

APPLEGATE LANDING APARTMENTS

1875 Stoltz Hill Road, Lebanon, OR 97355



Homes for Veterans and Families Alike

AMENITIES

- Four Burner Electric Stove
- Full Size Refrigerator
- Extra Storage in Unit
- Patios & Balconies
- Washer & Dryer Hookups
- Water, Sewer & Garbage Paid
- Parking
- Playground
- Onsite Gym
- Laundry Facility
- Recreation Area
- Community Room

*Variety of services available to tenants coordinated by Crossroads Communities, including peer support, rental stability, financial skills, vocational and workforce training and more.

**NOW
LEASING
Studios,
1, 2, and 3
Bed Units**

Income Limits Apply

PERSONS IN THE FAMILY	1	2	3	4	5	6	7
30% AMI	\$14,150	\$16,150	\$18,150	\$20,150	\$21,800	\$23,400	\$25,000
50% AMI	\$23,550	\$26,900	\$30,250	\$33,600	\$36,300	\$39,000	\$41,700
60% AMI	\$28,260	\$32,280	\$36,300	\$40,320	\$43,560	\$46,800	\$50,040

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

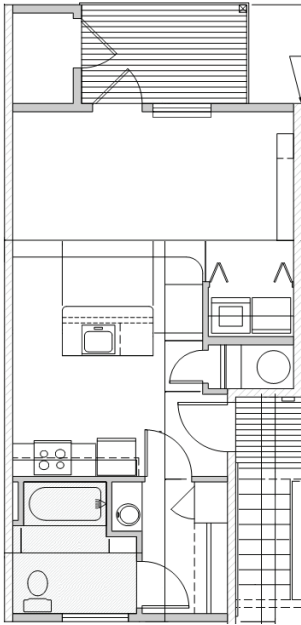


APPLEGATELANDING@CASCADE-MANAGEMENT.COM

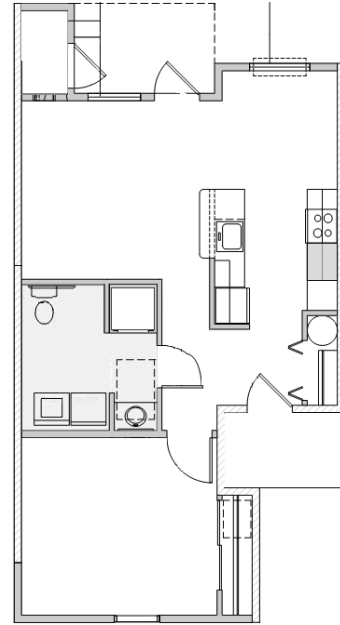


(541) 405-1388

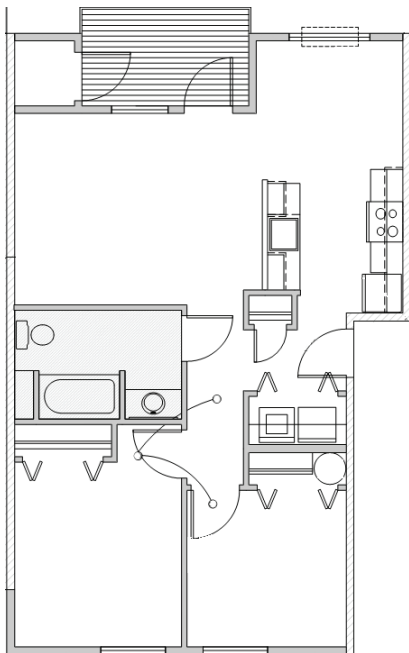
Call Today and Make Applegate Landing your Home! (541) 405-1388



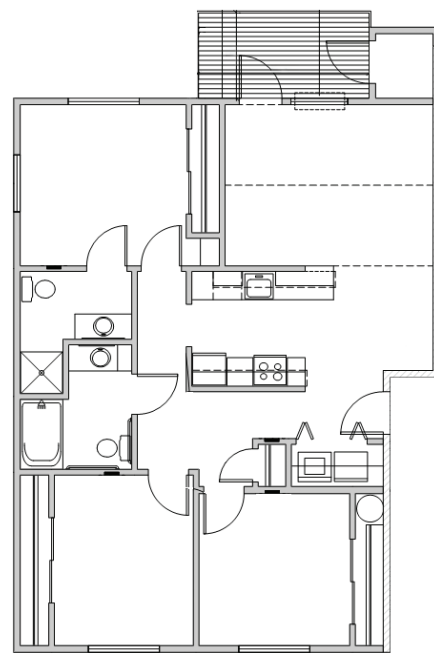
Studio/1 Bath: \$285 - \$625
540 sq ft



1 Bed/1 Bath: \$314 - \$665
724 - 728 sq ft



2 Bed/1 Bath: \$465 - \$793
844 sq ft



3 Bed/2 Bath: \$615 - \$910
1,127 sq ft



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.



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**For Office Use Only**

Date / Time Received: _____ AM/PM

Received By: _____

Applegate Landing Apartments**Physical Address:**

1875 Stoltz Hill Road
 Lebanon, OR 97355
 Ph: (541) 405-1388 eFax: 1-877-720-1595

Application for Housing**Mailing Address:**

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

Comprehensive reusable tenant screening report is ☐ ACCEPTED ☒ NOT ACCEPTED**Unit Type Requested**Bedroom Size (Check all that apply): Studio ☐ 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:** Veterans
- ☐ 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) _____

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



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
<p>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 <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If "Yes", type of offense _____ Where? _____ When? _____</p> <p>Is there any household member subject to a lifetime sex offender registration inn any state? No <input type="checkbox"/> Yes <input type="checkbox"/></p>

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 _____



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Screening Criteria I**PROPERTY:** _____ **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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Screening Criteria I

Thank you for your interest in applying at one of our apartment communities. Cascade Management, Inc. (CMI) is committed to Fair Housing and follows the laws of Equal Opportunity Housing, the Fair Housing Act, the Violence Against Women Act, the Rehabilitation Act and the Americans with Disabilities Act (ADA). All reasonable accommodation request should be sent to the property you are applying to **Applegate Landing**.

If you would like to review the property selection policy please request a copy from the Community Manager.

OCCUPANCY POLICY

1. Occupancy is based on the number of bedrooms in a unit. A bedroom is defined as a space within the premises used primarily for sleeping, with at least one window, contains at least 70 square feet and is configured so as to take the need for a fire exit into account.
2. Maximum occupancy is two (2) persons per bedroom plus one additional person. The minimum allowed occupancy is one (1) person per bedroom. Exceptions to this rule shall be made on a case by case basis on a standard of reasonableness.

GENERAL REQUIREMENTS

1. A complete and accurate application is required. Incomplete applications will be returned for completion.
2. Each applicant will be required to qualify individually and provide accurate photo identification.
3. Primary applicants must be able to enter a legal and binding contract.
4. Student Status eligibility requirements as per the program of the property.

INCOME REQUIREMENTS

A monthly household income should equal 2 times the stated monthly rent. (Does not apply to Section 8 applicants.) (Properties with PDC/PHB funding have an income to rent ratio of 1.5.)

1. All income and assets must be reported and must be verified.
2. Application will be denied if all income sources cannot be third party verified.
3. False or fraudulent statements will automatically lead to a denial of your application.
4. You must meet the income limit for the program/complex you are applying at.

RENTAL REQUIREMENTS

1. Twelve months of verifiable contractual rental history within the past 2 years from a third party landlord or home ownership is requested. If not provided, rental history demonstrating documented noise or disturbance complaints will be a cause for denial of your application.
2. 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.



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Screening Criteria I

3. Three years eviction free rental history will be required. Eviction actions that were dismissed or resulted in a judgment for the applicant will not be considered.
4. Rental history reflecting any unpaid damages or past due rent >\$100 will be a cause for denial of your application.

CREDIT REQUIREMENTS

Credit will be reviewed. No rental history and/or negative credit will result in denial. Negative credit is defined as:

1. Bankruptcy reported within 1 year from the date of application
2. Bankruptcy reported prior to 1 year from the date of application and negative information followed the bankruptcy
3. Involuntary repossession
4. More than 10 collections (not related to medical expenses)

RENT WELL GRADUATES

If applicant fails to meet any criteria related to credit, evictions and/or landlord history, and applicant has received a certificate indicating satisfactory completion of a tenant training program such as “Rent Well”, Owner/Agent will consider whether the course content, instructor comments and any other information supplied by applicant is sufficient to demonstrate that the applicant will successfully live in the complex in compliance with the rental agreement. Based on this information, Owner/Agent may waive the credit, eviction and/or landlord history screening criteria for this applicant.

CRIMINAL CONVICTION CRITERIA

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 tenant 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 the 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 plea, 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 the applicant’s record, Owner/Agent may increase the number of years by adding together the years in each applicable category. Owner/Agent will not consider expunged records.

- a) 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 10 years since the later of: i) the date of release from incarceration; or ii) completion of parole.



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Screening Criteria I

- b) 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.
- c) Misdemeanors involving: drug related crimes, person crimes, sex offences, weapons, violation of a restraining order, criminal impersonation, criminal mischief, stalking, possession of burglary tools, financial fraud crimes, where the date of disposition has occurred in the last 5 years.
- d) Misdemeanors not listed above involving: theft, criminal trespass, property crimes 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 3 years.
- e) Conviction of any crime that requires lifetime registration as a sex offender will result in denial.

APPLICATION PROCESS

1. Complete the application on the designated form.
2. You will be placed on the bedroom size waiting lists you qualify for. If requested, the manager will provide you with an approximate timeframe for how long the waiting list is running.
3. Pay your non-refundable credit/screening fee of \$50.00 when appropriate.
4. Once your application is selected for processing, be prepared to wait 1-2 business days for the application screening process.
5. Applicants will be required to pay a refundable security deposit. The amount of the security deposit is based on the specific property requirements.

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 contacted management for 60 days.
4. At the second refusal when offered a unit.
5. We have been unable to contact you by phone on three (3) or more occasions.
6. Your phone is no longer in service.
7. You were offered and accepted a unit within the complex (your name will be removed from all other waiting lists within that complex)
8. You are unable or unwilling to disclose information necessary to income qualify within three (3) business days of request made by management



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Screening Criteria I

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

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 and pay a screening fee of \$ 12.00. 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.

APPLICATION REJECTION POLICY

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

Be Advised: Incomplete, inaccurate or falsified information will be grounds for denial. Any verifiable information provided to Landlord indicating that applicant's tenancy would constitute a direct threat to the health, safety and welfare of other individuals or whose residency would result in substantial physical damage to the property of others.

If your application has been denied and you feel you qualify as a resident under the criteria above, you may:

1. Submit a written explanation appealing your denial to: **Equal Housing Opportunity Manager, 9600 SW Oak Street, Suite 200, Portland, OR 97223.**

If the appeal is granted, you will be returned to the wait list as follows: appeal requests submitted within 3 business days of the denial will result in you being restored to your original position on the waitlist; appeal requests submitted beyond three (3) business days of the denial will result in you being restored at the bottom of the waitlist.



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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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