



Villa Del Sol Apartments

Phone: 503-474-9391

FAX: 503-474-9392

Office: 315 N May Lane

McMinnville, OR 97128

villadsol@cascade-management.com

Cascade Management, Inc

Real Estate Management Services

APPLICATION INSTRUCTIONS

We are Section 514/516 Farm Labor housing for eligible low-income applicants. This office accepts applications for the project listed below. 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. **** In addition, labor housing tenants must meet all of the following criteria in order to be defined as an eligible tenant for the purpose of residing in labor housing:**

- **Occupational.** An eligible household must include a tenant or co-tenant who is a domestic farm laborer, a retired or disabled domestic farm laborer, or must be a surviving household of a deceased domestic farm laborer.
- **Income.** The household must meet the definition of income eligibility.
- **Occupancy.** The household must remain in compliance with the borrower's occupancy policy.

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: 315 N May Lane- OFFICE
McMinnville, OR 97128
5. To fax your application: 503-474-9392

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; however there is a screening fee.

Applicant name(s): _____

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

- Villa Del Sol Apartments – A family project located at 315 N May Lane, McMinnville, OR, 97128. This project has 8 2-bedroom, 12 3-bedroom, and 4 4-bedroom apartments.

Please return this cover sheet with your completed application.

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

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.





RENTAL APPLICATION

Cascade Management, Inc
Real Estate Management Services

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

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
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 currently Part Time or Full Time Students? Yes No
12. **I HAVE A PREFERENCE:** I have been displaced by government action or a presidentially declared disaster Yes No
 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 <u>Gross</u> 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
9. 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: _____

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 Account				
Checking Account				
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



SOLICITUD DE ARRENDAMIENTO

Cascade Management, Inc
Real Estate Management Services

Tipo de Unidad Solicitada: _____ Habitaciones <input type="checkbox"/> Discapacitado	<i>Exclusivo de Oficina</i>
Todos los espacios en blanco deben ser rellenados para que esta solicitud se considere completa y procesada para su elegibilidad. Escriba N/A si la información solicitada no es aplicable. Si necesita espacio adicional, por favor, adjunte una hoja separada (s). Devuelva esta solicitud a la dirección del complejo de apartamentos que desea residir.	Fecha _____
	Hora _____ AM / PM

Información del Solicitante Principal

Nombre Legal Completo	Número Seguro Social	Fecha de Nacimiento	Licencia de Manejo
Solicitante Principal			
Co-Solicitante:			
Co-Solicitante o Miembro del Hogar:			
Co-Solicitante o Miembro del Hogar:			
Miembro del Hogar:			
Miembro del Hogar:			

- Ha usted vivido en RD, HUD u otro proyecto de hogar federal? Si No
Si es Afirmativo, dónde? _____ Fecha de Salida: _____
- Ha sido desalojado de una vivienda privada, vivienda pública o cualquier otro programa federal? Si No
Si es Afirmativo, dónde, cuándo y por qué? _____
- Algún miembro del hogar será beneficiado por una silla de ruedas u otra unidad para discapacitados? Si No
En caso afirmativo, usted solicita estas características para su vivienda? Si No
- Tiene mascotas o animales de servicio? Si No
En caso Afirmativo, especifique: _____
- Usted o algún miembro del hogar es usuario/distribuidor de sustancias ilegales o controladas? Si No
- Usted o algún miembro ha sido convicto por el uso de sustancias ilegales o controladas? Si No
- Usted o algún miembro del hogar ha sido convicto por fabricación o distribución de sustancias controladas? Si No
- Si las preguntas 5, 6 o 7 fueron SI, la persona ha logrado exitosamente un programa de recuperación de abuso de sustancias o esta en alguno de estos programas? Si No
- Usted o alguno de los miembros ha sido convicto por algún delito menor o mayor? Si No
- Usted o algún miembro del hogar tiene historia de violencia de cualquier tipo? Si No
- Es cualquiera de los solicitantes Estudiantes de Tiempo Completo o Parcial? Si No
- TENGO PREFERENCIA:** He sido reubicado por acción del gobierno o desastre presidencial declarado
 Si No (Se le pedirán documentos que validen esta preferencia al momento de su solicitud)

Información de Domicilio Actual/Previo del Solicitante Principal

Teléfono del Solicitante: (casa) _____ (trabajo) _____ Teléfono del Arrendador: _____

Dirección Actual: _____ Ciudad: _____

Estado: _____ Código Postal: _____ Fecha de Inicio: _____ Duración de la Renta: _____

Dirección Actual del Arrendador: _____

Renta Mensual: \$ _____ Razón de cambio de domicilio?: _____

Dirección Previa: _____ Domicilio de: _________ a: _________

Ciudad: _____ Estado: _____ Código Postal: _____ Duración de la Renta: _____

Dirección Anterior del Arrendador: _____ Teléfono del Arrendador Anterior: _____

_____ Razón de Cambio?: _____

Dirección Previa: _____ Domicilio de: _________ a: _________

Ciudad: _____ Estado: _____ Código Postal: _____ Duración de la Renta: _____

Dirección Anterior del Arrendador: _____ Teléfono del Arrendador Anterior: _____

_____ Razón de Cambio?: _____

Información Bancaria Actual del Solicitante Principal

Tipo	Número de Cuenta	Nombre del Banco	Interés %	Balance
Cuenta de Cheques				
Cuenta de Cheques				
Cuenta de Ahorros				
Certificados				
Otros				

Inversiones Actuales del Solicitante Principal

Bonos de Ahorro: Si No
 Número _____ Fecha de Madurez _____ Valor en Efectivo \$ _____

Seguro de Vida: Si No
 Nombre: _____ Número de Póliza. _____ Valor en Efectivo \$ _____

Acciones o Bonos: Si No
 Si es Afirmativo, Valor en el Mercado \$ _____

Propiedades: Si No
 Si es Afirmativo, Tipo: _____ Valor de Mercado \$ _____

Ubicación: _____

Ha vendido cualquier propiedad en los últimos 2 años? Si No
 En caso Afirmativo, enliste el tipo de propiedad y su valor: _____

Fecha de Venta: _____ Cantidad recibida por la propiedad \$ _____

Enliste otros bienes no enlistados arriba (Excluyendo los bienes del hogar):

Ingresos del Solicitante Principal, Empleo y otras Fuentes de Ingreso

Lista de todas las fuentes de ingresos, incluyendo pero no limitado a los ingresos de la venta de propiedades, el interés de los activos, dividendos y rentas vitalicias, empleo de completo o parcial, pensión, SS, SSI, agencias de bienestar social, cupones de alimentos, de discapacidad, fuerzas armadas de reserva, desempleo, pensión alimenticia, cuidado de niños, manutención de hijos, becas, contribuciones regulares de personas que no residen con usted. Anote las fuentes de ingresos de al menos los últimos 12 meses del solicitante principal.

Fuente de Ingreso	Dirección de Fuente de Ingreso	Fecha de Inicio	Fecha de Término	Duración	Ingreso Anual

Deducciones

1. Otro que el Solicitante o Co-Solicitante, es estudiante de tiempo completo y de 18 años de edad o mayor? (Estudiantes deberán de ser de "Tiempo Completo" definido por la escuela-colegio) Si No
2. Usted solicito ajuste de Ingresos debido a pagos de Cuidado de Infantes que le permite a usted o algún miembro de su hogar al trabajo? (Nota: Sólo los importes no reembolsables para el cuidado infantil de los menores de 13 años de edad, podrá deducirse y sólo se permite cuando la asistencia es necesaria para permitir que un miembro del hogar para seguir su educación o tengan un empleo remunerado). Si No

En caso Afirmativo, Gastos Anuales esperados: \$ _____

Nombre del Proveedor de Cuidados, Dirección y Teléfono: _____

3. Usted al alguien de la casa solicito ajuste de ingresos por discapacidad? Si No

(Nota: Esta deducción será permitida solo si el Solicitante o Co-Solicitante es **discapacitado** o mayor de **62 años de edad**. *NO INCLUYA GASTOS CUBIERTOS POR MEDICARE O SEGURO.*)

En caso afirmativo, llene lo siguiente (incluya páginas adicionales en la solicitud si es necesario):

Gastos Anticipado para prescripciones y otras no-prescripciones
Prescritas por su Médico para los siguientes 12 meses

<u>Nombre de la Farmacia</u>	<u>Dirección</u>	<u>Cantidad</u>
_____	_____	\$ _____
_____	_____	\$ _____

Gastos anticipados hospitalarios, médicos, dentales,
ópticos y Pagos de Seguro Medico para los siguientes 12 meses

<u>Nombre/ # Póliza</u>	<u>Dirección</u>	<u>Cantidad</u>
_____	_____	\$ _____
_____	_____	\$ _____

Gastos Hospitalarios, Médicos, Dentales u Ópticos

<u>Proveedor</u>	<u>Dirección</u>	<u>Cantidad</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Personales del Solicitante Principal

Referencias Personales – Personas sin Vínculos Familiares que No Vivan con usted y que le conozcan mas de 1 año

Nombre	Dirección	Código de Área/Teléfono

Vehículos

Año	Fabricante y Modelo	Número de Placa	Estado que el Vehículo esta Registrado

Deudas del Solicitante Principal e Información de Crédito

Proporcionar toda la información sobre su historial actual de deuda/crédito por debajo de lo solicitado, información completa y precisa es necesaria. Incluya préstamos para automóviles, equipos y mobiliario de préstamo, tarjetas de crédito, cuentas de crédito revolvente (como tiendas departamentales), prestamos estudiantiles, prestamos personales y cualquier otra deuda que usted tenga.

Fuente de Crédito/ Nombre de la Compañía	Dirección de Fuente de Ingreso	Número de Cuenta	Balance Actual	Pago mínimo mensual	Corriente en pagos Si o No

Co-Solicitante

Información del Co-Solicitante

Nombre: _____ Número de Licencia de Manejo _____

Número de Seguro Social: _____ Fecha de Nacimiento: _____

1. Ha usted vivido en RD, HUD u otro proyecto de hogar federal? Si No
Si es Afirmativo, dónde? _____ Fecha de Salida: _____
2. Ha sido desalojado de una vivienda privada, vivienda pública o cualquier otro programa federal? Si No
Si es Afirmativo, dónde, cuándo y por qué? _____
3. Algún miembro del hogar será beneficiado por una silla de ruedas u otra unidad para discapacitados? Si No
En caso afirmativo, usted solicita estas características para su vivienda? Si No
4. Tiene mascotas o animales de servicio? Si No
En caso Afirmativo, especifique: _____
5. Usted o algún miembro del hogar es usuario/distribuidor de sustancias ilegales o controladas? Si No
6. Usted o algún miembro ha sido convicto por el uso de sustancias ilegales o controladas? Si No
7. Usted o algún miembro del hogar ha sido convicto por fabricación o distribución de sustancias controladas? Si No
9. Si las preguntas 5, 6 o 7 fueron SI, la persona ha logrado exitosamente un programa de recuperación de abuso de sustancias o esta en alguno de estos programas? Si No
9. Usted o alguno de los miembros ha sido convicto por algún delito menor o mayor? Si No
10. Usted o algún miembro del hogar tiene historia de violencia de cualquier tipo? Si No

Información de Domicilio Actual/Previo del Co-Solicitante

Marque aquí si la información del Co-Solicitante es la misma del Solicitante Principal y no complete esta sección

Teléfono del Solicitante: (casa) _____ (trabajo) _____ Teléfono del Arrendador: _____

Dirección Actual: _____ Ciudad: _____

Estado: _____ Código Postal: _____ Fecha de Inicio: _____ Duración de la Renta: _____

Dirección Actual del Arrendador: _____

Renta Mensual: \$ _____ Razón de cambio de domicilio?: _____

Dirección Previa: _____ Domicilio de: _________ a: _________

Ciudad: _____ Estado: _____ Código Postal: _____ Duración de la Renta: _____

Dirección Anterior del Arrendador: _____ Teléfono del Arrendador Anterior: _____

_____ Razón de Cambio?: _____

Dirección Previa: _____ Domicilio de: _________ a: _________

Ciudad: _____ Estado: _____ Código Postal: _____ Duración de la Renta: _____

Dirección Anterior del Arrendador: _____ Teléfono del Arrendador Anterior: _____

_____ Razón de Cambio?: _____

Deudas del Co-Solicitante e Información de Crédito

Marque aquí si la información del Co-Solicitante es la misma del Solicitante Principal y no complete esta sección

Proporcionar toda la información sobre su historial actual de deuda/crédito por debajo de lo solicitado, información completa y precisa es necesaria. Incluya préstamos para automóviles, equipos y mobiliario de préstamo, tarjetas de crédito, cuentas de crédito revolving (como tiendas departamentales), préstamos estudiantiles, préstamos personales y cualquier otra deuda que usted tenga

Fuente de Crédito/ Nombre de la Compañía	Dirección de Fuente de Ingreso	Número de Cuenta	Balance Actual	Pago mínimo mensual	Corriente en pagos Sí o No

Información Bancaria Actual del Co-Solicitante

Marque aquí si la información del Co-Solicitante es la misma del Solicitante Principal y no complete esta sección.

Tipo	Número de Cuenta	Nombre del Banco	Interés %	Balance
Cuenta de Cheques				
Cuenta de Cheques				
Cuenta de Ahorros				
Certificados				
Otros				

Inversiones Actuales del Co-Solicitante

Marque aquí si la información del Co-Solicitante es la misma del Solicitante Principal y no complete esta sección

Bonos de Ahorro: Si No
 Número _____ Fecha de Madurez _____ Valor en Efectivo \$ _____

Seguro de Vida: Si No
 Nombre: _____ Número de Póliza. _____ Valor en Efectivo \$ _____

Acciones o Bonos: Si No
 Si es Afirmativo, Valor en el Mercado \$ _____

Propiedades: Si No
 Si es Afirmativo, Tipo: _____ Valor de Mercado \$ _____
 Ubicación: _____

Ha vendido cualquier propiedad en los últimos 2 años? Si No
 En caso Afirmativo, enliste el tipo de propiedad y su valor: _____
 Fecha de Venta: _____ Cantidad recibida por la propiedad \$ _____

Enliste otros bienes no enlistados arriba (Excluyendo los bienes del hogar):

Ingresos del Co-Solicitante, Empleo y otras Fuentes de Ingreso

Lista de todas las fuentes de ingresos, incluyendo pero no limitado a los ingresos de la venta de propiedades, el interés de los activos, dividendos y rentas vitalicias, empleo de completo o parcial, pensión, SS, SSI, agencias de bienestar social, cupones de alimentos, de discapacidad, fuerzas armadas de reserva, desempleo, pensión alimenticia, cuidado de niños, manutención de hijos, becas, contribuciones regulares de personas que no residen con usted. Anote las fuentes de ingresos de al menos los últimos 12 meses del co-solicitante.

Fuente de Ingreso	Dirección de Fuente de Ingreso	Fecha de Inicio	Fecha de Término	Duración	Ingreso Anual



RD CRITERIA FOR RESIDENCY

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 on page 4.

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

GENERAL REQUIREMENTS

Steps to become a resident of a Cascade Management, Inc. project:

- Submit a complete and accurate application. Incomplete applications cannot be accepted. 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 (i.e., driver's license, social security card, birth certificate, etc.); 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 dependant by parents or legal guardians.

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- 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 dependants 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 three business days. Upon completion of review for program and income eligibility, you will be sent a letter of application approval or application denial.

If the application is approved and a unit is not available your name will be placed on the waiting list and will receive the appropriate priority rating. 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.

INCOME REQUIREMENTS

For all RD properties the following applies:

- 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 two (2) 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: (a) An eligible household must include a tenant or co-tenant who is a domestic farm laborer, or a retired or disabled domestic farm laborer. (b) 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. (c) The household must remain in compliance with established occupancy policies.

SCREENING REQUIREMENTS

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

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landlord who is unrelated by blood or marriage and must indicate previous satisfactory residency. Eviction history, the presence of a FED within the past four (4) years on your rental history will disqualify you for residency.

- Lack of rental history will not be grounds for denial.
- Applicants 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. The guarantor must meet the above mentioned screening requirements for credit to qualify as a guarantor.
- 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 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.
- The landlords shall conduct a search of public records to determine whether the applicant or any proposed resident has been convicted of, or pled guilty or no-contest to any crime. A conviction, guilty plea or no contest plea for:
 - any felony involving serious injury, death, rape, sex crimes and/or child sex crimes, extensive property damage or drug related offenses (sale, manufacture, delivery or possession with intent to sell) where the date of disposition, release, or parole have occurred within the last 7 years;
 - any other felony not listed above, or, any misdemeanor involving: arson, assault, intimidation, sex crimes, drug related offenses (sale, manufacture, delivery or possession with intent to sell) or weapons charges where the date of disposition, release, or parole have occurred within the last 5 years;
 - any misdemeanor involving thefts, dishonesty, prostitution, obscenity and related violations (ORS 167.060 through 167.100), where the date of disposition, release, or parole have occurred within the last 12 months shall be grounds for denial of the rental application. Pending charges for any of the above will result in suspension of the application process until the charges are resolved. Upon resolution, if an appropriate unit is still available, the processing of the application will be completed. No unit will be held awaiting resolution of pending charges.
- Any applicant that is a current illegal drug abuser or is addicted to a controlled substance or has been convicted by any court of competent jurisdiction of the illegal manufacture or distribution of a controlled substance shall be denied residency, unless the applicant has successfully completed a recovery program.
- If you meet the Final Resident Screening Criteria, you will be given 24 hours to accept the unit and sign the lease.

Procedure for Purging the Waiting List

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

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- 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 them from 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 do not qualify for the unit due to a change in income or family status

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.

- You accepted a unit within this complex and are now being removed from other waiting lists (Reapplying is not an option while living at the complex. You can request a unit transfer according to CMI's transfer policy)

Rejection Policy

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 Tenant Grievance and Appeals to:

Cascade Management, Inc.
830 NE Victoria St.
Grants Pass, OR 97526-2266
Attn: Angie Davis
(541) 476-1141 or TDD # 711

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.

Handicap Accessibility

Section 504 of the Rehabilitation Act of 1973 has established a "program accessibility" standard under which all federally-assisted programs, when viewed in their entirety, must be accessible to and usable by persons with disabilities. Therefore, we will make reasonable accommodations in rules, policies, practices, or services, when such accommodations are necessary to afford a handicapped person equal opportunity to

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use and enjoy a dwelling unit, including public and common use areas. If you need a change in our policies or procedures, a repair or change in your apartment unit, a repair or change to part of the property, a change in the way we communicate with you, you may request this change by completing the Request for Reasonable Accommodation form. These changes will be made as long as they do not cause undue financial or administrative burden.

In the event that the change does cause undue financial burden the Rural Development Administrator may waive the requirement for the complex to pay for the change. In this event Cascade Management, Inc. would allow the existing premises to be modified at the full and complete expense of the handicapped person, if the handicapped person agrees to restore the premises at their own expense to the pre-modification condition. Cascade Management, Inc. requires:

1. The applicant or resident must seek the landlord's approval before making modifications.
2. Reasonable assurances (in writing) that the work will be performed in a workmanlike manner.
3. Reasonable details regarding the extent of the work to be done.
4. Names of qualified contractors that will be used.
5. Appropriate building permits and required licenses must be made available for inspection by the landlord.

Move-In Process

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

1. Sign a Resident Certification.
2. 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.
3. Sign the Project Rules and Regulations. You are encouraged to read the Lease and Project House Rules prior to signing.
4. 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.
5. Pay the first month's prorated rent in advance.
6. Immediately have utilities turned on and placed in your name, the day of move-in.
7. Together with the manager, complete and sign a Check-in form.

Equal Housing Opportunity/Handicap Accessible

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.

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Applicant Signature Date

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