



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 Tenant Selection Standard or Criteria for Residency 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.



Cascade Management, Inc., does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its programs and activities. The Compliance Officer is designated as the 504 Compliance Coordinator.

Cascade-Management.com



For Office Use Only
Date / Time Received: _____ AM/PM
Received By: _____

Woody Guthrie Place Apartments

Physical Address:
 5800 SE 91st Ave
 Portland, OR 97266
 Ph: (503) 995-7070 eFax: 1-877-720-1595

Application for Housing

Mailing Address:
 9600 SW Oak Street, Suite 200
 Portland, OR 97223
 Ph: (503) 682-7788 fax: 1 (877) 720-1595

Comprehensive reusable tenant screening report is ACCEPTED NOT ACCEPTED

Unit Type Requested

Bedroom Size: (check all that apply) 1 2 3
 Project-based Section 8 Wheelchair accessibility Other _____

Contact Information

Name: _____
 Street Address: _____ Apt. # _____ City: _____ State: _____ Zip Code: _____
 Contact Phone Number(s): _____ Email: _____
 Emergency Contact Name: _____ Address: _____
 Emergency Contact Phone: _____ Email: _____

List each person (starting with yourself) who will occupy the apartment

Name (Last, First, Middle) <i>Please include all former, alias and nicknames used</i>	Date of Birth	Relationship to Head of Household	Social Security # (If Applicable)	State Driver's License #	Full time or Part time student Y/N
		Self			

Please answer and check any /all of the below that apply to your household

Preference Policy: Baby Booster Initiative **Preference Policy:**
 Senior (55 or older) Elderly (62 or older) Disabled Homeless or at-risk Veteran
 Currently have Section 8 Voucher Currently living in a rent subsidized property
 Displaced by a government declared disaster
 Referred by a Social Service Agency (name of agency) _____
 Did you receive HUD rental assistance at another location on January 10th, 2010? _____
 How did you hear about our property? _____

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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 own real estate? No Yes
 Have assets been disposed of for less than the fair market value in the past two years? No Yes
 If "Yes", please explain:

Employment Information	Head of Household Name:			
Employer/Company	Address /Zip Code	Phone # /Email	Position	Length Employed

Employment Information	Adult Co-Head Name:			
Employer/Company	Address /Zip Code	Phone # /Email	Position	Length Employed

Employment Information	Adult Co-Head Name:			
Employer/Company	Address /Zip Code	Phone # /Email	Position	Length Employed

Employment Information	Adult Co-Head Name:			
Employer/Company	Address/ Zip Code	Phone # /Email	Position	Length Employed



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Automobile Information			
Make	Year	Color	License Plate #

Current and Previous Rental History: Start with your current residence					
Landlord / Apartments	Contact Phone #	Address you occupied	Move In Date	Move out Date	Reason for Leaving

Has anyone in your household ever been evicted? No Yes Date _____

Have you or any of your household members within the past 3 years been evicted from federally assisted housing due to drug-related criminal activity? No Yes

Has legal notices been given where you currently live? No Yes

List all states where you have lived: _____

Background Information

Have you or any person who will be occupying the unit ever been convicted or pled guilty or no contest to any felony or misdemeanor? No Yes

If "Yes", type of offense _____ Where? _____ When? _____

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 Household Signature _____ Date _____

Adult Co-Head Signature _____ Date _____

Adult Co-Head Signature _____ Date _____

Adult Co-Head Signature _____ Date _____

Screening Criteria I

PROPERTY: Woody Guthrie Place **UNIT:** _____

PRINT NAME: _____

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

All applicants 18 years of age and head/co head must sign below.

Applicant Signature _____
Date



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AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE Cascade Management uses this authorization and the information obtained with it to administer and enforce housing program rules and policies and/or to contact other agencies to provide resident services or assistance.

INDIVIDUALS OR ENTITIES REQUESTED TO RELEASE INFORMATION Any individual or entity, including governmental organizations and service providers, may be asked to release information.

Please check the organizations/agencies that you authorize us to contact:

- Emergency
- Unable to contact you
- Termination of rental assistance
- Eviction from Unit
- Late payment of rent
- Assistance with recertification process
- Change in lease terms
- Change in house rules
- Utility Companies
- State Agencies such as DHS/Welfare, Motor Vehicles, Aging Services, Revenue, etc.
- U.S. Offices, e.g. Social Security, Veterans Affairs, Health and Human Services, Postal Service, etc.
- Social Service, Private Service Providers and Medical Personnel
- Providers of Child Care, Child Support, Disability Assistance, Medical
- Housing Independence
- Other: _____

Case worker _____ Phone _____

Name of Additional Contact Person or Organization _____

Address _____

Phone _____ Email _____

Please fill out below if you would like to include more than one organization or contact person.

Case worker _____ Phone _____

Name of Additional Contact Person or Organization _____

Address _____

Phone _____ Email _____



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INFORMATION COVERED Information shared with Cascade Management, or shared by Cascade Management with the above entities may include:

- Eviction Notices, Court and Legal Issues
- Family Composition
- Employment and Training
- Income
- Disability, Medical, and/or Family Needs
- Medical, Psychological, or Psychiatric Issues, in conformance with HIPAA requirements.
- Housing Needs and Rental History

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

AUTHORIZATION This authorization is valid for 12 months from date shown below.

- I authorize Cascade Management and the organizations/agencies listed above the release of any information (documentation and materials).
- I agree that photocopies of this authorization may be used for the purposes stated above

Head of Household (Signature)

Spouse or Other Adult (Signature)

Date

Witness



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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.