



CEDAR SINAI PARK

rose schnitzer tower

Dear Applicant:

Thank you for your interest in living at Rose Schnitzer Tower. Attached you will find our Application Packet, there are several forms included which are described below. When you submit your application, please include a photo copy of your current photo ID and Social Security Card or other document verifying your SSN. We are happy to make copies of these documents in our office.

- **Tenant Selection Plan**  
The first section, pages 1-4, describes the application process, the qualification criteria for residency and the screening criteria. Screening includes rental history, a credit report, and a criminal background check.
- **Application:**  
The second section, pages 5-12. Please fill the application out fully, do not leave any blanks. If a question does not apply please put N/A (non-applicable), or None. The Residential History must be completed as well. If you were homeless, please provide the City and State where you were homeless.
- **Verification of Disability:**  
The third section, pages x-y, applies to people who are under the age of 62 applying for our building. Please provide the name of a qualified professional that provides you treatment on the first page along with the fax and telephone number where we can send the form to be completed from our office to theirs. Do not complete the form yourself. There is a section on page 1 of the form to add your name and you will need to sign the last page of the form.
- **Race and Ethnic Data Reporting Form:**  
The next section, pages a-b, this form is optional for you to fill out, if you do not wish to fill out the information you will still need to sign and date the document to indicate that you have seen the form.
- **Supplemental Information:**  
The last page of the packet, page 19, is a form that is also optional for you to fill out, but you must still sign and date the form.

If the application is not completed correctly or fully it will be mailed back to you. You cannot be added to our waiting list until we have a complete application. If you have any questions please feel free to contact me at (503) 227-3367.

I look forward to meeting you,

Anna Phillips  
HUD Properties Office Assistant

Rose Schnitzer Tower 1430 SW 12<sup>th</sup> Ave.. Portland OR 97201 Ph: 503-222-7467 Fax: 503-243-4399



## Tenant Selection Plan and Screening Criteria

### **Section 8 HUD/Low Income Housing Tax Credit, HUD subsidized housing for low-income seniors and disabled persons**

#### **I. Occupancy Policy**

1. Occupancy is based on the number of bedrooms in a unit. A bedroom is defined as a space within the premises that is used primarily for sleeping, with at least one window and a closet for clothing. Two persons are allowed per bedroom.

#### **II. Project Eligibility Requirements:**

1. **Project specific Requirements:** The head of household must be sixty-two (62) years of age or older. Residents may be under sixty-two (62) years of age if they are disabled.
2. **Citizenship Requirement:** HUD restricts assistance to non-citizens with ineligible immigration status and requires applicants to complete citizenship declaration forms and submit evidence of citizenship or eligible immigration status at the time of application.
3. **Social Security Number Requirements:** All household members including live-in aides must disclose and document Social Security numbers. The Social Security Number requirements do not apply to individuals who do not contend eligible immigration status and individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010. If the applicant is unable to disclose/verify the Social Security numbers of all non-exempt household members, the applicant will be determined ineligible. The applicant who has not provided required Social Security Number information for all non-exempt household members has 90 days from the date they turn in an application to disclose/verify the Social Security Numbers. During this 90-day period, the applicant may retain its place on the waiting list. After 90 days, if the applicant is unable to disclose/verify the Social Security Numbers of all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.
4. **Student Eligibility Requirements:** Households comprised entirely of full-time students are not eligible, with four exemptions.
  - All of the students are entitled to file a joint federal income tax return
  - The household consists of a single parent (with custody) of school age child or children
  - The household receives assistance under the TANF program as such program activities and participation are related to families with dependent children
  - The tenant(s) in the household are enrolled in and receiving assistance under the Workforce Investment Act (WIA) or similar governmental job-training program.

#### **III. Income Limits:**

1. Rent at Rose Schnitzer Tower is approximately 30% of the applicant's adjusted gross monthly income.

Employment or other source of income will be verified through a third party. Employment of self-employed applicants will be verified through state and/or federal documents. A recorded business name or corporate filing will be sufficient to meet employment requirements.

**a. At Rose Schnitzer Tower we accept applicants who meet the Very-Low and Extremely-Low Income requirements for Multnomah County. Annual Income limits are available at the managers office**

#### **IV. Procedures for Accepting Applications and Pre-applications:**

1. An applicant must submit a completed Application for Admission & Rental Assistance. Included in a complete application is an accurate listing of the applicant's current rental/residential reference and last three (3) years of rental/residential history, with phone numbers. If the application is incomplete, the applicant will be notified in writing and his/her name will not be placed on our waiting list. If an applicant needs help filling out the application please notify our office and we will assist the applicant with the application process.
2. A positive identification in the form of picture identification stating the date of birth will be required in order for us to accept the application.
3. Each applicant will be required to qualify individually. (Individuals intending to occupy the same apartment, whose credit is not combined, must submit separate applications.)
4. Rose Schnitzer Tower maintains two separate waiting lists; one is for applicants over the age of 62 and the other is for applicants under the age of 62 and disabled. All vacancies are filled from these two lists. Applicants are not screened until the applicant approaches the top of the waiting list.
5. The Applicant's position on the waiting list is determined by preference (see section V. *Procedures for Applying Preferences*) and the date/time on which all application materials are received at the office. The applicant should contact the Rose Schnitzer Tower office in writing if any of the information on their application changes. **If we are unable to contact the applicant due to an unreported change, they will be dropped from the waiting list.**
6. We require all applicants to contact us at least once during every six (6) month period that their name is on our waitlist. The applicant must contact us during business hours which are Monday through Friday 10 am to 4 pm. If the cutoff date for the six (6) month period falls on a weekend or holiday then we expect to be contacted no later than 4 pm on the following business day. **If the applicant fails to contact us during the six (6) month period, their name will be removed from the waitlist without any further notification.**
7. Apartments are rented to eligible persons in the order of receipt. If the applicant refuses the apartment they are offered, they can choose to be removed from the waitlist or moved to the bottom of the waitlist. An applicant can request to be moved to the bottom of the waitlist one time. If they wish to be moved to the bottom of the list again they will be asked to fill out a new application and it will only be accepted if the waitlist for which they qualify is open.
8. If the application is approved and the applicant accepts the available unit, they will be required to sign a rental agreement in which they will agree to abide by all of Rose Schnitzer Tower's rules and regulations. The applicant is encouraged to read the rental agreement at the time of application. The applicant will also be required to pay a security deposit equal to one month's rent and utilities.

#### **V. Procedures for Applying Preferences:**

1. Rose Schnitzer Tower Apartments population is comprised of 90% elderly over the age of 62 and 10% under the age of 62 with a disability. If less than 10% of our population is disabled and under the age of 62, then we will fill vacancies from the waitlist for applicants under the age of 62 and disabled. Once we have met our 10% requirement we will fill vacancies from the waitlist for applicants over the age of 62.
2. HUD requires that no less than 40% of the admissions to any project assisted through the project-based section-8 program in any fiscal year must be Extremely Low-Income households. Income targeting will be analyzed semi-annually to ensure the 40% target is met. In keeping with HUD's Income Targeting Policies, applicants whose incomes are below the Extremely Low-Income limit (30% of the area median income) may receive preference over another applicant in a higher position on the waitlist when a unit becomes available.

To implement this preference the first Extremely Low-Income applicant on the waiting list will be selected for the available unit (which means “skipping over” some applicants with higher incomes). Once we have met our 40% Extremely Low-Income requirement we will select the next eligible applicant currently at the top of the waiting list, regardless of income level, for the next available unit.

**VI. Applicant Screening Criteria:**

1. **Rental Requirements:** Three (3) years of eviction-free rental/residential history will be required. Rental History reflecting more than \$500.00 in damages will result in denial, regardless of settled debt. Rental history demonstrating documented noise, disturbances, or other complaints will result in denial when the manager would not re-rent. Rental history reflecting past-due rent will result in denial (unless the debt has been settled and the manager would re-rent). All Applicants MUST disclose if they are currently receiving HUD housing assistance. The owner/agent will not knowingly assist applicants who will maintain a residence in addition to the HUD-assisted unit. The owner/agent will use the Enterprise Income Verification System (EIV) to determine if the applicant or any member of the applicant household is currently receiving HUD assistance. Nothing prohibits a HUD housing assistance recipient from applying to this property. However, the applicant must move out of the current property and/or forfeit any voucher before HUD assistance on this property will begin. Special consideration applies to Recipients of HUD assistance in another unit who are moving to establish a new household when other family/household members will remain in the original unit.
2. **Credit Requirements:** Good credit will be required for an unconditional approval. If negative or adverse credit is reported, the following criteria will be used:
  - a. Outstanding bad debt of more than \$3,000 reported on the credit file will result in denial, unless the debt is a verifiable medical expense, or the debt is a bankruptcy and no negative information has been reported since the bankruptcy.
  - b. Ten or more past-due accounts on the credit file will result in denial.
3. **Criminal Convictions:** When an applicant’s name approaches the top of the waiting list, a search of public records will be conducted to determine whether the applicant or any proposed tenant has been convicted of, or pled guilty to or no-contest to, any crime. The following shall be grounds for denial of the rental application:
  - a. A conviction, guilty plea or no-contest plea, ever, for any felony involving serious injury, kidnapping, death, arson, rape, sex crimes including child sex crimes, extensive property damage or drug-related offenses (sale, manufacture, delivery or possession with intent to sell), class A/Felony burglary or Class A/Felony robbery;
  - b. A conviction, guilty plea or no-contest plea, where the date of disposition, release or parole has occurred within the last seven years for any other felony charges;
  - c. A conviction, guilty plea or no-contest plea, where the date of disposition, release or parole has occurred within the last seven years for any Class A misdemeanor or gross misdemeanor involving assault, intimidation, sex related, drug related (including sale, manufacture, delivery or possession), property damage or weapons charge;
  - d. A conviction, guilty plea or no-contest plea, where the date of disposition, release or parole has occurred within the last three years for any Class B or C misdemeanor in the above categories or any misdemeanor involving criminal trespass I, theft, dishonesty, or prostitution.
  - e. Subject to a lifetime sex offender registration requirement in any state.

Pending charges or outstanding warrants for any of the above will result in a suspension of the application process until the charges are resolved. Upon resolution, if an appropriate unit is still available, the processing of the application will be completed. No unit will be held awaiting resolution of pending charges.

4. **Alcohol Abuse:** Any applicant whose abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents will result in denial of the rental application.

**VII. Live-in Aide Screening Criteria:**

1. Your current rental/residential reference and your last three years of rental/residential history will be verified.
2. Three years of eviction-free rental/residential history will be required. Evictions due solely to nonpayment of rent will not result in denial as live-in aids are not responsible for rental payments.
3. Rental history reflecting more than \$500.00 in damages will result in denial, regardless of settled debt.
4. Rental history demonstrating documented noise, disturbances, or other complaints will result in denial when the manager would not re-rent.
5. Applicants who are subject to a lifetime sex offender registration requirement in any state, will be denied.

**VIII. Rejection Policy**

1. Incomplete, inaccurate, or falsified information will be grounds for denial.
2. Any applicant currently using illegal drugs or reporting a conviction for the illegal manufacture or distribution of a controlled substance shall be denied.
3. Any individual who may constitute a direct threat to the health and safety of an individual, the complex, or the property of others will be denied.
4. If the application is rejected due to unfavorable information received on the applicant's background investigation, they will receive a letter from Pacific Screening detailing the reason(s) they were rejected. After they receive the letter from Pacific Screening, they may:
  - a) Contact Pacific Screening to discuss their application. PO Box 25582, Portland OR 97298. (503) 297-1941
  - b) Contact Pacific Screening to find out the name of the credit reporting agency which is reporting the unfavorable information.
  - c) Correct any incorrect information through the credit reporting agency as per their policy.
  - d) Request that the credit reporting agency submit a corrected credit check to Pacific Screening.

Upon receipt of the correct and satisfactory information, the application will be reevaluated for the next available unit.

5. If, after the applicant has contacted Pacific Screening, they continue to feel that they qualify as a resident under the criteria set out above and they wish to discuss the rejection of their application, wish to request a reasonable accommodation, or if they wish to make a discrimination complaint they should write a letter to:

**Rose Schnitzer Tower  
Equal Housing Opportunity**  
1430 SW 12<sup>th</sup> Avenue  
Portland, OR 97201

In the letter, please explain the reasons the applicant believes their application should be approved and request a review of their file. If they are requesting a reasonable accommodation, please include that in the letter. The applicant has 14 days from the date of rejection to respond in writing or to request a meeting to discuss the rejection of your application. Within five working days of receipt of the applicant's letter, their application will be reviewed and they will be notified in writing of the outcome of the review.

**IX. Transfer Policy:**

1. Transfers from one apartment to another will only be granted for medically necessary reasons in conjunction with a reasonable accommodation.
2. If a non-disabled resident is in an apartment that would enable a currently disabled resident to fully use and enjoy the premises as any non-disabled resident would, then the resident agrees to transfer to another apartment with 30-days written notice from Management at either the Management's expense or the accommodated disabled Resident's expense, depending on the requirements of federal and state law.

**X. Policies to comply with Section 504 of the Rehabilitation Act of 1973 and Fair Housing Act Amendments of 1988:**

1. Section 504 prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance.

Rose Schnitzer Tower does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Name of Coordinator: Pamela Washington  
Address: 731 SW Salmon St., Portland OR 97205

2. The Fair Housing Act prohibits discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, disability and familial status. It applies to housing, regardless of federal financial assistance.
3. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from HUD.
4. Rose Schnitzer Tower is willing to make and allow reasonable accommodations for reasonable changes to the units and common areas that will provide accessibility to all residents. The applicant or tenant must seek the landlord's written approval before making any modifications. Each request will be evaluated under state and federal law to determine who will be responsible for the cost. Requirements for modifications include:
  - a. Written approval from the landlord before modifications are made,
  - b. Written assurances that the work will be performed in a professional manner,
  - c. Written proposals detailing the extent of the work to be done,
  - d. Documents identifying the names and qualifications of the contractors to be hired,
  - e. Furnishing of all appropriate building permits and required licenses for landlord inspection.
5. Rose Schnitzer Tower can provide language services upon request.

**XI. Policy for Opening and Closing the Waiting List:**

1. Rose Schnitzer Tower will close the waitlist:
  - a. When the waiting period is longer than three years.
2. Rose Schnitzer Tower will open the waitlist:
  - a. When there are 50 or fewer applicants on the list; or
  - b. When the waiting period is less than 6 months.



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## Application for Admission and Rental Assistance

**(SPOUSES/CO-HEADS MUST FILL OUT SEPARATE APPLICATIONS UNLESS THEIR CREDIT IS COMBINED WITH THE APPLICANT'S CREDIT)**

Today's Date: \_\_\_\_\_ I am applying for  1 bedroom  studio  either

### Applicant Information

**Applicant Name:** \_\_\_\_\_  
First Middle Last

**Current address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

**Home Phone:**(\_\_\_\_\_) \_\_\_\_\_ **Work Phone:**(\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Area Code Number

**In order to be eligible for this project you must:  
meet the income requirements AND  
be either: age 62 or over, or have a mental or physical handicap/disability.**

**Are you currently receiving funds from the Social Security Administration? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If you checked yes, check the type of Social Security funds you receive:**

\_\_\_ **Regular Social Security** (for persons over 62 years of age)

\_\_\_ **SSI** (Supplemental Security Income)      \_\_\_ **SSD** (Social Security Disability)

**If you are under age 62 and you checked "no" above or you only receive SSD, we are required to verify your eligibility.** Please: 1) fill out the bottom paragraph on page two with the name, address, and phone number of your physician, psychiatrist, therapist, or other qualified professional who is familiar with your condition, and 2) sign and date the form in this packet entitled "Verification of Disability" and we will send it to the professional that you indicate on page two.

Property: Rose Schnitzer Tower  
1430 SW 12<sup>th</sup> Ave.  
Portland, OR 97201  
Phone Number: 503-222-7467

Date & Time Application Received: \_\_\_\_\_

Received By: \_\_\_\_\_  
Placed on which list?

Elderly \_\_\_\_\_  
Disabled \_\_\_\_\_  
Mobility Impaired \_\_\_\_\_  
One bedroom \_\_\_\_\_  
Studio \_\_\_\_\_

**OFFICE  
USE  
ONLY**

**Household Composition and Characteristics**

1. List the Head of Household and all other members who will be living in the unit. Give the relations of each family member to the Head as well as the other information requested:

No.	Member's Full Name	Relation to Head	Date of Birth	Age	Sex	Social Security Number	Full or Part Time Student
1		Head					
2		Spouse/ Co-Head					
3							

2. Does anyone live with you now who is not listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do you expect a change in your household composition? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain if you answered yes to either question #2 or #3 \_\_\_\_\_

\_\_\_\_\_

4. Do you require the features of a mobility impaired unit? Yes \_\_\_\_\_ No \_\_\_\_\_

**Caseworker Information**

Does the head of household, spouse or co-head have a caseworker? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list the following information:

Caseworker's Name (full): \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

**Emergency Information**

Who is to be notified in case of an emergency?

1. \_\_\_\_\_  
Name Phone City Relationship

2. \_\_\_\_\_  
Name Phone City Relationship

**Physician/Psychiatrist/Therapist Information**

Please fill out this information for the head of household's Primary Care Physician or Psychiatrist/Therapist. This information may be required in order for us to verify the household's eligibility for our program:

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Name of clinic/hospital where doctor works: \_\_\_\_\_



**Income and Asset Information**

Please answer each of the following questions. For each “yes,” provide details in the chart below. Does/is any member of your household:

**YES**    **NO**

- \_\_\_    \_\_\_    1.    Work full-time, part-time or seasonally?
- \_\_\_    \_\_\_    2.    Expect to work for any period during the next year?
- \_\_\_    \_\_\_    3.    Work for someone who pays them cash?
- \_\_\_    \_\_\_    4.    Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
- \_\_\_    \_\_\_    5.    Now receive or expect to receive unemployment benefits?
- \_\_\_    \_\_\_    6.    Now receive or expect to receive child support?
- \_\_\_    \_\_\_    7.    Entitled to child support that he/she is not now receiving?
- \_\_\_    \_\_\_    8.    Now receive or expect to receive alimony?
- \_\_\_    \_\_\_    9.    Have an entitlement to receive alimony that is not currently being received?
- \_\_\_    \_\_\_    10.    Now receive or expect to receive public assistance (TANF)?
- \_\_\_    \_\_\_    11.    Now receive or expect to receive Social Security or disability benefits?
- \_\_\_    \_\_\_    12.    Now receive or expect to receive income from a pension or annuity?
- \_\_\_    \_\_\_    13.    Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- \_\_\_    \_\_\_    14.    Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
- \_\_\_    \_\_\_    15.    Own real estate or any assets for which you receive no income (checking account, cash)?
- \_\_\_    \_\_\_    16.    Have you sold or given away real property or other assets (including cash) in the past two years?

Member No.	Source of Income/Type of Income	Monthly Income	Annual Income

**Assets**

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members:

Member No.	Bank Name	Type of Account	Account No.	Balance

2. List all stocks, bonds, trusts, or other assets, and their value, owned by any household member:

3. List any assets disposed of for less than their fair market value during the past two years:

**Expenses**

**YES**   **NO**

\_\_\_   \_\_\_   1. Do you pay for a care attendant or for any equipment, for any handicapped or disabled household member(s), necessary to permit that person or someone else in the household to work? What is the cost to you for the care attendant and/or their equipment?: \_\_\_\_\_

If you pay a care attendant, provide their name address and telephone number:

\_\_\_\_\_

\_\_\_   \_\_\_   2. Do you have medicare? If Yes, what is the monthly premium?: \_\_\_\_\_

\_\_\_   \_\_\_   3. Do you have any other kind of medical insurance? If yes please provide the following. Carrier name and address: \_\_\_\_\_

Policy number: \_\_\_\_\_ Premium amount: \_\_\_\_\_

\_\_\_   \_\_\_   4. Do you have any outstanding medical bills? If yes, list them below:

\_\_\_\_\_

What medical expenses do you expect to incur in the next twelve months, list below:

\_\_\_\_\_

If you use the same pharmacy regularly, please provide the name and address:

\_\_\_\_\_

**Rental/Residential History**

Please list all the states you have lived in during your lifetime, full addresses are not necessary:

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We require you to document the **LAST THREE YEARS** of your rental/residential history. Please account for any gaps.

**1. Current address:** \_\_\_\_\_  
Street City State Zip

Building name: \_\_\_\_\_

Landlord/Manager's name (full): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Area Code Number

How long have you lived there? From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving? \_\_\_\_\_

**2. Previous address:** \_\_\_\_\_  
Street City State Zip

Building name: \_\_\_\_\_

Landlord/Manager's name (full): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Area Code Number

How long have you lived there? From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving? \_\_\_\_\_

**3. Previous address:** \_\_\_\_\_  
Street City State Zip

Building name: \_\_\_\_\_

Landlord/Manager's name (full): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Area Code Number

How long have you lived there? From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year

Reason for leaving? \_\_\_\_\_

**If you require more space to document the last three years of your rental/residential history, please write the rest of your history on a separate sheet of paper and attach it to the application. Also account for any gaps in your rental/residential history on a separate sheet of paper.**

**Have you ever been evicted?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list the date: \_\_\_\_\_  
Month/Year

**Employment History**

**Head of Household's Current Employer:** \_\_\_\_\_

**Employers address:** \_\_\_\_\_  
Street City State Zip

**Supervisor's Name (full):** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Area Code Number

**Spouse/Co-head's Current Employer:** \_\_\_\_\_

**Employers address:** \_\_\_\_\_  
Street City State Zip

**Supervisor's Name (full):** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Area Code Number

**Criminal History**

Have you or your spouse/co-head been convicted of or pled guilty to any felony or misdemeanor (other than a traffic offense)?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If yes, please provide the following information:

1. Who Head  Spouse/Co-head  State: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_  
Month/Year

Crime: \_\_\_\_\_ Sentence: \_\_\_\_\_

2. Who Head  Spouse/Co-head  State: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_  
Month/Year

Crime: \_\_\_\_\_ Sentence: \_\_\_\_\_

1. Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Penalties for Misusing this Consent:**

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 uses 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. Section \*\*408 (a) (6), (7) and (8).\*\*

**Credit Statement**

*In compliance with the Fair Credit Reporting Act, we are informing you that information as to your character, general reputation, and mode of living is verified. You, as the prospective tenant, agree that a complete investigation of everything on this application will not constitute an invasion of your privacy. 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 and address of the screening service or credit reporting agency will be provided at the request of the applicant.*

I/We certify that all information in this application is true and complete to the best of my/our knowledge and you are hereby authorized to make any inquiries you feel necessary to evaluate my/our tenancy and credit standing. I/We understand a criminal history search will be conducted and authorize you to do so. I/We am/are aware of, and extend the privilege to, the tenant screening service to obtain the credit reports and/or character reports as necessary. I/We understand that the above information is being collected to determine my/our eligibility.

I/We understand that inaccurate or falsified information will be grounds for the denial of the application or eviction from the premises. I/We understand that false statements or information are punishable under Federal law.

I/We understand that a security deposit will be required before I/we move into an apartment and that pets are allowed only after a pet application has been processed and approved.

I/We certify that if selected to receive assistance, the unit I/We occupy will be my/our only residence.

I/We agree to all of the above and sign this of my/our own volition.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

### **Federal Social Security Disclosure Regulations**

1. This rule does not require anyone to get a Social Security number if they do not have one; however, **each family member applying for housing must supply either:**

- Their Social Security Number and verification of it, OR
- A certification that they have no number (certification available at the Social Security office).

2. An applicant **cannot** become a participant until they have submitted either:

- A Social Security Number and verification, OR
- A certification that they do not have one.

3. Acceptable Social Security Number verifications are as follows:

- A valid Social Security card issued by the Social Security Administration, or
- one of the following documents that display your Social Security Number:
  - A Driver's License
  - An Identification Card issued by a Federal, State, or Local agency
  - An Identification Card issued by an employer or trade union
  - Earnings statements or payroll stubs
  - Bond statements
  - IRS Form 1099
  - Benefit Award Letter from government agencies
  - Unemployment Benefit Letter
  - Retirement Benefit Letter
  - Life Insurance policies
  - Court records such as real estate, tax notices, marriage and divorce, judgment or bankruptcy records
  - Other documents that the processing entity determines as adequate evidence
  - If the entity verifies Social Security benefits with the Social Security Administration, the acceptance of the SSN by SSA may be considered documentation of its validity

**To complete your application, we also require proof of your birthdate and a copy of a valid piece of photo identification.**

**VERIFICATION OF  
DISABILITY**

**U.S. Department of Housing  
and Urban Development**  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0204  
(exp.03/31/2014)

ALL PROGRAMS **EXCEPT**  
SECTION 202/8, SECTION 202 PAC,  
SECTION 202 PRAC, AND  
SECTION 811 PRAC

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VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR  
QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY

DATE:

TO:

FROM: Rose Schnitzer Tower  
1430 SW 12th  
Portland, Or 97201

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

SUBJECT: Verification of Disability

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

=====

**INFORMATION BEING REQUESTED**

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

- 1.  YES  NO      Has a disability, as defined in 42 U.S.C. 423, which means;
  - a.      Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or

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- b. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

2. \_\_\_ YES \_\_\_ NO

Has a physical, mental, or emotional impairment that:

- a. Is expected to be of long-continued and indefinite duration;
- b. Substantially impedes his or her ability to live independently; and
- c. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

3. \_\_\_ YES \_\_\_ NO

Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitation in three or more of the following areas of major life activity:
  - (1) Self-care,
  - (2) Receptive and expressive language,
  - (3) Learning,
  - (4) Mobility,
  - (5) Self-direction,
  - (6) Capacity for independent living, and
  - (7) Economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.



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4.  YES  NO      Is the above a person whose disability is based **solely** on any drug or alcohol dependence (the person has no other disability which meets the above definition).

\_\_\_\_\_  
NAME AND TITLE OF PERSON  
SUPPLYING THE INFORMATION

\_\_\_\_\_  
FIRM/ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_

=====

**Public reporting burden** for this collection is estimated to average 12 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. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

**VERIFICATION OF  
DISABILITY**

**U.S. Department of Housing  
and Urban Development**  
Office of Housing  
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OMB Approval No. 2502-0204  
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SECTION 202/8, SECTION 202 PAC,  
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RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

=====

**PENALTIES FOR MISUSING THIS CONSENT:**

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 uses 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). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).





## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

**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.