



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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Cascade-Management.com



City of Portland, Oregon Application for Housing

To be completed by each financially responsible adult applicant.

Property:

Physical Address:

Apply:

Mailing Address:

9600 SW Oak Street, Suite 200

Portland, OR 97223

Ph: (503) 682-7788 fax: 1 (877) 720-1595

Comprehensive reusable tenant screening report is ACCEPTED NOT ACCEPTED

Unit Type Requested

Bedroom Size: (check all that apply) 1 Bedroom 2 Bedroom 3 Bedroom

Project-based Section 8 Mobility Disabled / Wheelchair 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	Financially Responsible? Y/N (Optional)

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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? Yes No

Have assets been disposed of for less than the fair market value in the past two years? Yes No

If "Yes", please explain:

Employment Information	Head of Household Name:			
Employer/Company	Address	Phone # /Email	Position	Length Employed

Employment Information	Adult Co-Head Name:			
Employer/Company	Address	Phone # /Email	Position	Length Employed

Employment Information	Adult Co-Head Name:			
Employer/Company	Address	Phone # /Email	Position	Length Employed

Employment Information	Adult Co-Head Name:			
Employer/Company	Address	Phone # /Email	Position	Length Employed



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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

Have you or any of your household members within the last 365 days been a tenant at any other property managed by Cascade Management, Inc.? No Yes; Property Name: _____
 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 all household members have lived: _____

Background Information

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 Yes
 If "Yes", type of offense _____ Where? _____ When? _____
 Is there any household member subject to a lifetime sex offender registration in any state? No Yes

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 _____

Race Codes:	
1	American Indian or Alaskan Native
2	Asian
3	Black or African American
4	Native Hawaiian or Other Pacific Islander
5	White

Optional:

Household Member	Sex	Ethnicity	Race Code (Use Table Above)
Applicant	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <i>NOT Hispanic or Latino</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Co-Applicant	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <i>NOT Hispanic or Latino</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Household Member	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <i>NOT Hispanic or Latino</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Household Member	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <i>NOT Hispanic or Latino</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Household Member	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <i>NOT Hispanic or Latino</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Household Member	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <i>NOT Hispanic or Latino</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner has elected to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

For Office Use Only:

Date Received: _____	Time Received: _____
Unit #: _____	Unit Qualifies as a "Type A Unit" (Accessible Unit): Yes/No
Supplemental Evidence Received: Yes/No	
Received By: _____	

□



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). Upon receipt of a completed application, the contents of the application are compared to the contents of this screening criteria, in accordance with all local, state, and federal laws. Applicants are welcome to provide supplemental evidence to mitigate potentially negative screening results.

All reasonable accommodation request should be sent to the property you are applying to _____.

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 2.0 times the stated monthly rent. (Does not apply to Section 8 applicants.)

1. All income (including but not limited to: wages, non-governmental rent assistance, monetary public benefits, and verifiable friend of family assistance) and are based on the cumulative financial resources of all financially responsible applicants.
2. All assets must be reported and must be verified.
3. Application will be denied if all income sources cannot be third party verified.
4. False or fraudulent statements will automatically lead to a denial of your application.
5. You must meet the income limit for the program/complex you are applying at.



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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 three (3) or more violations within one year, defaults in rent, outstanding balances, or lease violations resulting in termination of tenancy will be grounds for denial. Less than twelve months verifiable rental history may require a security deposit not to exceed one and a half month's rent.
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. Three years eviction free rental history will be required. Eviction actions that were dismissed, subsequently sealed or set aside by law, or based on a no-cause notice will not be considered. Additionally, evictions less than three years before the date of application that were the result of a default judgement due to failure to appear where the applicant can prove they vacated the unit at the time of the notice of the action was served will not be considered.
4. Cascade Management, Inc. may refuse to process an application whose rental history reflects repeated and verifiable violations within 365 days of application submission date.
5. Rental history reflecting any unpaid damages or past due rent greater than \$750 will be a cause for denial of your application.

CREDIT REQUIREMENTS

Credit will be reviewed. The following will be grounds for denial:

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 accounts (valued greater than \$1,000; not including medical, educational or vocational training debt)

Negative or adverse debt showing on a consumer credit report may require a security deposit not to exceed one and a half month's rent.

Insufficient credit history, credit scores over 500, discharged bankruptcy or chapter 13 bankruptcy under active repayment plan will not be considered as part of the credit requirements.

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.



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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 may 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 arrest records (except when there are open pending charges), diversion or deferred judgements, convictions that have been judicially dismissed, expunged, voided, or invalidated, convictions for crimes no longer illegal in Oregon, juvenile convictions, and expunged records.

- a) All felony convictions of any kind in which the dates of sentencing are within seven (7) years from the date of the application.
- b) All misdemeanor convictions of any kind in which the dates of sentencing are within three (3) years from the date of the 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. If requested, the manager will provide you with an approximate timeframe for how long the waiting list is running.
3. Provide verification of identification when appropriate. Acceptable forms of identification include: evidence of social security number, valid permanent resident card, immigrant visa, individual taxpayer identification number (TIN), non-immigrant visa, any government-issued identification regardless of expiration date, or any non-governmental issued identification or combination of identification that would permit a reasonable verification of identification.
4. Pay your non-refundable credit/screening fee of \$50.00 when appropriate.
5. Once your application is selected for processing, be prepared to wait 1-2 business days for the application screening process.
6. Once screening has been approved an execution deposit may be collected within two (2) business days after screen results are received. Failure to comply with this requirement will remove you from the application process.
7. Applicants will be required to pay a refundable security deposit. The amount of the security deposit is based on the specific property requirements. There may be an option for an agreeable payment plan for security deposits only.
8. Applicants who fail to income qualify (household income should equal 2.0 times the stated monthly rent) may, at Landlord's discretion and based on the type of funding at the property, be required to pay an additional security deposit in the amount of half a month's rent.



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

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: Cascade Management, Inc. may refuse to process applications that are incomplete, inaccurate, fail to provide information concerning applicant's identification or income, or when applicant intentionally withholds or misrepresents required information. Landlord will not reject an application as incomplete because an applicant or member of the applicant's household does not produce a social security number or prove lawful presence in the county, with the exception of properties who receive funding from USDA or HUD.



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Screening Criteria I

Any verifiable information provided to Landlord indicating that applicant's tenancy would constitute a direct to the health, safety and welfare of other individuals or whose residency would result in substantial physical damage to the property of others will be denied.

If your application has been denied and you feel you qualify as a resident under the criteria above, you have the right to appeal the denial within 30 days, including to correct, refute, or explain negative information forming the basis for the denial.

Written explanations appealing your denial may be sent to: **Equal Housing Opportunity Manager, 9600 SW Oak St., 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.

Appeals that are granted also allow you to be considered prequalified, with all screening fees waived, for any rental opportunities managed by Cascade Management, Inc. for three (3) months following the appeal approval date. You will however be required to recertify in writing that no conditions have materially changed from those described in the landlord's approved application. If conditions have materially changed, Cascade Management, Inc. may use those changes as a basis for denial.

If your appeal is denied, you will receive written notification of the denial within two (2) weeks. Written notification will explain the basis for the denial and include an explanation of reasons that the supplemental evidence did not adequately compensate for the factors that informed the landlord's decision to reject the application.



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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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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
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.	
Legal Notification: 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.

Reasonable Accommodations

A reasonable accommodation is a change or exception to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling. This includes public use and common spaces or fulfilling their program obligations. Any change in the way things are customarily done that allows a person with a disability to enjoy housing opportunities or to meet program requirements is a reasonable accommodation.

All housing or programs are required to make reasonable accommodations. Housing providers may not require persons with disabilities to pay extra fees or deposits or any other special requirements as a condition of receiving a reasonable accommodation.

Reasonable Modifications

A reasonable modification is a structural change made to the premises in order to afford an individual with a disability full enjoyment of the premises. Reasonable modifications can include structural changes to interiors and exteriors of dwellings and to public use and common areas.

Under federal law, public housing agencies, other federally assisted housing providers, and state or local government entities are required to provide and pay for structural modifications as reasonable accommodations/modifications. For private housing, the person requesting the reasonable modification will need to cover the costs of the modification.

Verification of Disability

In response to an accommodation or modification request and only when it is necessary to verify that a person has a disability that is not known or apparent to the housing provider, they can ask an applicant/tenant to provide documentation from a qualified third party (professional), that the applicant or tenant has a disability that results in one or more functional limitation. If the disability-related need for the requested accommodation or modification is not known or obvious, the housing provider can request documentation stating that the requested accommodation or modification is necessary because of the disability, and that it will allow the applicant/tenant access to the unit and any amenities or services included with the rental equally to other tenants.

A housing provider cannot inquire into the nature or extent of a known or apparent disability or require that an applicant or tenant release his or her medical records. Housing providers can require that the verification come from a qualified professional, but they cannot require that it be a medical doctor.

Nondiscrimination laws cover applicants and tenants with disabilities, as well as applicants and tenants and without disabilities who live or are associated with individuals with disabilities. These laws also prohibit housing providers from refusing to rent to persons with disabilities, making discriminatory statements, and treating persons with disabilities less favorably than other tenants because of their disability.

Under fair housing laws, it is illegal for a housing provider to deny reasonable accommodations and reasonable modifications to individuals with disabilities. If wrongfully denied an accommodation or modification contact HUD or the Fair Housing Council of Oregon. Time limits apply to asserting any legal claims for discrimination.

Call HUD toll-free at 1-800-669-9777 or TTY 1-800-927-9275 or visit https://www.hud.gov/program_offices/fair_housing_equal_opp/complaint-process

HUD will investigate at no cost to the complainant.

For more information about reasonable accommodations and modifications visit www.hud.gov/program_offices/fair_housing_equal_opp/reasonable_accommodations_and_modifications

Call the Fair Housing Council of Oregon at (503) 223-8197 ext. 2 or <http://fhco.org/index.php/report-discrimination>.