



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.



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. The Compliance Officer is designated as the 504 Compliance Coordinator.

Cascade-Management.com



For Office Use Only

Date / Time Received: _____ AM/PM
 Received By: _____

Property Name:

Argyle Gardens

Physical Address:

8550 N Argyle Way,
 Portland, OR 97217

Apply:

Mailing Address:

Argyle Gardens
 8550 N Argyle Way,
 Portland, OR 97217

Comprehensive reusable tenant screening report is ACCEPTED NOT ACCEPTED

Unit Type Requested

Bedroom Size (check all that apply) SRO Studio One
 Project-based Section 8 Wheelchair accessibility 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
		Self			



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Please answer and check any /all of the below that apply to your household

- Senior (55 or older) Elderly (62 or older) Disabled Homeless or at-risk Veteran
 Currently have 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) _____

Did you receive HUD rental assistance at another location on January 10th, 2010? _____

How did you hear about our property? _____



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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? No Yes

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

If "Yes", please explain:

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

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

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

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Employer/Company	Address/ Zip Code	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

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 you 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 _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

STATISTICAL INFORMATION The information regarding race, national origin, and sex solicited on this application is requested to assure the 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 provide this information. The information will not be used to evaluate your application or to discriminate in any way. Cascade Management, Inc., does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its programs and activities.

	Sex	Race/National Origin		Sex	Race/National Origin
Head	_____	_____	Member	_____	_____
Member	_____	_____	Member	_____	_____
Member	_____	_____	Member	_____	_____



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