



# Shasta Square Apartments Triple J Apartments

Phone: 541-826-3548  
FAX: 541-826-8418  
Office: 519 S. Shasta Ave  
Eagle Point, OR 97524  
shastasquare@cascade-management.com

Cascade Management, Inc  
Real Estate Management Services

## APPLICATION INSTRUCTIONS

We are Section 8 housing for eligible low-income applicants. This office accepts applications for the project listed below. You need to identify what project(s) you are interested in by checking the box next to the project. To qualify for residency, your income must meet the income limits set for the unit and program. Income limits are set by number of household members. A copy of the current income limit schedule is posted in the project office or you can ask for a copy from the Site Manager.

### Please follow these instructions to complete your application:

1. Detach and read carefully the rental criteria - this is the guide for qualifying as a resident. Keep these for your records
2. Fill out all information clearly and completely. Be sure to answer all questions on the application. Incomplete applications will be returned.
3. Don't forget all adults must sign and date the application and the Rental Criteria receipt page. This must be included with your application. Be sure to include a phone number where we may contact you. This page must be submitted along with your application.
4. To mail your application or deliver in person: 519 S. Shasta Ave.--OFFICE  
Eagle Point, OR 97524
5. To fax your application: 541-826-8418

**After your application is received:** If you qualify and no units are currently available, you will be added to our waiting list. When an apartment comes available, you will be contacted to begin processing your application. There is no application fee.

**Statutory Preferences**--Cascade Management gives preference to applicants that have been displaced by government action or a presidential declared disaster. Verification from a government agency is required for those claiming a statutory preference.

Applicant name(s): \_\_\_\_\_

(please print full name)

### I am interested in the following project(s) (place a check mark in the appropriate box):

- Shasta Square – A family complex located at 519 S. Shasta Ave., Eagle Point, OR, 97524. This project has 4 1-bedroom units, 32 2- bedroom units, and 8 3-bedroom units.
- Triple J – A senior/disabled project located at 247 Lorraine St., Eagle Point, OR, 97524. This project has 8 1-bedroom units.

If you have any questions, please feel to call our office any time during business hours.

**Please return this cover sheet with your completed application.**

Sincerely,

Site Manager



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.



# APPLICATION FOR TENANCY



Cascade Management, Inc  
Real Estate Management Services

COMPLEX NAME: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

*Office Use Only*  
*(date/time received)*

Date: \_\_\_\_\_

Time: \_\_\_\_\_ AM/PM

By: \_\_\_\_\_

**Bedroom Preference:** Studio 1 2 3 4 5 (circle all that apply)

\_\_\_\_\_  
Your Current Address City State Zip Code

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Address 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

Has anyone listed above ever been evicted? Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

Has legal notice been given where you now live? Yes \_\_\_ No \_\_\_

Has anyone listed above ever been convicted or pled guilty to a felony or misdemeanor? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

Are you currently living in a subsidized property? Yes \_\_\_ No \_\_\_ Apt Name \_\_\_\_\_

Do you currently have a Section 8 voucher? Yes \_\_\_ No \_\_\_

Do you request a unit designed for wheelchair accessibility? Yes \_\_\_ No \_\_\_

I have a Preference (I have been displaced by a government action or a presidential declared disaster)

Yes \_\_\_ No \_\_\_ (you will be required to provide verification at time of application)



CASCADE MANAGEMENT, INC.,  
8532 SW ST HELENS DRIVE, SUITE 201, WILSONVILLE, OREGON 97070 (503) 682-7788 TTY: 711 FAX (503)-682-5656  
or 830 NE VICTORIA STREET, GRANTS PASS, OR 97526 (541) 476-1141 TTD: (800) 545-1833 FAX (541) 471-8550



**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 \_\_\_\_\_



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**Automobile Information**



**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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

**CASCADE MANAGEMENT, Inc.**  
**Screening Criteria I**

Thank you for your interest in applying at one of our complexes. Our 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.

**UNIT SIZE STANDARDS**

Maximum occupancy is 2 persons per bedroom plus one. The minimum allowed is 1 person per bedroom.

**GENERAL REQUIREMENTS**

1. A complete and accurate application is required. Incomplete applications will be returned.
2. Each applicant, live in aides and later additions will be required to qualify individually.
3. Primary applicants must be able to enter a legal and binding contract.
4. The head of household/spouse/co-head and all other household members must disclose verification of social security numbers prior to move-in to participate in the HUD rental assistance program.

**STUDENT STATUS**

To be eligible for Section 8 assistance, the applicants/tenants who are students at an institution of higher learning (for the purpose of obtaining a degree, certificate, or other program leading to a recognized education credential) must meet the definition of independent student or independent household.

The definition of independent student is a student meeting one or more of the following criteria:

1. Be at least 24 years old by December 31 of the award year for which aid is sought;
2. Be an orphan or a ward of the court through the age of 18;
3. Be a veteran of the U.S. Armed Forces;
4. Have legal dependents other than a spouse (i.e., dependent children or elderly parent);
5. Be a graduate or professional student; or,
6. Be married.

The definition of independent household is a student under 24 years of age and meeting all of the following criteria:

1. Be of legal contract age under state law
2. Have established a household separate from parents or legal guardians for at least one year prior to the application of occupancy, or meet the definition of an independent student
3. Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations, AND
4. Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing support. This certification is required even if no assistance will be provided.

If the student who is under 24 years of age does not meet the definition of independent student or independent household, the income of the student's parent or guardian will be included in the total household income with regards to their eligibility for Section 8 assistance. If the student resides with parents who are currently living in Section 8 assisted housing these eligibility requirements will not apply.

### **INCOME TARGETING**

CMI will lease not less than 40% of the dwelling units that become available for occupancy in any project fiscal year to extremely low-income families. Income targeting does not apply to the Section 202 PAC, Section 202 PRAC, Section 811 PRAC, RAP, Rent Supplement\*, Section 221(d)(3) BMIR or Section 236 programs.

### **INCOME REQUIREMENTS**

All income and assets must be reported and will be verified. False or fraudulent statements will automatically lead to a denial of your application. Applicants applying for non-subsidized units must have a minimum monthly income equal to or greater than 1.5 times the monthly rent. You must meet the income limit for the complex where you are applying.

The Department of Housing and Urban Development (HUD) has provided property managers with access to a verification database called the Enterprise Income Verification System (EIV). EIV provides information about project-based and tenant-based HUD assistance recipients. This database is used to verify certain types of reported income with records maintained in the Social Security Administration databases and the Department of Health and Human Service (HHS) National Database of New Hires. HHS provides information about current and past employment and unemployment insurance information. This information will be obtained prior to move-in certification, initial certification and annual certifications. This database is also used as an existing tenant search to identify applicants who may be receiving assistance at another Multi-Family or PIH location. All adult household members are required to give consent to the release of this information by signing HUD Forms 9887 and 9887A.

### **RENTAL REQUIREMENTS**

1. Third-party rental history will be verified.
2. Lack of rental history or credit history will not be a cause for an applicant to be rejected.
3. 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.
4. 3 years eviction free rental history will be required. Any household containing a member(s) who was evicted in the last 3 years from federally assisted housing for drug-related criminal activity will be denied. There are 2 exceptions: (1) The evicted member has successfully completed an approved, supervised drug rehab program, or (2) The circumstances that led to the eviction no longer exist (e.g. the member no longer resides with the applicant household).
5. 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.)
6. 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. Individuals who do not share the same credit report will be required to submit individual applications. Each applicant must qualify individually. The credit report must show a maximum national credit risk rating of 600 or greater to qualify. Failing this, the applicant may be offered the opportunity to provide a guarantor who would assume liability for the credit of the applicant.

Unpaid collections or judgment information will be obtained. The presence of unpaid collections or judgments, which have been filed within the past four (4) years, will disqualify you for residency. Failing this, the applicant may be offered the opportunity of 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 guarantor.

## **ELIGIBILITY REQUIREMENTS**

Your application may be rejected for any of the following reasons:

1. You are ineligible for occupancy in a particular unit or property.
2. You are unable to disclose and document SSNs of all household members, or you do not execute a certification stating no SSNs have been assigned. Non-exempt applicants have 90 days to disclose and document social security numbers. Once a unit is available, the unit will not be held open pending disclosure and documentation of social security numbers. The next applicant on the waiting list will be contacted after notice to disclose and document social security numbers for the available unit.

Applicants who were 62 years of age as of 1/31/10 **and** whose initial determination of eligibility was established prior to 1/31/10 are exempt from the requirement to disclose and document social security numbers. Documentation must be obtained from the prior landlord establishing date of eligibility.

3. You do not sign and submit verification consent forms or the Authorization for Release of Information (HUD Forms 9887 & 9887A).
4. Your household characteristics are not appropriate for the unit available or your family size is not appropriate for the unit available.
5. If there is reasonable cause to believe that any member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents. The screening standards are based on behavior, not the condition of alcoholism or alcohol abuse. In addition, any household in which any members are currently engaged in illegal use of drugs or for which there is reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents.
6. Under the 202/8\* program, tenants under 62 must provide verification they meet the definition of "disabled person". The term "disabled person" means a person who:(a) has a disability as defined in Section 23 of the Social Security Act; (b) has a physical, mental, or emotional impairment that (1) is expected to be of long-continued and indefinite duration; (2) substantially impedes his or her ability to live independently; and (3) is of such a nature that such ability could be improved by more suitable housing conditions; OR (c) has a developmental disability.

\*Unless the complex is designated for elderly only- the disability status does not apply.

### **The following do not apply to 202/811 PRAC complexes**

7. Your family includes members who did not declare citizenship or noncitizenship status, or sign a statement electing not to contend noncitizen status.

8. You are a student enrolled in an institution of higher learning not yet 24 and do not meet one of the following exceptions: a veteran of the US military; not married; have no dependent child(ren); not a person with a disability receiving Section 8 as of 11-30-05; or not otherwise eligible as defined by HUD.

### **CRIMINAL CONVICTION POLICY**

A conviction or convictions for any felony, or any misdemeanor involving assault, intimidation, prostitution, drug-related activity, or weapons charges, obscenity and related violations (ORS 167.060 through 167.100), within the last 5 years shall be grounds for denial of your application. A conviction, guilty plea or no contest plea to any misdemeanor not mentioned above in the last year will be cause for denial of your application. 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 your application. Any household member (including minors) who is subject to a state sex offender lifetime registration requirement will be cause for denial of your application.

### **APPLICATION PROCESS**

1. Complete the application.
2. If there is a waiting list at the project, you may ask to be placed on any of 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. Once your application is selected for processing, be prepared to wait 1-2 business days for the application screening process.
4. Applicants will be required to pay a refundable security deposit. The amount of the security deposit is based on the specific program requirements.

### **TENANT SELECTION**

Applicants will be selected in the following order:

1. For accessible units:
  - a. In-house transfers needing accessible features of the unit
  - b. Applicants with disabilities from the waiting list
  - c. Applicants from the waiting list by date and time
2. For all other units:
  - a. In-house transfers in the following order:
    1. Approved Reasonable Accommodations
    2. All other approved units transfers
  - b. Applicants with preferences listed on project-specific coversheet
  - c. Applicants from the waiting list based on date and time

### **CMI Employee Preference**

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 a HUD lease, they retain all rights and responsibilities in accordance with the HUD lease.

### **WAITING LIST POLICY**

Your application may be removed from the waiting list for any of 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 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).

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 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 under the criteria above, you can do one of the following (within 14 calendar days after receipt of the denial):

- (1) Write to: **Compliance Officer, 830 NE Victoria Street, Grants Pass, OR 97526.** In the letter explain the reasons you believe your application should be approved and request a review of your file.
- (2) Request a meeting. Any meeting with you will be conducted by someone who was not involved in the initial decision. Within 5 working days of receipt of your letter or the meeting, your application file will be reviewed and you will be notified in writing of the final decision of your eligibility. If you are a disabled applicant, you may request a Reasonable Accommodation to participate in the informal hearing process.

CMI reserves the right to overturn denials for extenuating circumstance. (For example: medical reasons, domestic violence, or completion of the Ready to Rent program.)

If you feel you have been a victim of discrimination, you may contact HUD at 909 1<sup>st</sup> Avenue, Room 205, Seattle, WA 98104-1000, 1-800-877-0246, TTY 1-206-220-5185, [www.hud.gov](http://www.hud.gov).

