	om As	sets. Employment s	and (Other S	ources	
		JIII / 130	zeo, zmpiojment t				
	es including, but not limite	ed to in	come from sale of pr	rope	rty, inter	est on asse	ets, dividends, a

List all income sources including, <u>but not limited to</u> 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	