



*Equal Housing Opportunity*



**Criteria for Residency/Rental Application  
United Community Action Network (UCAN)  
Affordable Rental Program**

**Please remove and keep the first 3 pages for your files.**

The following Residency Criteria has been developed but may change at any time without notice to any party other than the property management agent.

**The Criteria is as follows:** (Incomplete or unsigned applications will not be accepted!).

**No pets will be allowed.**

**Maximum Yearly Income Allowed at 50% of Median Income as follows:**

1 person – \$18,700	2 people – \$21,400	3 people – \$24,050
4 people – \$26,700	5 people – \$28,850	6 people – \$31,000

**Waiting List:** - To be placed on the waiting list for a unit and/or house, a completed and signed application must be submitted. The date and time your completed application is received sets your priority.

Units will be filled on 'first come first serve' basis. You will receive a written notification indicating your initial eligibility, or ineligibility based upon the application you submitted. If deemed ineligible, the notice will give specific reasons for the ineligibility.

**Applications:** Applications are to be mailed or hand delivered to United Community Action Network (UCAN), 280 Kenneth Ford Drive, Roseburg, OR 97470. Office hours are Monday through Friday, 8AM to Noon and 1 PM to 5PM. There is NO DROP BOX. Once your application has been reviewed and you have been determined to be eligible, you will be placed on the waiting list.

**Your Responsibility:** It is important for you to give us some way to contact you, i.e. a message phone. An application that states 'homeless' as the address and no phone number listed is useless to us. **You will not be placed on the wait list if we have no way to contact you.**

It is important to keep us current on your phone number and address should they change from the application information. If we cannot contact you, you may be removed from the waiting list.

**Three times a year update letters are sent out to ask about your interest in staying on the wait list. It is your responsibility to mail back your response in the allotted time or your application will be removed from the list.**

Additionally, it is very important that you keep any scheduled interview, be on time and bring the information that may have been requested.

**How to contact us:** You may reach us by phone Monday through Friday, 9AM to Noon and 1PM to 5PM at (541) 492-3510 or 1-800 301-8226. A message may be left after hours on the voice mail.

## **Tenant Screening and Selection Criteria:**

1. Gross annual income cannot exceed income requirements on page one.
2. Applicants, and all other household members eighteen (18) or older, will be required to submit a complete application to be considered. Co-applicants who do not share the same credit report are required to submit separate credit applications and be screened separately. Each applicant must qualify individually. Up to a \$30.00 fee will have to be paid by the applicant. The final step in the application process will be a credit/criminal check to verify information on the application.
3. Applicants are required to provide the current and at least one previous verifiable landlord reference (for a total of at least five years occupancy), which must be listed on the application. References must include mailing address, including zip code, and telephone number and area code. Landlord references must indicate previous satisfactory residency. If you have never had a landlord, or ever been a renter, options will be explored on a case-by-case basis.
4. Applicants are required to provide current and at least one previous verifiable source of income and/or employment reference (for a total of at least six (6) months), which must be listed on the application.
5. Applicants must give permission for release of information regarding eviction history, unpaid collections or judgment information, and criminal history, which are obtained from public records.

**Failure to meet any of the above criteria shall result in denial of the application. Incomplete and/or unsigned applications will not be considered. Inaccurate or falsified information will be grounds for denial of the application or subsequent termination of residency upon later determination of information being falsified.**

If the applicant is unable to meet the criteria regarding credit requirements or landlord references listed above, the applicant *may* be offered the opportunity to provide a guarantor (co-signer) who would assume liability for the credit and performance of the applicant. These two areas may also be considered if an acceptable case management plan is in force to address these areas of credit and landlord references. This will be determined on a case-by-case basis.

Any applicant that is a current illegal drug abuser or addicted to a controlled substance or has been convicted of the illegal manufacture or distribution of a controlled substance may be denied residency.

Any applicant whose residency for any other 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 of others will be denied residency. Criminal background checks will be conducted and convictions of such offenses that could directly affect the safety of other residents or the rental unit may affect the out come of your application.

## **Application Processing:**

To become a tenant you must:

1. Submit a completed application. **Incomplete (including missing contact information) or unsigned applications will not be accepted!** In order to be considered complete, all blanks must be filled in including all requested information and the application must be signed. If you need assistance in filling out the application, let us know and arrangements will be made to assist you.
2. Provide positive identification of all persons who will be a part of the household (i.e. driver's license, social security card, birth certificates, etc.)

3. Provide release of information authorization to allow third party verification of the income, assets and landlord references you have declared on the application.
4. Wait to be notified that the application review process is completed. You will receive written notification of acceptance or denial of your application via mail.
5. If the application is approved and a unit is available, you will be given 24 hours to accept the unit and sign the lease. If a unit is not available you will be placed on a waiting list.

**Move In Process:**

Once your application is approved and you accept the rental, you will be required to:

1. Sign the income calculation form.
2. Sign a rental agreement in which you agree to abide by all the rules and regulations.
3. Sign the Rules and Regulations.
4. Pay the Refundable Security Deposit.
5. Pay the first month's prorated rent in advance. (Rent is always due on the first of the month, no exceptions.)
6. Immediately have utilities (electricity, gas, trash, water as applicable {cable/phone optional}) placed in your name. (This can be done from the property manager's office.)
7. Together with the manager, do a move in inspection of the apartment (this will be on video tape as well as written) and an emergency response orientation.

## Application Assistance and Information Statement

IF YOU ARE HANDICAPPED OR DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL US TO SCHEDULE ASSISTANCE.

OUR PHONE NUMBER IS **541-672-3421**. CALL BETWEEN THE HOURS OF 9:00 AM AND 4:00 PM.

If you have a hearing impairment, our TTY number is 1-800-927-9275. Our office hours are the same as above.

APPROPRIATE ASSISTANCE WILL BE PROVIDED IN A CONFIDENTIAL MANNER AND SETTING.

- Answering questions on this form. Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, income, allowances, rent, family composition, or prior tenant history is grounds for rejection.
- Answering questions pertaining to handicap or disability. Answers to questions concerning handicap or disability status **are optional**. However, without this information we may not be able to: (1) determine your eligibility or need for special housing features; or (2) calculate your rent correctly. Families with handicapped or disabled members may be entitled to certain deductions from income that affects the amount of their rent.

If you answer these questions we will need to verify that you or a family member is handicapped or disabled. We do not need to know the nature, extent, or current condition of the handicap or disability. We will need to know that you meet the Federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on handicap or Management will treat disability status as confidential. In accordance with program regulations, information may be released to appropriate Federal, state or local agencies.

- Special Housing Needs Questionnaire. Please complete the special housing needs questionnaire attached to the application form. The information is needed so that we may assign you a unit appropriate to any needs that exist for your family. Your answers will be verified.



Equal Housing Opportunity



official use only

United Community Action Network

<b>RENTAL APPLICATION</b>	<b>Received: Date:</b> _____	<b>Time:</b> _____
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Number of Bedrooms: \_\_\_\_\_

*All blanks must be filled in for this application to be considered and processed for eligibility. Write N/A if the information requested does not apply. If additional space is needed, please attach separate sheet(s).*

Name: (All Adults) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Message \_\_\_\_\_

<b>Primary Applicant Information</b>
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<u>Full Legal Name</u> <u>Primary Applicant</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Driver's Lic. #</u>
_____	_____	_____	_____
<u>Co-Applicant:</u>			
_____	_____	_____	_____
<u>Other Household Members:</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	<u>Applicant</u>	<u>Co-Applicant</u>
1. Do you or any member of your household need an accessible unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have a chronic mental health illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently in or recently successfully completed a recovery program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you been previously incarcerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____		
6. Are you currently on supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, with who? _____		
7. Have you ever been evicted from private or public housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often? _____ Where? _____ When? _____		
Landlord? _____		
Why? _____		
8. Do you have pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify: _____		
9. Are you a current illegal user/distributor of a controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you been convicted of the illegal use, manufacture or distribution of a controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have a history of violence of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____		
12. Are you a UCAN employee or related to any UCAN employee or Board of Directors member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Applicant and Co-Applciant, Please Read and Sign**

**Release of Information**

Applicant(s) authorize the owner or owner's representative to investigate and obtain credit rating, current and past rental records, criminal records, employment history, sources of income for the household, current and past utility records and any information necessary to determine eligibility. The information obtained will be used for management purposes only and will be held in confidence.

Your signature below certifies that the statements made on this application are true and correct, and gives management consent to verify the information contained in this application. You acknowledge also that due to changes in circumstances, additional information may be requested at a later date to complete the process of this application. A copy of this release may be sent to parties, persons or organizations you listed on this application.

**Giving false information on this application may result in eviction after occupancy.**

**WARNING:** Section 1001 of Title 18, United States Code provides, " Whoever in any matter within the jurisdiction of any department or agency of the Unites States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document, knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$250,000 or imprisoned not more than five years, or both."

\_\_\_\_\_  
Primary Applicant's Signature

\_\_\_\_\_  
Primary Applicant's Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Name Printed

\_\_\_\_\_  
Date

**Optional Information Requested**

**Race/Ethnicity**      **Please use numbers on lines below.**

1. WHITE, NON-HISPANIC
2. BLACK, NON-HISPANIC
3. HISPANIC
4. ASIAN/PACIFIC ISLANDER
5. AMERICAN INDIAN/ALASKAN NATIVE

Applicant:                      Sex \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_

Co-Applicant:                Sex \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_

Household Member:        Sex \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_

Household Member:        Sex \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_

Household Member:        Sex \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_

Household Member:        Sex \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_

Household Member:        Sex \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_

"The information regarding race, national origin 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 handicap 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 is required to note the race/ethnicity and sex of individual applicants on the basis of visual observation and/or surname."

# United Community Action Network Housing and Emergency Services Client Characteristics

Applicant Name: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

[Enter CODES for Race and Ethnicity in table below. Enter as many numbers as apply.] Ethnicity: **A** = Hispanic or Latino **B** = Other  
**Race: 1=** American Indian/Alaska Native **2=** Asian **3=** Black/African American **4=** Hispanic **5=** Native Hawaiian/Pacific Islander **6=** White **7=** Race Unknown

Office use New (N) Or Continuing Client (C)	Name of <b>ALL</b> persons in Household	Social Security Numbers of <b>ALL</b> persons in Household	Gender M/F	Birth Date	Age	Ethnicity (use codes listed above)	Race (use codes listed above)	Education Level Enter last grade <b>completed</b>	Health Ins. Y/N	Disabled Y/N	Vet Y/N	Food Stamps Y/N
<b>Applicant Information</b>												
	1.											
<b>Other Household Members</b>												
	2.											
	3.											
	4.											
	5.											
	6.											
	7.											

<b>Household Type</b> Single Female Parent <input type="checkbox"/> Single Male Parent <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults No Kids <input type="checkbox"/> Other <input type="checkbox"/> <hr/> <b>Mark ALL That Apply</b> Experience Domestic Violence <input type="checkbox"/> Runaway Youth <input type="checkbox"/> Chronically Mentally Ill <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol Dependent Individual <input type="checkbox"/> Drug Dependent Individual <input type="checkbox"/> Elderly <input type="checkbox"/> Veteran <input type="checkbox"/> Physically Disabled <input type="checkbox"/>	<b>Household Income Source for ALL household members</b> <b>Please document ALL that apply</b> No income \$ _____ TANF \$ _____ SSI \$ _____ Social Security \$ _____ Pension \$ _____ General Assistance \$ _____ Unemployment \$ _____ Employment Plus any above source \$ _____ Employment Only \$ _____ Other (not food stamps) \$ _____  <b>Total monthly household income</b> \$ _____ (Track monthly household income based on last full month.)  Food Stamps \$ _____	<b>Housing Type</b> Mortgage/Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other (specify) <input type="checkbox"/>  <div style="background-color: #cccccc; padding: 5px;"> <b>For Office Use Only</b>          % of poverty _____       </div>	<b>Farm Worker Status</b> Farm Worker <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Seasonal Farm Worker <input type="checkbox"/>  <div style="text-align: center; padding: 20px;"> <b>Continues on other side.</b> </div>
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**DESCRIBE YOUR PRESENT SITUATION AND HOW WE CAN ASSIST YOU:**

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<p>_____ To the best of my knowledge, I am not related to anyone who is employed by United Community Action Network, including Head Start, Transitions Programs, Family Connections, Food Shares, Case Management, Emergency Services Program or UCAN Administration.</p> <p>_____ To the best of my knowledge I am not related to anyone on the UCAN Board of Directors.</p> <p>_____ I do not and have not lived in the same household as a UCAN employee or a member of UCAN's Board of Directors.</p>	<p>_____ I am related to _____ who is a UCAN employee and works in the following program:</p> <table><tr><td>_____ Head Start</td><td>_____ Transitions Programs</td></tr><tr><td>_____ Family Connections</td><td>_____ Food Shares</td></tr><tr><td colspan="2">_____ Case Management, Housing and Emergency Services</td></tr><tr><td colspan="2">_____ UCAN Administration</td></tr></table> <p>_____ I am related to someone on the UCAN Board of Directors</p> <p>_____ I do now or have in the past lived in the same household as a UCAN employee or a member of UCAN's Board of Directors.</p>	_____ Head Start	_____ Transitions Programs	_____ Family Connections	_____ Food Shares	_____ Case Management, Housing and Emergency Services		_____ UCAN Administration	
_____ Head Start	_____ Transitions Programs								
_____ Family Connections	_____ Food Shares								
_____ Case Management, Housing and Emergency Services									
_____ UCAN Administration									

Checking any of the above choices does not necessarily prevent you from receiving services, but may prevent you from receiving services from specific federally funded programs.

**READ THE FOLLOWING, AND SIGN BELOW**

By signing this form, I declare the above information to be true. I understand that if I receive services for which I am not entitled due to intentionally giving false information I can be fined, spend time in jail or both.

My signature will authorize the release of information on any of the people listed on this form to other agencies for the purpose of providing services and possible case management for up to one year from the date below.

My signature will authorize United Community Action Network (UCAN) access to any records from other agencies on the people listed on this form in order to verify information given. I also consent to any legally authorized investigation for confirmation of that information. I agree to let the Department of Human Services give information to UCAN so I can receive services.

I further understand that if I believe my application is unjustly denied I am entitled to a fair hearing, if requested, within 30 days of the date of denial.

\_\_\_\_\_  
**Client Print Name**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Intake Worker**  
Revised Emergency Services 8-1-07

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**HUD Number**