

Delta Court Apartments Available!

Dear Prospective Resident,

We have 2-Bedroom apartment homes available at Delta Court. Preference will be given to homeless families with children who are working with Lane County Health and Human Services partner agencies and are on their Centralized Wait List (CWL) for housing. These households qualify to participate in a 24-month transitional housing program. To be considered for a preference unit, contact a CWL Front Door Assessor (attached). If your family is found eligible and placed on the CWL you may qualify for additional housing options.

Applications will be considered on a first come, first served basis.

If you would like more information about Delta Court, please visit our website at www.cresapts.com/deltacourt. The information found here covers a wide variety of important topics, including details about the many features and benefits of the apartments along with our rental qualification information. For a viewable/printable brochure, click the link in the upper right hand corner of the website.

Should you have questions along the way, don't hesitate to email or call us at delta@cresapts.com, (541) 461-3060. We're looking forward to helping you find a place to call home.

Sincerely,

Delta Court

Documentation Checklist

This community shall be operated in accordance with certain local, state and federal guidelines which establish income eligibility guidelines. The information contained in this summary will help you prepare for certain compliance related aspects of the application screening process.

In order to complete the application process, we will need the following documents for each household member unless otherwise indicated. All documents received must be legible and verifiable.

- Positive identification with a picture for each adult applicant (i.e. Driver's License)
- If you are presently employed, we will require at least three months of current CONSECUTIVE pay stubs. If you hold more than one job, paystubs will be required for all jobs
- If currently unemployed and receiving unemployment benefits, please bring in current statement
- A copy of your most recent Federal Tax Return
- Six months** of consecutive bank statements for each Checking account
- Most recent statement** for any Savings accounts, 401K, IRA, Stocks, Pension funds, Money Market accounts, CD's or other assets you hold.
- If applicable, a divorce decree and/or documentation regarding child support or alimony received OR to which you are entitled to receive.
- A current copy of the benefit award letter documenting Social Security, Supplemental Social Security, Pension, or Military Benefits
- A current statement of all Public Assistance/AFDC being received
- Any information pertaining to real property you own or may own/inherit in the next 12 months
- If applicable, current proof of student status for household members over the age of 17

Additional information may be required depending on your individual circumstances. We will notify each applicant on a case by case basis of additional documentation needed and/or forms required for signature.

CRITERIA FOR RESIDENCY RESIDENT SCREENING AND SELECTION PROCESS



CAMBRIDGE
real estate services

Thank you for applying to live at our community. This criteria is provided to you to define the process we use to select our residents. Cambridge Real Estate Services is an Equal Housing Opportunity provider, and seeks to process all applicants in a fair and consistent manner.

OCCUPANCY POLICY

1. Occupancy is based on the number of bedrooms in a unit. A bedroom is defined as a habitable space within the premises that is used primarily for sleeping, with at least one window and a closet space for clothing.
2. Two persons are allowed per bedroom plus one additional occupant will be allowed for the apartment.
3. In addition to maximum occupancy guidelines, certain communities which have received funding from the HOME program may require minimum occupancy of 1 person for a one bedroom; 2 persons for a two bedroom; 4 persons for a three bedroom; and, 6 persons for a four bedroom apartment. Exceptions may be granted based on demonstrated need and following approval by government agencies and/or their designated program compliance administrators. Contact the site manager for further information regarding program restrictions and exceptions.
4. In order to provide housing to the greatest number of qualified individuals and comply with state and federal regulations, Cambridge Real Estate Services reserves the right to follow HUD, Rural Development and Tax Credit program guidelines designed to encourage the optimal utilization of housing. This may require that Cambridge declines applications in cases where the minimum number of occupants is less than one individual per bedroom for the apartment selected. This condition shall apply throughout the entire term of tenancy and may, if violated, require that the tenant vacate the premises following the legally required procedures for termination or, if all other conditions of residency continue to be met, relocate within the community (upon re-screening) to the next available apartment of appropriate size upon written notification from the landlord.
5. Management maintains property waiting lists that select tenants in chronological order by the date of application receipt, with the exception of ADA accessible units and units with established preferences. Delta Court I apartments are 24-month transitional housing apartments and has Eight (8) Two Bedroom apartment homes available to homeless families with children who are on the Lane County Coordinated Entry Housing Waitlist (CWL). The CWL and/or participating CWL Service Provider (SP) will have seven (7) days from a vacancy notification in which to notify Property Management of a potential tenant/client referral. Within ten (10) business days from the original vacancy notification, their referred client will be expected to turn in a complete and accurate rental application. It is very important for Property Management, the CWL, and SP to clearly communicate any anticipated delays in the referral/application process. If an eligible client is not referred or the referred client does not submit an application for the available unit within the stated time frames, the unit may be offered to other families on the CWL or other applicants on the property's waiting list. Consult with property management if you have questions.

APPLICATION PROCESS

Steps to become a resident.

1. Select your apartment.
2. Complete the Rental Application (one for each adult), Certification of Tenant Eligibility, and Section 42 Certification. Note: Inaccurate or falsified information will be grounds for denial.
3. Pay your non-refundable screening charge of \$_____. The screening charge is the cost of ordering a resident screening report. Screening entails verification that individual applicants meet the requirements listed below.
4. Be prepared to wait 5-7 business days for the application verification process to be completed. More time must be allowed if the information proves difficult to verify. All verification forms including but not limited to Income Verifications, Employment Verifications and Asset Verification must be completed by qualified third parties before your application will be approved.
5. If the application is approved and you accept the available unit, you will be required to: 1) sign a minimum 6 month lease in which you will agree to abide by all the rules and regulations; and 2) pay your security deposit and pro-rated rent for the month. (After the 25th of the month, the following month's rent will be required as well.)
6. If the application is approved and you decide not to rent or the application is denied you will forfeit your \$_____ non-refundable screening charge.
7. You are encouraged to read the lease agreement at the time of application. If you require assistance in completing the application, please contact the Manager.

GENERAL REQUIREMENTS

1. Positive identification with a picture will be required for each adult applicant (photocopy may be kept on file).
2. A complete and accurate Rental Application listing your current and at least one previous rental reference with phone numbers will be required (incomplete applications will be returned to the applicant).
3. Each legal applicant will be required to qualify individually. Any legal applicant who fully meets the criteria for this property may be admitted regardless of the qualification status of any co-applicants.
4. Applicants must be eighteen years of age or older, married, emancipated, or under the age of 18 and (a and/or b):
 - a) pregnant and expecting the birth of a child who will be living in the primary applicant's physical custody;
 - b) the parent of a child or children living in the physical custody of the person.
5. Household consisting solely of full time students may not qualify. Consult Manager for exceptions.
6. Except for the birth, adoption or custody of a minor dependent, there shall be no changes in the household composition within the first six months of residency.

INCOME REQUIREMENTS

1. Monthly household income should be at least 2.5 times the stated monthly rent.
2. Some form of verifiable income will be required for applicants. (Verifiable income may mean, but is not limited to: bank accounts, alimony/child support, trust accounts, social security, unemployment, insurance benefits, AFDC, grants/loans, retirement funds) If you are unemployed and have no other source of income, either a security deposit which equates to twice the monthly rental amount or at least six months of living expenses on hand will be required. "Living expenses" will be defined as the minimum required household income as specified in the rental criteria.
3. Self employed applicants will be required to show proof of income through copies of the previous year's tax returns.
4. If monthly household income does not meet 2.5 times the stated monthly rent, a security deposit equal to a full month's rent or qualified roommate may be required. If monthly income falls \$500 or more below 2.5 times the states monthly rent, then either a security deposit equal to twice the monthly rental amount or at least six months of living expenses on hand will be required. If you are an applicant that holds a current Section 8 voucher or any other similar rental assistance program voucher, your monthly household income will not be considered a factor in determining a required security deposit amount. All sections in the additional screening criteria will apply to applicants holding current Section 8 vouchers or any other similar rental assistance program vouchers when determining the required security deposit amount.
5. You will be denied if your source of income cannot be verified.

RENTAL REQUIREMENTS

1. One year of positive verifiable rental history from a third party reference will be required within the past two years from the date of application.
2. Rental history demonstrating residency, but not third party rental history, will require a security deposit equal to a full month's rent.

3. A security deposit equal to one full month's rent for first time renters will be required when rental history does not meet the stated third party rental criteria, but residency can be verified with parents, student housing or military housing.
4. Home ownership will be verified through the county tax assessor's office. Home ownership negotiated through a land sales contract must be verified through the contract holder.
5. Five years of eviction free rental history will be required.
6. Three 72-hour notices (or 144-hour notices) within a period of one year will result in a security deposit equal to 1 months rent. Four or more 72 hour notices (or 144-hour notices) within a period of one year will result in denial.
7. Three or more NSF checks within a period of one year will result in denial.
8. Rental history reflecting damage and/or past due rent will require a security deposit equal to a full month's rent (when the debt is settled).
9. Rental history reflecting unpaid damage and/or past due rent will be denied.
10. Rental history demonstrating documented noise or disturbance complaints caused or contributed to by applicant, will be denied when the former manager would not re-rent.

CREDIT REQUIREMENTS

1. A credit report will be obtained.
2. Outstanding bad debt (i.e. slow pay, collections, bankruptcies, repossessions, liens, judgement & wage garnishment programs not medically related) being reported on the credit bureau which is more than \$2,500 will require a deposit equal to a full month's rent.
3. Fifteen or more collections on the credit bureau will result in denial.
4. Discharged bankruptcy listed on the credit report will result in a security deposit equal to a full month's rent to be required. Bankruptcy with subsequent outstanding bad debt (as defined in #2) will result in denial.
5. Delinquent or past due mortgage payments without subsequent bad credit (as defined in #2, #3, and #4), will result in a security deposit equal to two full month's rent to be required.

CRIMINAL CONVICTION CRITERIA

1. Upon receipt of the rental application and screening charge, landlord will conduct a search of public records to determine whether the applicant or any proposed tenant has been convicted of, or pled guilty to or no-contest to, any crime.
 - a) A conviction, guilty plea or no-contest plea for any felony ever involving serious injury, kidnapping, death, arson, rape, sex crimes and/or childsex 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 shall be grounds for denial of the rental application.
 - b) A conviction, guilty plea or no-contest plea for any other felony (other than listed above) where the date of disposition, release or parole occurred within the last seven (7) years shall be grounds for denial of the rental application.
 - c) A conviction, guilty plea or no-contest plea for any misdemeanor or gross misdemeanor involving assault, intimidation, sex related, drug related (sale, manufacture, delivery or possession with intent to sell) property damage, weapons charges, obscenity and related violations where the date of disposition, release or parole occurred within the last seven (7) years shall be grounds for denial of the rental application.
 - d) A conviction, guilty plea or no-contest plea, for any B or C misdemeanor in the above categories, or those involving criminal trespass I, theft, dishonesty, prostitution, where the date of disposition, release, or parole have occurred within the last five (5) years shall be grounds for denial of the rental application.
2. Pending charges for any of the above (a, b, c, or d) will result in a suspension of the application process until the charges are resolved. Upon resolution, if an appropriate apartment is still available, the processing of the application will be completed. No apartment will be held awaiting resolution of pending charges.
3. Denials resulting from certain misdemeanor convictions at times may be overturned by following the rejection policy outlined below.

DISABLED ACCESSIBILITY

1. Cambridge Real Estate Services allows existing premises to be modified at the full and complete expense of the disabled person, if the disabled person agrees to restore the premises at their own expense to the pre-modified condition. Cambridge Real Estate Services requires:
 - The applicant to seek the landlord's written approval before making modifications.
 - Reasonable assurance (in writing) that the work will be performed in a workmanlike manner.
 - Reasonable details regarding the extent of the work to be done.
 - Names of qualified contractors that will be used.
 - Appropriate building permits and the required licenses must be made available for inspection by the landlord.
 Cambridge's policy regarding payment for modifications is subject to adjustment for properties constructed with direct Federal or State Subsidies including HOME funds.

REJECTION POLICY

You have the right to dispute the accuracy of any information provided to the landlord by a screening service or credit reporting agency. If your application is rejected due to unfavorable information received during the screening process you may:

1. Contact the screening company that supplied the information to discuss your application. The screening company that processed your application is Background Investigations. Their name and the reference number for your file will be printed on the acceptance or denial letter.
Background Investigations, 27600 SW 95th Avenue, Suite 100, Wilsonville, OR 97070
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.
5. Upon receipt of the corrected and satisfactory information, your application will be evaluated again for the next available apartment.

Be advised:

- Incomplete, inaccurate or falsified information will be grounds for denial.
- Any applicant that is a current illegal drug user or addicted to a controlled substance or has been convicted by any court of competent jurisdiction of the illegal manufacture or distribution of a controlled substance shall be denied.
- Any individual whose tenancy may constitute a direct threat to the health or safety of an individual, or whose tenancy would result in physical damage to the property of others will be denied.
- Applications and background screenings will be valid for a 90 day period from the date of submission. If the applicant(s) fails to execute a rental agreement within the stated 90 day period, an updated application/background screening will need to be obtained with costs paid by the applicant.
- The Criteria for Residency applies throughout the duration of tenancy. Management reserves the right to update records to confirm continued eligibility for housing.

If your application has been denied and you feel that you qualify as a resident under the criteria set out above, you should do the following:

Write to: Equal Housing Opportunity Manager
Cambridge Real Estate Services
PO Box 2968, Portland, OR 97208

In the letter explain the reasons you believe your application should be approved and request a review of your file. Within seven working days of receipt of your letter, your application file will be reviewed and you will be notified of the outcome of the review. Please be aware that an apartment cannot be held during the appeal process.

AFFORDABLE HOUSING APPLICATION

PLEASE FILL OUT THIS APPLICATION COMPLETELY. ALL BLANKS MUST BE FILLED IN BEFORE THE APPLICATION WILL BE CONSIDERED COMPLETE AND CAN BE PROCESSED FOR ELIGIBILITY. IF THE BLANK DOES NOT APPLY TO YOUR SITUATION PUT N/A IN THE BLANK.



ID Verified

MANAGER USE ONLY

DATE RECEIVED _____
TIME RECEIVED _____
MANAGER INITIAL _____

PROJECT CODE/PROPERTY NAME			UNIT #
HEAD OF HOUSEHOLD (Last, First, Middle Initial)	DRIVER'S LICENSE #	PHONE #	EMAIL
CURRENT STREET ADDRESS	CITY	STATE	ZIP
HOW LONG AT CURRENT ADDRESS?	ARE YOU PRESENTLY RENTING?	MONTHLY RENT	REASON FOR MOVING
CURRENT LANDLORD NAME		CURRENT LANDLORD PHONE NUMBER	
CURRENT LANDLORD ADDRESS	CITY	STATE	ZIP
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP
HOW LONG AT PREVIOUS ADDRESS?	PLEASE LIST ALL COUNTIES YOU HAVE RESIDED IN THE PREVIOUS 7 YEARS		
PREVIOUS LANDLORD NAME		PREVIOUS LANDLORD PHONE NUMBER	
PREVIOUS LANDLORD ADDRESS	CITY	STATE	ZIP
If you did not live at your current or previous residence for at least two (2) years, please complete the following information:			
OTHER PREVIOUS STREET ADDRESS	CITY	STATE	ZIP
HOW LONG AT OTHER PREVIOUS ADDRESS?	OTHER PREVIOUS LANDLORD NAME		
OTHER PREVIOUS LANDLORD ADDRESS	CITY	STATE	ZIP
LIST ALL PERSONS WHO WISH TO RESIDE IN YOUR UNIT: Please print full name – last, first, middle initial. Include unborn children, if applicable.			
APPLICANT'S FULL NAME (Last, First, Middle Initial)		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE	
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO		
SPOUSE (Last, First, Middle Initial)		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE	
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME (Last, First, Middle Initial)		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE	
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO		

NAME (Last, First, Middle Initial)		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME (Last, First, Middle Initial)		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME (Last, First, Middle Initial)		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES ANYONE IN HOUSEHOLD REQUEST A SPECIAL HANDICAP ACCESSIBLE UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY UNIT TYPE REQUIRED		
HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN A FULL TIME STUDENT AT ANY TIME DURING THIS CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE THERE ANY HOUSEHOLD MEMBERS OVER THE AGE OF 17 THAT ARE PART-TIME/FULL-TIME STUDENTS? (HUD PROPERTIES ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO		
SOURCES OF INCOME: List all income sources.		
This includes, but is not limited to, full and/or part-time employment, all income from Welfare Agencies, Social Security, Pensions, SSI, Disability, Armed Forces Reserves, Unemployment Compensation, Child Care, Alimony, Child Support, Student Grants, Income from sale of property, Interest on Assets, Dividends, Annuities, and Regular Contributions from people not residing with you. Income earned by members temporarily absent from the household must be included. Furthermore, household income must include income received by members 18 years of age or older; include pro-rata income for those members of the household anticipated to reach 18 years of age during the upcoming 12 month period.		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		

ASSETS

BANK				ACCOUNT #			
STOCKS/BONDS <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CHECKING <input type="checkbox"/>	TRUST <input type="checkbox"/>	IRA / 401K <input type="checkbox"/>	CD <input type="checkbox"/>	MONEY MARKET <input type="checkbox"/>	BALANCE
BANK				ACCOUNT #			
STOCKS/BONDS <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CHECKING <input type="checkbox"/>	TRUST <input type="checkbox"/>	IRA / 401K <input type="checkbox"/>	CD <input type="checkbox"/>	MONEY MARKET <input type="checkbox"/>	BALANCE
BANK				ACCOUNT #			
STOCKS/BONDS <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CHECKING <input type="checkbox"/>	TRUST <input type="checkbox"/>	IRA / 401K <input type="checkbox"/>	CD <input type="checkbox"/>	MONEY MARKET <input type="checkbox"/>	BALANCE
LIFE INSURANCE POLICY NUMBER					FACE VALUE		
REAL PROPERTY: DO YOU OWN ANY PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, TYPE OF PROPERTY			
LOCATION OF REAL PROPERTY					APPX. MKT. VALUE		
HAVE YOU SOLD/DISPOSED OF ANY PROPERTY/ASSETS IN THE LAST 2 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, TYPE OF PROPERTY/ASSETS					DATE SOLD/DISPOSED OF		
DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (EXCLUDING) HOUSEHOLD GOODS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, WHAT?							

PERSONAL REFERENCES: (2 PERSONS NOT RELATED OR LIVING WITH YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

AUTOMOBILES

MAKE/MODEL	YEAR	LICENSE #
MAKE/MODEL	YEAR	LICENSE #

WHO SHOULD BE CONTACTED IN CASE OF EMERGENCY? NAME
ADDRESS
PHONE #

HOW DID YOU FIND OUT ABOUT OUR BUILDING? NEWSPAPER DRIVE BY RENTAL MAGAZINE ACQUAINTANCE OTHER _____

WHEN DO YOU DESIRE TO OCCUPY THE APARTMENT?

DO YOU INTEND TO HAVE AN ANIMAL AT THIS RESIDENCE? YES NO IF YES, WHAT KIND?

FOR USDA RURAL DEVELOPMENT HOUSEHOLDS THAT MEET THE DEFINITION OF ELDERLY/DISABLED:
DO YOU WISH TO CLAIM A \$400 DEDUCTION FROM YOUR HOUSEHOLD INCOME BASED ON AN "ELDERLY HOUSEHOLD" STATUS, WHERE THE TENANT OR CO-TENANT IS 62 OR OLDER, HANDICAPPED, OR DISABLED? YES NO

DO YOU HAVE A LETTER OF PRIORITY ISSUED BY USDA-RURAL DEVELOPMENT DUE TO DISPLACEMENT FROM ANOTHER PROPERTY? YES NO

ARE YOU CURRENTLY A USER OF AN ILLEGAL CONTROLLED SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A DRUG VIOLATION (USE, ATTEMPTED USE, POSSESSION, MANUFACTURE, SALE OR DISTRIBUTION)? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN EVICTED FROM A RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU SUCCESSFULLY COMPLETED A CONTROLLED SUBSTANCE ABUSE RECOVERY PROGRAM OR PRESENTLY ENROLLED IN SUCH A PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU BEEN CONVICTED, PLED GUILTY OR PLED NO CONTEST TO ANY CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT CRIME(S), WHEN, AND WHERE?
WILL THIS APARTMENT SERVE AS THIS HOUSEHOLD'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

The undersigned authorize Cambridge Real Estate Services or any screening service to contact my present and previous landlords, my credit references and employers (as listed above) and any credit reporting agency. It is understood and agreed that the sum paid at the time of application will be used as follows: A screening fee will be retained by the landlord as payment for the cost of application screening. Applicant screening entails the checking of your credit, income and other criteria for residency. As part of the application process, Landlord may obtain an Investigative Consumer Report which may include information of your character, general reputation, personal characteristics and mode of living. You have a right to request a written summary of your rights under the Federal Fair Credit Act as well as a complete and accurate disclosure of the nature and scope of the investigation requested. The request should be made to the Landlord or the credit reporting firm listed on the Criteria for Residency. You have the right to dispute the accuracy of any information provided to the landlord by the screening service or credit reporting agency. The name and address of the screening company can be obtained from either the Criteria for Residency form or the manager. Applicant's copy of this application shall be the receipt for the screening fee. If this application is approved, applicants will have 72 hours from the time of notification to return to execute a Rental Agreement and to pay the amount required as a security deposit, as determined by the application screening process. If applicants fail to execute a rental agreement and to pay the security deposit referenced above, they will be deemed to have refused the unit and the next application for the unit will be processed. Landlord shall have no liability to applicant until such time as a rental agreement is signed by both parties. I/We understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this will be grounds for termination of tenancy. Applicant acknowledges receipt of a copy of the Criteria for Residency. The information contained in this application is true and complete. By signing below, and through the process of applying for housing, I/we do hereby certify that the apartment applied for shall serve as our primary residence.

Applications and background screening will be valid for a 90 day period from the date of screening report. If the applicant(s) fails to execute a rental agreement within the states 90 day period, an updated application/background screening will need to be obtained with costs paid by the applicant.

By signing this application you consent to the release of wage matching data to RHS and the borrower.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____

**The Federal Government has asked managing agents to track this information.
Answering these questions is on a voluntary basis.**

SEX: MALE FEMALE

ETHNICITY: HISPANIC OR LATINO (OF ANY RACE) NOT HISPANIC OR LATINO

RACE: AMERICAN INDIAN/ALASKA NATIVE
 ASIAN
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 WHITE

The information regarding race, ethnicity and sex designations solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications 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 is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

This institution is an equal opportunity provider.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

If you are applying for residency under the HOME Program: This application and your occupancy of the premises are governed by the Regulations of the State of California, Department of Housing and Community Development, HOME Investment Partnerships Program (HOME Program), Title 25 of the California Code of Regulations, Section 9200, et. Seq. and the Federal Final Rule 24 CFR Part 92 (Rule).

CAMBRIDGE

real estate services

MOVE-IN REQUIREMENT SUMMARY

We are focused on providing you with the most efficient and highest quality service possible during the complex process of approving your application for housing.

This community shall be operated in accordance with certain local, state and federal guidelines which establish income eligibility guidelines. The information contained in this summary will help you prepare for certain compliance-related aspects of the application screening process.

In order to approve your application for housing, we will need the following documents. All documents received must be legible and verifiable.

- 1) If you are presently employed, we will require three months (or 6-8 for HUD properties) of **CONSECUTIVE** pay stubs indicating your wages earned, hours worked and certain deductions. Pay stubs must be current within the past 90 days. If you hold more than one job, pay stubs will be required for all jobs.
- 2) If currently unemployed and receiving unemployment benefits, please bring in current statement of benefits.
- 3) Bank contact information for all bank accounts must be provided. If applying for a unit with HOME funding, you are also required to provide six (6) months of consecutive bank statements for all checking accounts and the most current bank statement for all savings accounts. Please defer to the management staff to understand if the unit you are applying for has HOME funding.
- 4) If applicable, a divorce decree and/or documentation regarding child support or alimony received or to which you are entitled.
- 5) Federal Tax Return for most recent one year; second year may be requested. (If applicable)
- 6) For self-employed applicants, we will require your business profit and loss statement (IRS Form Schedule C) as well as your most recent Federal Tax Return.
- 7) Current documentation (within the last 90 days) of any 401k, IRA, stocks, or pension funds you hold.
- 8) If applicable, a copy of the benefit award letter documenting Social Security, Supplemental Social Security, Pension or Military Benefits paid to all members of your household.

Additional information may be required depending on your individual circumstances. We will notify each applicant on a case by case basis of additional documentation needed and/or forms required for signature. Such a notification will follow within one to three business days of your completed application reaching the on-site manager.

The items noted above will be requested from you only after your background screening has been approved. Please do not forward this information to the on-site manager with your application for housing. Instead, please gather and hold this information until you are notified by the on-site manager that your application for housing has received preliminary approval.

This institution is an equal opportunity provider.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

SUPPLEMENT TO APPLICATION

Thank you for your interest in _____ Apartments.

Application Fee(s) \$ _____
(Application fees must be paid before screening initiated) (excludes HUD properties)

BELOW PLEASE FIND A LIST OF ALL APPLICABLE CHARGES AND DEPOSITS. AMOUNTS LISTED ARE SUBJECT TO CHANGE PRIOR TO SIGNING OF THE LEASE AGREEMENT.

Security Deposit Amount \$ _____
(Security deposit must be paid within 72 hours of approval)

Pet Deposit (if applicable) \$ _____

Other Deposit (if applicable) \$ _____

Other Deposit (if applicable) \$ _____

Monthly Stated Rent \$ _____ (may reflect range of rents offered)

Other Monthly Charge (if applicable) \$ _____

Other Monthly Charge (if applicable) \$ _____

Late Fee \$ _____ (10% of monthly stated rent, excluding HUD properties)

NSF Fee \$35 plus applicable bank charges (excludes HUD properties)

Non-Compliance Fees \$50 per non-compliance (excludes HUD properties)

- Late Payment of Utility
- Failure to Clean Pet Waste (\$5.00 HUD properties)
- Failure to Clean Garbage/Rubbish
- Parking Violations or Improper Use of Vehicles

Smoke Alarm/Carbon Monoxide Alarm Tampering Fee \$250 (excludes HUD properties)

Lease Break Fee Equal to 1.5 x monthly stated rent (excludes HUD properties)
(applicable only if tenant vacates prior to lease end date)

This institution is an equal opportunity provider.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.



**AUTHORIZATION FOR
RELEASE OF INFORMATION**

I, _____, give permission to the Property Management staff of _____ (property name) to share information with the following staff/service agencies for the purpose of providing assistance to me.

This may include sharing information about a disability. _____ (initials)

Names of Approved Agencies:

_____ (initials)
_____ (initials)
_____ (initials)
_____ (initials)

None of this information will be shared with other residents. The only time staff would share information without my permission is when there is evidence of child or elder abuse or neglect, a resident presenting a danger to themselves or others, or a court order requiring the disclosure of this information.

I understand my consent is valid as long as I am living at the following address and during any related follow up: _____

I understand that I can revoke this consent at any time, in writing. I confirm that the purpose of this form has been explained to me and I understand this content. My signature below indicates my consent and I understand that the information disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by State or Federal law.

Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____



TENANT INCOME CERTIFICATION QUESTIONNAIRE

TO BE COMPLETED BY EACH ADULT APPLICANT.

NAME: _____

Telephone Number _____

Initial Certification

BIN # _____

Re-certification

Unit # _____

Other

Most Recent Federal Income Tax Return Attached

INCOME INFORMATION		MONTHLY GROSS INCOME
YES NO		
1. <input type="checkbox"/> <input type="checkbox"/> If yes, use C266	I am self employed. (List nature of self employment)	(use net income from business) \$ _____
2. <input type="checkbox"/> <input type="checkbox"/> CA & OR If yes, use OR003c ID If yes, use ID003c ID	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: Name of Employer: a) _____ b) _____ c) _____	\$ _____ \$ _____ \$ _____
3. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304	I receive cash contributions -- including but not limited to gifts, recurring financial assistance both monetary and non-monetary, or assistance in meeting my financial obligations for expenses such as rent, utilities, car payments, fuel, insurance or the payment of accumulated debts, on an on-going basis from persons not living with me.	\$ _____
4. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304	I receive unemployment benefits.	\$ _____
5. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6. <input type="checkbox"/> <input type="checkbox"/> If yes, use C302	I receive periodic social security payments.	\$ _____
7. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
8. <input type="checkbox"/> <input type="checkbox"/> If yes, use C302	I receive Supplemental Security Income (SSI).	\$ _____
9. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304	I receive disability or death benefits other than Social Security.	\$ _____
10. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304	I receive Public Assistance Income (examples: TANF, AFDC) (example: Cash Assistance, Trust Fund disbursements, etc.).	\$ _____
11. <input type="checkbox"/> <input type="checkbox"/> If yes use C385 CA & C386 CA <input type="checkbox"/> <input type="checkbox"/> If yes use C385 CA & C386 CA <input type="checkbox"/> <input type="checkbox"/> If yes use C385 CA & C386 CA If no to all use C385	I am entitled to receive child support payments. I am currently receiving child support payments. If yes, from how many persons do you receive support? _____ I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____	\$ _____ \$ _____
12. <input type="checkbox"/> <input type="checkbox"/> If yes, use C300	I receive alimony/spousal support payments.	\$ _____
13. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304	I receive periodic payments from: trusts; annuities; inheritance; retirement funds or pensions; insurance policies; lottery winnings; or other accounts receivable, including debts I am owed from persons not living with me: If yes, list sources: a) _____ b) _____	\$ _____ \$ _____
14. <input type="checkbox"/> <input type="checkbox"/> If yes, use C304	I receive income from real or personal property.	(use net earned income) \$ _____
15. <input type="checkbox"/> <input type="checkbox"/> If yes, use C429	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received	\$ _____

ASSET INFORMATION

	YES NO	INTEREST RATE	CASH VALUE
16. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301 If no, use C341	I have a checking account(s) (6 month average daily balance must be verified). If yes, list bank(s): a) _____ b) _____	_____% _____%	6 month average \$ _____ \$ _____
17. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301 If no, use C341	I have a savings account(s) (Current balance must be verified). If yes, list bank(s): a) _____ b) _____	_____% _____%	current value \$ _____ \$ _____

18. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301	I have a revocable trust(s). If yes, list bank(s): a) _____	_____ %	\$ _____
19. <input type="checkbox"/> <input type="checkbox"/> If yes, use C305	I own real estate. If yes, provide description: _____	_____ %	\$ _____
20. <input type="checkbox"/> <input type="checkbox"/> If yes, use C305	I own stocks, bonds or Treasury Bills If yes, list sources/bank names: a) _____ b) _____ c) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
21. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names: a) _____ b) _____ c) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
22. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s): a) _____ b) _____	_____ % _____ %	\$ _____ \$ _____
23. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
24. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: a) _____ b) _____		\$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/> If yes, use C301	I have income from assets or sources other than those listed above. If yes, list type below a) _____ b) _____		\$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/> If yes, use OR006c	Based on my answers above, I believe I have assets with a combined value of less than \$5,000. By initialing the 'yes' box, I agree to complete the "Under \$5,000 Asset Certification Form". (Not applicable to HUD properties)		

STUDENT STATUS

	YES	NO	
28. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Does the household consist of all persons who are <u>full-time</u> students (Examples: College/University, (trade school, etc.)? Does the household consist of all persons who have been a <u>full-time</u> student in the previous 5 months? Does your household anticipate becoming an all full-time student household in the next 12 months?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			If you answered yes to any of the previous three questions are you: <ul style="list-style-type: none"> • Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI) • Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program • Married and filing (or are entitled to file) a joint tax return • Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual • Previously enrolled in the Foster Care program (age 18-24)

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE

CHILD SUPPORT AFFIDAVIT

Use Form C386 XX "Child Support Verification" for Validation



CAMBRIDGE
real estate services

Applicant/Resident Name _____

Development Name _____ Unit Number/Identification _____

Complete a separate Child Support Affidavit for each child support source.

Child support and/or spousal support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

A. Do you receive child support and/or spousal support? Yes. Go to B. No. Go to C.1.

B. I receive:

1. Payment amount \$ _____
2. Frequency _____
3. Name(s) of Recipient(s) _____

4. Name of source _____
Complete multiple affidavit forms if there are multiple sources.
5. Go to C.1

C. 1. Have you been awarded child or spousal support by court order?

Yes. Complete C and/or D if applicable. No. Complete D and/or E if applicable.

2. Provide copy of entire document, enter amount of award \$ _____, and frequency _____; go to C.3.

3. Is payment being received as awarded? Yes. Go to 3.a. No. Go to 3.b.

a. Indicate the manner by which payment is received and sign form.

- i. **Enforcement agency** Name agency _____
and provide agency print out
- ii. **Court of Law** Name court _____
- iii. **Direct from responsible party** Name source _____
(Provide affidavit or statement from the source. Also use form C386 XX Child Support Verification.)
- iv. **Other (Explain)** _____

b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.

D. All of my children are over the age of 18.

E. I have no children.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature _____ Date _____

TAX CREDIT STUDENT CERTIFICATION



CAMBRIDGE
real estate services

Property Name _____ Property No. _____

Resident/Applicant: All residents/applicants 18 years or older (or any minors acting as head, spouse or co-head), must complete this form at time of all certifications. Please complete ONE of the following statements that apply to your situation.

Name _____ Apartment No. _____

This apartment community must follow the rules and regulations of the Tax Credit Program or Section 42 of the IRS Code. A household comprised entirely of full time students (adults and minors) is not eligible to reside in this apartment community unless the household meets one of the four exceptions listed below. Full-time students are defined as individuals who attend school a minimum of 5 months per calendar year, and are designated to be full-time by the school in which they attend. Minors that are in kindergarten through grade twelve are automatically considered full time students.

1. At least one adult in the unit is married, not necessarily to another adult living in the unit, and filed a joint federal tax return the previous year. (To verify this exception, a copy of the marriage certificate and a copy of the previous year's tax return must be provided by the applicant and kept in the resident file).
2. Single parents and their children and such parent and children are not dependents (as defined in section 152) of another individual. (To verify this exception, a copy of the most recent tax return must be provided by the resident or applicant).
3. A household member is a recipient of Aid to Families with Dependent Children (AFDC) or Temporary Assistance for Needy Families (TANF). (Verification must be obtained from AFDC or TANF to qualify for this exception).
4. A household member is a participant in a federal, state or local job-training program comparable to those funded by the Job Training Partnership Act (JTPA). (Verification must be obtained to qualify for this exception).
5. A household member who was previously under the care and placement responsibility of the State agency responsible for administering a plan under part B or part E of title IV of the Social Security Act.

Please mark one of the choices below which best describes your current or future status as a student in the next 12 months.

1. I, _____, certify that I am currently not a student (part-time or full-time), nor do I intend to become a student any time within the next 12 months.
2. I, _____, certify that I am currently not a student (part-time or full-time); however, I plan to enroll as a part-time student in the next 12 months.
3. I, _____, certify that I am currently a part-time student and I plan to remain a part-time student for the next 12 months.
4. I, _____, certify that I am currently not a student (part-time or full-time); however, I plan to enroll as a full-time student in the next 12 months.
5. I, _____, certify that I am currently a full-time student.

Please list the names of any minors in the household that are currently students or will become students in the next 12 months.

(If this section does not apply, fill in N/A)

I understand that my household is required to supply verification that we meet one of the four exceptions listed above if I indicate that I am currently a full-time student, plan on enrolling as a full-time student or if my household indicates that all members are full time students. If I cannot supply verification that my household meets one of the exceptions, I understand my household is not eligible to move in or is no longer eligible to live in this apartment community and will be required to vacate in 30-days.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND CERTIFY THAT I HAVE COMPLETED IT TRUE AND CORRECT. I ALSO UNDERSTAND THAT SHOULD MY STUDENT STATUS CHANGE DURING THE NEXT 12 MONTHS, I MUST NOTIFY THE ON-SITE MANAGER IMMEDIATELY.

Resident/Applicant Signature _____ Date _____

Manager Signature _____ Date _____

ANNUAL LIHTC/BOND CERTIFICATION OF STUDENT STATUS

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and annually during the Initial Compliance Period of the project.

Property Name: _____ BIN #: _____ Unit #: _____

Household Occupants: _____

This form is to be completed by Applicant/Tenant

You have applied for (or currently reside in) a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. Provisions of this code require verification of all income and assets, as well as other claims of eligibility. Please check A, B, or C as it applies to your household:

- A. **Household contains at least one occupant who is not a student, has not been a student, and will not be a student for any part of 5 months or more during the current and/or upcoming calendar year** (months need not be consecutive). If this item is checked, **and** you have student loans in repayment or deferral, please state how long it has been since you were in school _____. If you do not have student loans and have checked this item, no further action is necessary.

- B. **Household contains all students, but is qualified because the following occupant, _____, is a part-time student.** Verification of part-time student status (form OHCS.6) is required for at least one household member.

- C. **Household contains all full-time students for any part of 5 months or more during the current and/or upcoming calendar year** (months need not be consecutive). If "C" applies, complete questions 1-5 below:
 - 1. Is at least one student receiving assistance under Title IV of the Social Security Act (i.e. AFDC, TANF, etc.)? Yes No

 - 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? If yes, attach documentation of previous participation. Yes No

 - 3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws? If yes, attach documentation of current participation. Yes No

 - 4. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than the other (or absent) parent? If yes, attach third party documentation (i.e. tax return or a court order establishing custody). Yes No

 - 5. Are the students married and file a joint tax return? If yes, attach a copy of the marriage license or the most recently filed tax return. Yes No

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant	Printed Name of Applicant/Tenant	Date
Signature of Applicant/Tenant	Printed Name of Applicant/Tenant	Date

Front Door Assessors for the CWL

Catholic Community Services

1464 W. 6th St. Eugene, OR
Katie Giles
541-345-3628 x402

1025 G St. Springfield
Jack Phelps
541-345-3628 x321

ShelterCare-Housing Service Navigator

499 W 4th Ave, Eugene, OR
Lindsay Weiss - (541) 689-7156
OR 541-513-4372
Austin Wilson - (541) 515-1719

Centro Latino Americano

944 W 5th Ave, Eugene, OR
Evelyn Salinas-Castro
541-743-7108 x108

St. Vincent De Paul 1st Place Family

1995 Amazon Parkway, Eugene, OR
Staff – (541) 342-7728

Looking Glass

941 W. 7th Ave, Eugene, OR
Nicole Marshall
James Ewell
541-686-4310

St. Vincent De Paul Lindholm Center ESS

450 Highway 99 N, Eugene, OR
Carmen Peer – (541) 607-0439
Karen Fleener-Gould – (541) 607-0439
Vikki Perpinan– (541) 607-0439

ShelterCare-SMR/MR2

780 Hwy 99 N, Eugene, OR
Cara Ashworth
541-461-2845

SVDP Supportive Services for Veteran Families

2890 Chad Dr., Eugene, OR
Dayna Canaday – (541) 743-7170
Leonida Hileman – (541) 743-7140

ShelterCare-Shankle

1545 S. Brooklyn Ave, Eugene, OR
Ivy Rogers
541-686-1262 x368

Willamette Family Treatment

687 Cheshire Ave, Eugene, OR
Mary Girard
541-501-3494