

RENTAL APPLICATION

Complex: _____ Type Unit Requested: _____ Bedrooms <input type="checkbox"/> Handicap	<i>Office Use Only</i> Date _____ Time _____ AM / PM
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.	

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
 N/A
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 18 or older currently Part Time or Full Time Students? Yes No
 If yes, who? _____
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

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
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

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: _____

This institution is an equal opportunity provider and employer.

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				
Checking				
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

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RD CRITERIA FOR RESIDENCY OREGON

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.

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

This criteria is a procedure guide which gives direction regarding the implementation of these standards. This document is only superseded by a project-specific management plan, by the contents of the corresponding property specific Memorandum of Understanding (MOU), or by notice from the Cascade Management, Inc. (CMI) Corporate Office.

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). Therefore, CMI will not discriminate based on race, color, creed, religion, sex, national origin, age, disability, sexual orientation, income source, marital status, familial status, gender identity, veteran military status, or any protected class in the state, county and/ city. CMI will accept Reasonable Accommodation requests to accommodate a disability.

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

OCCUPANCY POLICY

Cascade Management, Inc. limits occupancy based on the number of bedrooms in a unit. A bedroom is defined as a space within the premises that is used primarily for sleeping. Cascade Management guidelines are:

- 0-1 Bedrooms = 1 to 3 persons
- 2 Bedrooms = 2 to 5 persons
- 3 Bedrooms = 3 to 7 persons

For projects with no studio/efficiency units or 1 bedroom units, single person households may be placed as eligible households in 2 bedroom units where there are no other qualifying 2 person (or larger) households on the waiting list wanting a 2 bedroom unit.

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To file a complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail at U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410; by fax at (202) 690-7442; or by email at program.intake@usda.gov.



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RD CRITERIA FOR RESIDENCY OREGON

INCOME REQUIREMENTS

Adjusted annual income shall not exceed the Rural Development income limits. A copy of the limits is available from the resident manager. In addition, adjusted income for the rental of units at the basic rent level shall be one and a half (1.5) times the rent level. Food Stamps will be considered in meeting the income requirement.

For Farm Labor properties the applicant must meet all of the following criteria:

- An eligible household must include a tenant or co-tenant who is a domestic farm laborer, or a retired or disabled domestic farm laborer.
- The qualifying farm laborer in the household must have an income from the agricultural industry of at least 65% of the Federal Regional Annual Income Limits for Hired Farm workers which currently are \$7050. A household must therefore earn not less than \$4,582.50/year in agricultural income for "year round" housing.
- The household must remain in compliance with established occupancy policies.

GENERAL REQUIREMENTS

Submit a complete and accurate application. In order to be considered complete, all blanks must be filled in, including all requested information. All adult applicants will be required to submit a completed application to be considered. You must designate the number of bedrooms being requested and the application must be signed and dated. Primary applicants must be able to enter into a legal and binding contract. All household members 18+ years old will be required to submit a completed application. If you require assistance in completing the application, please contact the resident manager.

Provide identification of all persons who will be part of the household (picture I.D/driver's license, social security card, and birth certificate.); pregnancy must have medical verification if larger bedroom size units are requested than the household would be eligible for if not pregnant; and adoption or other custody in process must have written documentation.

For those applicants whose head or co-head of household are students, the following additional requirements will apply:

- 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
- Not be claimed as a dependent by parents or legal guardians.

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RD CRITERIA FOR RESIDENCY OREGON

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 dependents other than a spouse

Any applicant whose residency for any reason would constitute a direct threat to the health or safety of the individuals or whose residency would result in substantial physical damage to the property or others will be denied residency. The presence of a restraining order within the past year will disqualify you for residency.

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.

Wait for the application review process to be completed, which may take up to ten (10) days. Upon completion of review for program and income eligibility, you will be sent a letter of application approval or application denial.

All applications, whether complete, eligible, or ineligible, will be added to the waitlist. All application will be date/time stamped as received and notated on the waitlist. Preferences will be given to very low income applicants on a first come first serve basis.

If the application is approved and a unit is or becomes available, you will be required to pay a non-refundable fee to be screened to meet Final Resident Screening Criteria.

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. 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.

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RD CRITERIA FOR RESIDENCY OREGON

HOME PROGRAM FUNDING REQUIREMENTS (applies only if project has HOME funds)

High HOME Fixed Units

Upon recertification, if household income has increased above the current High HOME income limit, the property is temporarily out of compliance until the over-income tenant vacates and the unit can be rented to the next qualified household.

The following action is taken for the over-income household:

- Tenant rent may be raised as soon as possible, in accordance with lease terms. The rent of the over income household will be adjusted to the lesser of:
 - The rent amount payable under state or local law;
 - 30% of the tenant's monthly adjusted family income; or
 - If the unit is also LIHTC, the tenant must pay the rent dictated by the tax credit program

Low HOME Fixed Units

Upon recertification, if household income has increased above the current very low (50%) income limit, but not above the low (80%) income limit, the property is temporarily out of compliance until either:

- A High HOME rent unit can be re-designated as a Low HOME rent unit, or
- The unit occupied by the over income household is vacated and can be rented to the next qualified very low income household.

The following action is taken for the over-income household:

- The unit retains the Low HOME status, and rent is not increased above the Low HOME limit *until* a High HOME rent unit vacates (regardless of bedroom size) and can be re-designated as Low HOME. Once the re-designation occurs, the over-income household rent may be increased to the High HOME rent, in accordance with lease terms.

Upon recertification, if household income has increased above the current low (80%) income limit, the property is temporarily out of compliance until the over-income tenant vacates and a new income-eligible household moves in. The following action is taken for the over-income household & unit:

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RD CRITERIA FOR RESIDENCY OREGON

- Tenant rent may be raised as soon as possible, in accordance with lease terms. The rent of the over income household will be adjusted to the lesser of:
 - The rent amount payable under state or local law;
 - 30% of the tenant's monthly adjusted family income; or
 - If the unit is also LIHTC, the tenant must pay the rent dictated by the tax credit program; *the tenant rent is not adjusted
- Management will designate the next vacated High HOME unit, regardless of bedroom size, as Low HOME. To be occupied by a qualified very low income household. The unit occupied by the over-income household will be re-designated as a High HOME rent unit. *If the unit is also LIHTC, the unit does not need to be replaced by a comparable unit until household income exceeds 140% of AMI.

At the time of self cert, management may find that a complete recertification is necessary to determine if the household is over income at the time and the amount of rent required.

High HOME Floating Units

Upon recertification, if household income has increased above current applicable HOME Income limit the following action is taken for the household & unit:

- Tenant rent may be raised as soon as possible, once re-designation occurs, in accordance with the lease terms and all applicable funding source restrictions.
- The High HOME designation will be reassigned to an existing household, in a comparable (equal or greater sized offering the same amenities) unit, with the lowest qualified income which is not receiving another type of subsidy. The household with the lowest income will be determined by evaluating all residents % of AMI as per the most recently completed certification. Once the HOME is reassigned, the unit with the over income household is re-designated as a non-HOME unit.

Low HOME Floating Units

Upon recertification, if household income has increased above the current very low (50%) income limit, but not above the low (80%) income limit, the following action is taken for the household & unit:

- Tenant rent may be raised as soon as possible, once re-designation occurs, in accordance with the lease terms and other funding source restrictions.

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RD CRITERIA FOR RESIDENCY OREGON

- The Low HOME designation will be reassigned to an existing household, in a comparable (equal or greater sized offering the same amenities) unit, with the lowest qualified income which is not receiving another type of subsidy. The household with the lowest income will be determined by evaluating all residents % of AMI as per the most recently completed certification. Once the HOME is reassigned, the unit with the over income household is re-designated as a High HOME unit.

Upon recertification, if household income has increased above the current low (80%) income limit, the following action is taken for the household & unit:

- Tenant rent may be raised as soon as possible, once re-designation occurs, in accordance with the lease terms and all applicable funding source restrictions. Additionally, the over income household's rent will not exceed 30% of adjusted income or the market rent for comparable, unassisted units in the neighborhood.
- The Low HOME designation will be reassigned to an existing household, in a comparable (equal or greater sized offering the same amenities) unit, with the lowest qualified income which is not receiving another type of subsidy. The household with the lowest income will be determined by evaluating all residents % of AMI as per the most recently completed certification. Once the HOME is reassigned, the unit with the over income household is re-designated as a non-HOME unit.

At the time of self cert, management may find that a complete recertification is necessary to determine if the household is over income at the time and the amount of rent required.

HOME Program Student Households

HOME Program specific Student Rules apply. A household that includes an individual who is enrolled in a higher education institution and does not meet one of the conditions below does not qualify for a HOME assisted unit.

1. Age 24 or over
2. A veteran of the US military
3. Married
4. Has a dependent child
5. Is disabled
6. Is otherwise individually eligible or has parents who individually or jointly are not eligible on the basis of income

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RD CRITERIA FOR RESIDENCY OREGON

HOME Program Transfers

The HOME Program does not allow for transfers.

Transfers involving a HOME unit are treated like a new move-in. To determine eligibility, a new Application and income/asset certification must be completed and household must qualify under the current applicable HOME Program income limits.

APPLICATION PROCESS

1. Receive application on the designated CMI form.
2. Applicant will be placed on the bedroom size waiting lists they qualify for. The applicant will be provided with an approximate timeframe for how long the waiting list is running.
3. Applicant will pay their non-refundable credit/screening fee of \$30.00 when appropriate.
4. Once an application is selected for processing, the application will be sent to screening and this process should take 1-2 business days.
5. Applicants will be required to pay a refundable security deposit. The amount of the security deposit is based on the specific property requirements.

APPLICANT SCREENING

All applicants are screened through an independent screening company using CMI's Screening Criteria. Applicants should be given a copy of the criteria to read and sign certifying they have read the criteria and understand that an independent screening company conducts all background searches for CMI. The independent screening company conducts all of CMI's screening functions that include rental history, credit check, and criminal convictions.

When your name is next up on the waiting list and a unit becomes available the applicant will be notified. If the applicant chooses to pursue tenancy at that time they must meet the requirements below. Failure to meet any of the criteria below shall result in denial of the application or subsequent termination of residency upon later determination of information being falsified.

- Applicants will be required to provide the current and previous verifiable landlord reference which must be listed on the application. References must include the mailing address, including ZIP code, and telephone number, including area code. Landlord reference(s) must be from a third party landlord who is unrelated by blood or marriage and must indicate previous satisfactory residency.

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RD CRITERIA FOR RESIDENCY OREGON

Eviction history, the presence of a FED within the past three (3) years on your rental history will disqualify you for residency.

- Lack of rental history will not be grounds for denial.
- Unpaid collections or judgment information will be obtained. The presence of unpaid collections or judgments related to housing or utilities, which have been filed within the past three (3) years, will disqualify you for residency. Failing this, the applicant may be offered the opportunity to provide 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 a guarantor.
- Lack of credit history will not be grounds for denial.
- 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 resident or occupant 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 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 pleas, 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 applicant's record, Owner/Agent may increase the number of years by addition together the years in each applicable category. Owner/Agent will not consider expunged records.
 - 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 7 years since the later of: i) the date of release from incarceration; or ii) completion of parole.
 - 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.
 - Misdemeanors involving: drug related crimes, person crimes, sex offences, weapons, violation of a restraining order, criminal impersonation, criminal mischief, stalking,

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- possession of burglary tools, financial fraud crimes, where the date of disposition has occurred in the last 5 years.
- Misdemeanors not listed above involving: theft, criminal trespass, property crimes or any other crime if the conduct for which applicant was convicted or is charges 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.
- Conviction of any crime that requires lifetime registration as a sex offender will result in denial.
- If you meet the Final Resident Screening Criteria, you will be given 24 hours to initiate the move in process.

TENANT SELECTION

Applicants will be selected in the following order:

For accessible units:

1. In-house transfers needing accessible features of the unit
2. Applicants with disabilities from the waiting list
3. Applicants from the waiting list by date and time in the very low income category
4. Applicants from the waiting list by date and time in the low income category
5. Applicants from the waiting list by date and time in the moderate income category

For all other units:

1. In-house transfers in the following order:
 - Approved Reasonable Accommodations
 - All other approved units transfers
2. Applicants from the waiting list by date and time in the very low income category
3. Applicants from the waiting list by date and time in the low income category
4. Applicants from the waiting list by date and time in the moderate income category

UNIT TRANSFERS

CMI will request tenants to transfer to a different unit if there had been a change in family size or composition and the present unit is no longer appropriate. Tenant-requested unit transfers will only be

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approved for reasonable accommodation, change in family size, or from a studio to a 1-bedroom unit. However, management reserves the right to approve a unit transfer for extenuating circumstance. The Compliance Specialist must approve transfer requests. Transfers from a 1-bedroom unit to a studio may also be approved if the tenant provides verification that a financial burden exists and the transfer is necessary to avoid possible eviction for nonpayment of rent. The tenant will be required to pay for the transfer costs.

CMI reserves the right to transfer a household occupying an accessible unit if the household does not require the features of the unit. These transfers will only be made if there is a need for the unit by another tenant or applicant who requires an accessible unit. The following conditions apply:

- Tenants must pay for damages to their old unit that exceeds normal wear and tear.
- At move-in, tenants being placed in an accessible unit will sign a lease and agree to the clause that they agree to transfer and incur all transfer costs if the need for an accessible units arises and a unit that meets the family's need is available.

Selection between In-place Applicants and Waiting List Applicants

If a vacancy should occur, in-place residents approved for a transfer will be selected over waiting list applicants. As previously stated, tenant's with approved Reasonable Accommodations will be transferred first. For transfer approval, a tenant must be in good standing. Once transfers of in-house residents are completed, the waiting lists can be utilized to fill vacancies. Before CMI approves a transfer, the tenant's current unit will be inspected for damages and housekeeping. If the unit is unsatisfactory or rent has been delinquent during the last 6 months, CMI reserves the right to refuse the transfer.

The security deposit is transferred from the old unit to the new unit. No increase in security deposit will be made due to a transfer.

Households eligible to request a unit transfer include:

- Reasonable accommodations
- Household composition has increased beyond the occupancy policy
- Household composition has decreased below the occupancy policy
- Studio to a one-bedroom
- Extenuating circumstances

**CMI reserves the right to allow transfers on a case by case basis due to extenuating circumstances.*

CMI EMPLOYEE PREFERENCE

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CMI has a preference for employees who will be moving into a “manager unit” for the property they will be working at. Designated “manager units” are limited to one or two units depending on the size of the property. The CMI employee will be required to meet all eligibility requirements for the “manager unit” and will be added to the top of the waiting list and will receive the next available unit. If the employee no longer works for CMI and occupies a designated “manager’s unit”, they will be required to move in accordance with CMI’s Employee Policy. If the employee has signed an RD lease, they retain all rights and responsibilities in accordance with the RD lease.

RENTAL ASSISTANCE

Rental Assistance at Projects with partially assisted units

Tenants will be selected to receive rental assistance in the following order:

- Current households in the Very Low Income Category.
- Applicants in the Very Low Income Category.
- Current households in the Low Income Category.
- Applicants in the Low Income Category.

WAITING LIST POLICY

Your application will be removed from the waiting list for the reasons stated below:

- Failure to take a unit when offered. Exceptions will be made if the applicant requires Rental Assistance to afford the rent; or can document health problems that prohibit taking the unit.
- Manager failed to reach you on three or more occasions by phone or your phone number is no longer in service or you failed to respond to a written notice within 10 days or the notice was returned undeliverable.
- At your request.
- You accepted a unit within the property and are now being removed from all other waiting lists at the property (reapplying is not an option while living at the property. You can request a unit transfer according to policy).

Written notification will be sent to your last known address when you are removed from the waiting list. If removed for reasons listed above you will be offered the opportunity to reapply and be put back on the waiting list in the order the new application was received.

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REJECTION POLICY

Potential reasons for rejecting an application:

1. Applicant is income-ineligible.
2. If the applicant has incomplete, inaccurate or falsified information on application or otherwise.
3. Applicant does not qualify for the unit due to a change in income or family status.
4. Applicant does not meet age criteria for the property (for age-specific properties only).
5. Applicants that do not meet the eligibility and other screening criteria set forth for the property.
6. The applicant is unable or unwilling to disclose information necessary to income qualify within three (3) business days of request made by management.
7. Student Status eligibility requirements as per the program of the property.
8. Any applicant currently using illegal drugs, and/or possessing illegal drugs.
9. 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.

If you have been rejected as an applicant and you feel that you qualify as a resident. You have the right to respond to the rejection of your application, under Rural Development Tenant Grievance and Appeals Procedure, within 10 calendar days after receipt of this notice of proposed action. Your response must be presented in accordance with Rural Development Instruction 7 CFR 3560.160. Detailed appeal and grievance procedures are available at the project rental office or any Rural Development office. A copy will also be mailed to you at the current address listed on your application along with your Letter of Rejection.

Mail Appeals to:

Cascade Management, Inc.
9600 SW Oak Street, Ste 200, Portland, OR 97223

MOVE IN PROCESS

If your application is approved and you accept the apartment, you will be required to:

- Sign a Resident Certification.
- Sign a Lease agreement in which you agree to abide by all rules and regulations. You are encouraged to read the Lease and Project Rules prior to signing.

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- Sign the Project Rules and Regulations. You are encouraged to read the Lease and Project House Rules prior to signing.
- Pay a conditionally refundable security deposit. For Family complexes the Security Deposit is equal to one month's basic rent. For Elderly/Disabled complexes the Security Deposit is \$200.00. Please contact the site manager for the property with which you are applying to see what the deposit is at the specific property.
- Pay the first month's prorated rent in advance.
- Immediately have utilities turned on and placed in your name, the day of move-in.
- Together with the manager, complete and sign a Check-in form.

GOVERNMENT STATUTES AND REGULATIONS POLICY

No person shall be discriminated against based on race, color, creed, religion, sex, national origin, age, disability, sexual orientation, income source, , marital status, familial status, gender identity, veteran military status, or any protected class in the state, county and/ city.. These requirements apply to: (1) accepting and processing applications; (2) selecting tenants from among eligible applicants; (3) assigning units; and (4) certifying and recertifying eligibility for assistance.

REASONABLE ACCOMMODATIONS

Cascade Management is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operations of programs, services and activities.

Therefore, if an individual with a disability requires an accommodation or modification such as an accessible feature or modification to a policy, Cascade Management will provide such accommodation unless doing so would result in a fundamental alteration in the nature of the program; or an undue financial and administrative burden. In such a case, Cascade Management will accept another accommodation or modification that would not result in a financial or administrative burden.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity.

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A reasonable modification is a structural change made to existing premises, occupied or to be occupied by a person with a disability, in order to afford such person full enjoyment of the premises. This can include changes to the dwelling unit, common and public use areas. Examples would be accessibility features for persons in wheelchairs, installing grab bars in bathrooms, lowering cabinets and adding entrance ramps.

Reasonable accommodation or modification methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request for a reasonable accommodation or modification is made on a case-by-case basis and takes into consideration the disability and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

A person with a disability means an individual who has a physical or mental impairment that substantially limits one or more major life activities. As used in this definition, the phrase "physical or mental impairment" includes:

- (a) Substantially impedes his/her ability to live independently, and is of such a nature that this ability could be improved by more suitable housing conditions;
- (b) Substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment;
- (c) One whose condition is expected to be of long-continued and indefinite duration.

A person is considered disabled if: (1) the following Social Security disability definition is met, or (2) the individual has a developmental disability as described in paragraph (b) or physical, mental or emotional impairment as described in paragraph (c).

(a) Section 223 of the Social Security Act defines disability as:

- "Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months, or,
- "In the case of an individual who attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."

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(b) Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)) defines developmental disability in functional terms as:

- “Severe chronic disability that: (a) is attributable to mental or physical impairment or combination of mental and physical impairments; (b) is manifested before the person attains age 22; (c) is likely to continue indefinitely; (d) results in substantial functional limitation in three or more of the following areas of major life activity: (1) self-care; (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, and (7) economic self-sufficiency; and (8) reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.”

(c) Has a physical, mental or emotional impairment that:

- Substantially impedes his or her ability to live independently,
- Is of such a nature that ability to live independently could be improved by more suitable housing conditions, and
- Is expected to be of long-continued and indefinite duration.

Examples of reasonable accommodations or modifications may include, but are not limited to:

- Making a unit, part of a unit or public and common use element accessible for the head of household or a household member with a disability who is on the lease;
- Permitting a family to have a service or assistance animal necessary to assist a family member with a disability;
- Allowing a live-in aid to reside in an appropriately sized AHA unit;
- Transferring a resident to a larger size unit to provide a separate bedroom for a person with a disability;
- Transferring a resident to a unit on a lower level or a unit that is completely on one level;

Cascade Management will provide the Request for Reasonable Accommodation or Modification form to all applicants, residents or individuals with disabilities who request a reasonable accommodation or modification.

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Individuals may submit their reasonable accommodation or modification request(s) in writing, orally, or by any other equally effective means of communication. However, Cascade Management will ensure that all reasonable accommodation or modification requests are documented in writing. If needed as a reasonable accommodation, Cascade Management will assist the individual in submitting the request.

An individual with a disability may request a reasonable accommodation or modification at any time during the application process or residency. The individual, staff or any person identified by the individual, must submit all requests in writing by a method as follows:

- Applicant/Resident completes a Reasonable Accommodation or Modification form that is then sent to a qualified third party for verification.
- Applicant/Resident submits a letter from a qualified third party regarding the Reasonable Accommodation or Modification request.
- Applicant/Resident requests a reasonable accommodation verbally (the request is then documented by the Cascade Management employee).

Processing of Reasonable Accommodation or Modification Requests

- Community Manager must submit the completed reasonable accommodation or modification request to the Compliance Specialist within (2) business days.
- Within (10) business days of receipt, the Compliance Specialist will respond to the reasonable accommodation or modification request.
- If the accommodation or modification is approved, the resident will be notified in writing.
- If the accommodation or modification is denied, the resident will be notified in writing and will be given the reasons for denial. The individual does have the right to appeal the denial.

Verification of Reasonable Accommodation Requests

Cascade Management may request documentation of the need for a reasonable accommodation or modification as identified on the Request for Reasonable Accommodation or Modification Form. Cascade Management may verify a person's disability only to the extent necessary to ensure that individuals who have requested a reasonable accommodation or modification have a disability-based need for the request.

However, Cascade Management may not require individuals to disclose confidential medical records in order to verify a disability or require specific details regarding the individual's disability.

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The following may provide verification of a resident's disability and the need for the requested accommodation(s):

- (a) Physician;
- (b) Licensed health professional;
- (c) Professional representing a social service agency;
- (d) Disability agency or clinic;
- (e) Other health care provider

Denial of Reasonable Accommodation or Modification Requests

Requested accommodations or modifications will not be approved if one of the following would occur as a result:

- (a) A violation of State and/or federal law;
- (b) A fundamental alteration in the nature of the housing programs;
- (c) An undue financial and administrative burden;
- (d) A structurally infeasible alteration; or
- (e) An alteration requiring the removal or alteration of a load-bearing structural member.

APPEAL PROCEDURE

If an applicant or tenant believes they have been discriminated against, they have the right to state their concerns to:

Attn: Equal Housing Opportunity Manager
 Cascade Management, Inc.
 13221 SW 68th Parkway, Suite 310
 Portland, Oregon 97223

In their letter, they must explain the situation and the reason(s) they believe they have been discriminated against. Within five (5) working days of receipt of their letter, the Equal Housing Opportunity Manager will review the facts and notify the applicant/tenant of their decision.

If the applicant/tenant still has issues that are unresolved, they may contact the *Fair Housing and Equal Opportunity Office* in Seattle Washington: 1-206-220-5170 Website: www.hud.gov.com.

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OREGON**

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

All applicants 18 and over must certify.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

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