



Housing And Community Services Agency of Lane County
300 West Fairview Drive, Springfield, OR 97477

(541) 682-4090 • Fax (541) 682-3875 • TTY (541) 682-2565

Date: _____

Name: _____

Address: _____

We are unable to verify your landlord references you provided, or you do not have three full years of verifiable landlord references; therefore, your eligibility for housing depends on your ability to provide verification that you will **(A)** meet your financial obligations, **(B)** take care of the rental unit, and **(C)** get along with your neighbors. You have two weeks from the date of this letter to provide the following:

A. Ability to Pay Rent. Please provide documentation showing a recent one-year history of making monthly on-time payments. Do NOT give us copies of bills. We want a statement from your creditor saying you have good credit and pay your bill on time. Here are some suggestions:

- Utility bills, cable TV bills, or storage unit rentals
- Furniture or appliance rental or purchases
- Automobile insurance or car payments
- Court payments, medical payments, credit history check, etc.

B. Ability to Care for Rental Property. Please provide a letter of recommendation that states you take care of your personal responsibilities, take good care of property or equipment, or take good care of customers or clients. Here are some suggestions:

- Former or current roommates
- Employers, volunteer supervisors, or clients
- Caseworkers, counselors, academic advisors, probation officers, judges, etc.

C. Ability to Get Along with Neighbors. Please provide a letter of recommendation from someone who can say you get along well with others. Here are some suggestions:

- Neighbors (This is the best way to show you would be a good neighbor.)
- Classmates, co-workers, etc.

Along with the ABC's, you may provide copies of school transcripts, special certificates, awards, portfolio materials, and personal character references. If you are receiving case management, we may ask for a Service Provider Agreement (SPA) in lieu of B and C. **We do not accept references from relatives.** Letters should be on 8-1/2 x 11 clean-edged paper – signed and dated with the address and telephone number of the writer. Apply the same standards to these letters as you would when submitting references for a job. Return materials to HACSA 300 West Fairview Springfield OR 97477 or FAX to 541-682-3875, attention Don B. You will have 14 days from being notified of a need for alternative references to provide the requested materials or your application(s) for agency owned housing will be cancelled. If cancelled, you have a right to an informal review of this decision by calling 687-2567.

Sincerely,

Don Bucholtz

Intake Coordinator