

APPLICATION FOR TENANCY



Cascade Management, Inc.
Real Estate Management Services

COMPLEX NAME: LEANDER COURT

APPLICANT NAME: _____

| |
|---|
| <p><i>Office Use Only</i> (date/time received)</p> <p>Date: _____</p> <p>Time: _____ AM/PM</p> <p>By: _____</p> |
|---|

Bedroom Preference: 2, 3 or 4 (circle all that apply)

Your Current Address City State Zip Code

Daytime Phone _____ Evening Phone _____

Emergency Contact: _____
Name Address Phone

| List each person (including self) who will occupy the unit. | | | | | | | |
|---|------------|-----|---------------|-----------------------------------|-------------------|------------------|------------------------------------|
| LAST NAME | FIRST NAME | SEX | DATE OF BIRTH | RELATIONSHIP TO HEAD OF HOUSEHOLD | SOCIAL SECURITY # | DR. LIC.#/ STATE | Full-Time or Part Time Student Y/N |
| 1 | | | | Self/Head | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |

- 1) Has anyone listed above ever been evicted? Yes ___ No ___ Date _____
- 2) Has legal notice been given where you now live? Yes ___ No ___
- 3) Has anyone listed above ever been convicted or pled guilty to a felony or misdemeanor? Yes ___ No ___
Name _____
Where? _____ When? _____
- 4) Are you currently living in a subsidized property? Yes ___ No ___ Apt Name _____
- 5) Do you currently have a Section 8 voucher? Yes ___ No ___
- 6) Do you request a unit designed for wheelchair accessibility? Yes ___ No ___
- 7) Are you applying for a Project-based Section 8 Voucher unit (PBV)? Yes ___ No ___
- 8) Are you homeless or at risk of being homeless? Yes ___ No ___
- 9) Were you referred by a Social Service Agency? (name of agency) _____
- 10) Have you been displaced by a government action or a presidential declared disaster? Yes ___ No ___
(you will be required to provide verification at time of application)



| Previous Rental History: Start with your current residence. | | | | |
|---|----------------------|--------------|---------------|--------------------|
| NAME AND PHONE # OF CURRENT & PREVIOUS LANDLORDS | ADDRESS YOU OCCUPIED | MOVE IN DATE | MOVE OUT DATE | REASON FOR LEAVING |
| | | | | |
| | | | | |
| | | | | |

| Income Information: List wages, salaries, SSI, disability, unemployment, welfare, or ANY source of income as well as any assets currently held/owned | | | |
|--|---------------|--------|-----------------------|
| FAMILY MEMBER | INCOME SOURCE | AMOUNT | ASSET SOURCE & AMOUNT |
| | | | |
| | | | |
| | | | |
| | | | |

Do you currently own real property? Yes ____ No ____

Have you disposed of any asset for less than fair market value in the past two years? Yes ____ No ____ ; if yes what?

Employment Information:

Head of Household Employer _____ Supervisor _____
 City, State _____ Phone # _____
 Length of Employment _____ Position _____

Spouse's (Co-Head)
 Employer _____ Supervisor _____
 City, State _____ Phone # _____
 Length of Employment _____ Position _____

Other Adult Member
 Employer _____ Supervisor _____
 City, State _____ Phone # _____
 Length of Employment _____ Position _____

Other Adult Member
 Employer _____ Supervisor _____
 City, State _____ Phone # _____
 Length of Employment _____ Position _____





CASCADE MANAGEMENT, Inc. Screening Criteria I

Cascade Management, Inc
Real Estate Management Services

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. This process is outlined below.

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). CMI will accept Reasonable Accommodation requests to accommodate a disability. They should be sent to the Compliance Officer at the corporate address listed below.

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

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 and a closet space for clothing.
2. Maximum occupancy is two (2) persons per bedroom plus one additional person. The minimum allowed occupancy is one (1) person per bedroom.

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.
3. Primary applicants must be able to enter a legal and binding contract.

INCOME REQUIREMENTS

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

Income and assets must be reported and will be verified. False or fraudulent statements will automatically lead to a denial of your application. You must meet the income limit for the complex you are applying at.



Screening Criteria I, Cont.

RENTAL REQUIREMENTS

1. Rental history will be verified.
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.
3. 3 years eviction free rental history will be required.
4. Rental history reflecting any outstanding damages or past due rent >\$100 will be a cause for denial of your application. (An exception is made when payments are being made.)
5. Rental history demonstrating documented noise or disturbance complaints will be a cause for denial of your application when the manager would not re-rent if 1-year positive rental history cannot be verified within the last year.

CREDIT REQUIREMENTS

Credit will be reviewed. No rental history and negative credit will result in denial. Negative credit is defined as: (a) Bankruptcy reported within 1 year from the date of application; (b) Bankruptcy reported prior to 1 year from the date of application and negative information followed the bankruptcy; (c) Involuntary repossession; or (d) more than 10 collections.

CRIMINAL CONVICTION POLICY

Upon receipt of the rental application and screening fee, landlord shall conduct a search of public records to determine whether the applicant or any proposed tenant has been convicted of any crime within the previous seven (7) years. A conviction or convictions for any felony, or any misdemeanor involving assault, intimidation, prostitution, drug-related, or weapons charges, obscenity and related violations (ORS 167.060 through 167.100), within the last 3 years shall be grounds for denial of the rental application. A conviction, guilty plea or no contest plea to any misdemeanor not mentioned above in the last year will be cause for denial. Any conviction or convictions for any sex crimes and/or child sex crimes within the last 7 years (or longer if found in court records) shall be grounds for denial of the rental application.

APPLICATION PROCESS

1. Complete the application on the designated form.
2. You will be placed on the bedroom size waiting lists you qualify for. 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 \$35.00 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.
6. You are encouraged to read the rental agreement at the time of application.



Screening Criteria I, Cont.

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 6 months.
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.

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

REJECTED APPLICATION POLICY

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

Please be advised that your application can also be denied for the following reasons:

1. Incomplete, inaccurate or falsified information.
2. Any applicant currently using illegal drugs, and/or possessing illegal drugs.
3. 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 your application has been denied and you feel you qualify as a resident under the criteria above, you should do the following:

Write to: **Equal Housing Opportunity Manager, 8532 SW St Helens Drive, Suite 201, Wilsonville, Oregon 97070.**

In the letter explain the reasons you believe your application should be approved and request a review of your file. Within five (5) working days of receipt of your letter, your application file will be reviewed and you will be notified of the outcome of the review.



PROPERTY: _____ **UNIT:** _____

APPLICANT(S): _____

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

Applicant Signature Date

Applicant Signature Date

Applicant Signature Date

Applicant Signature Date

