

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 <u>TenantSelectionStandard</u> or <u>CriteriaforResidency</u> which is made available to all upon request or included as part of the application packet.

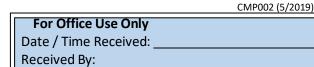
The attached application must be completed in its entirety and returned to the property to which you are applying. All applications submitted will be placed on the waiting list by date and time received unless it is incomplete. Incomplete applications will be returned to the applicant for completion.

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.



AM/PM

## Rio Bella

**Physical Address:** 1650 Hope Ave. Hood River, OR 97031

Cascade

Management, Inc.

## **Application for Housing**

Mailing Address: 3145 Cascade Ave. #101 Hood River, OR 97031

Ph: (541) 387-0331 Fax: (541) 387-0330

Comprehensive reusable tenant screening report is ☐ ACCEPTED ☒ NOT ACCEPTED					
Unit Type Requested					
Bedroom Size: (check all that apply)	Efficiency	Studio 1 1	2 🗌 3 🗎 4 🗀	5 🗌	
☐ Project-based Section 8	] Wheelchai	r accessibility	Other		
Contact Information		,			
Name:					
Street Address:		Apt. # Cit	<del></del> :v: St	ate: Zip (	Code:
Contact Phone Number(s):	Apt. # City: State: Zip Code:				
Emergency Contact Name:	Address:				
Emergency Contact Phone/Emai					
List each person (starting with yourself) who will occupy the apartment					
Name (Last, First, Middle)	Date of	Relationship to	Social Security #	State Driver's	Full time or
Please include all former, alias and nicknames used	Birth	Head of Household	(If Applicable)	License #	Part time student Y/N
		Self			
Please answer and check any /a	all of the be	elow that apply to ye	our household		
Senior (55 or older)Elderly (62 or older)DisabledHomeless or at riskVeteran					
Currently have a Section 8 VoucherCurrently living in a rent subsidized property					
Displaced by a government declared disaster					
Referred by a Social Service Agency (name of agency)					
If age 62 or older as of January 31st, 2010 and do not have a Social Security Number, did you receive HUD					
rental assistance at another location on January 31st, 2010? Y N					
How did you hear about our property?					





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 o	wn real estate? Yes □	No □			
Have assets been disposed of for	less than the fair market val		years? Yes □	No □	
If "Yes", please explain:					
				_	
Employment Information	Head of Household Name:				
	Address	Phone # /Email	Position	Longth Employed	
Employer/Company	Address	Phone # / Email	POSITION	Length Employed	
Employment Information	Adult Co-Head Name:				
Employer/Company	Address	Phone # /Email	Length Employed		
Employment Information	Adult Co-Head Name:				
		DI "/E "	I 5 I		
Employer/Company	Address	Phone # /Email	Position	Length Employed	
Employment Information	Adult Co-Head Name:				
Employer/Company	Address	Phone # /Email	Position	Length Employed	



Automobile Information				
Make	Year	Color	License Plate #	

Current and Previous Rental History: Start with your current residence					
Landlord /	Contact	Address you occupied	Move In	Move out	Reason for Leaving
Apartments	Phone #		Date	Date	
Has anyone in your househ	old ever been	evicted? No Yes D	ate		
Have you or any of your ho	usehold mem	bers within the past 3 years	been evict	ed from fede	rally assisted housing
due to drug-related crimina					
Has legal notices been give List all states where all hou	en where you o	currently live? No □ Yes			
	Senoid memb	ers nave nveu.			
Background Information			_		
Have you or any person w		., .	n convicted	d or pled gui	Ity or no contest to
any felony or misdemeand	or? No 🗆	Yes □			
If "Yes", type of offense_		Wher	e?	Wh	en?
Is there any household member subject to a lifetime sex offender registration in any state? No ☐ Yes ☐					
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 the colored of	L				Data
nead of Household Signa	ture				_ Date
Adult Co-Head Signature					Date
Adult Co-Head Signature					_ Date
Adult Co-Head Signature					_ Date

