

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 <u>Tenant Selection Standard</u> or <u>Criteria for Residency</u> 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.



Form: CMP001 5/16/13

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

Rio Bella

Physical Address: 1695 Oak Street Hood River, OR 97031

Pre-Application for Housing

Mailing Address: 3145 Cascade Ave. #101

Hood River, OR 97031 Ph: (541) 387-0331 , fax: (541) 387-0330

Unit Type Requested					
Bedroom Size: (check all that apply) Efficiency Studio 1 2 3 4 5					
Project-based Section 8 Wheelchair accessibility Other					
Contact Information					
Name:					
Street Address: Apt. #					
Street Address: Apt. # City: State: Zip Code:					
Contact Phone Number(s):					
List each person (starting with yourself) who will occupy the apartment					
Name (Last, First, Middle)	Date of Birth	Relationship to Head of Household	Social Security Number	Estimated Annual Income	
		Self			
Please check any /all of the belo	w that apply to yo	ur household			
☐ Senior (55 or older) ☐ Elder	ly (62 or older)	Disabled	lomeless 🗌 Veteran		
☐ Currently have a 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)					
This Pre-Application is only to establish your place on the waitlist. Once your name comes up on the list it will be necessary to					
process a full application and verify all the information necessary to determine you eligibility for tenancy					
Head of Household Signature Date				ate	

