Application Received
Date: _____
Time: _____
Initials: _____

**Grand Management Services, Inc.**
Professional Property Management
375 Park Avenue, Suite 1, Coos Bay, Oregon 97420
Tel: 541-269-5561 Fax: 541-435-7144
Website: www.grandmgmt.com

I wish to **apply for** (please identify the specific apartment name and location of rental that you are interested in):

- Shore View Gardens Apartments

What size apartment are you applying for? Would you take a smaller size unit if available? _____

**Household Composition**. Please complete the following table, identifying all individuals who will be occupying the apartment. Please list the head of household as the first name in the table.

| Legal and Complete Name | Sex | Date of Birth | Social Security # | Relationship to Head of Household | Full Time Student (Y/N) | Part Time Student (Y/N) |
|---|---|---|---|---|---|---|
| | | | | *HOH* | | |
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****HUD only**: *Applicants who were age 62 or older AND receiving HUD rental assistance as of January 31, 2010, may be exempt from the SSN disclosure requirements if verification can be obtained to show that a valid SSN was disclosed for program admittance prior to January 31, 2010.*
***HUD only**: Do you qualify for this exemption **YES / NO***
***HUD only**: it is optional for applicants for HUD-assistance housing to report gender.*

**Handicap/Disability**. Do you have a disability which requires a unit with special features or auxiliary aid? **YES / NO**

If yes, what features do you require?_____

**Income Summary**. PLEASE LIST THE TYPE, SOURCE AND AMOUNT OF INCOME THAT CAN BE EXPECTED DURING THE NEXT 12 MONTHS FOR EACH HOUSEHOLD MEMBER.
Examples of types of income are: wages, self-employment, cash or other assistance from someone outside of the household. Social Security, child support, alimony, financial aid, retirement funds, etc.

| Household Member Name | Type and Source of Income | Annual Income |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

LIST ALL ASSETS OF EACH HOUSEHOLD MEMBER (CHECKING, SAVINGS, RETIREMENT ACCTS., CASH ON HAND, BENEFIT DEBIT CARDS)

| Asset Type | Household Member Name | Name of Bank or Institution | Balance | Interest earned in the past 12 months |
|---|---|---|---|---|
| | | | | |
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**Asset Details**. Please answer the following questions.

a.) Does any household member own real estate or any assets in which you receive income? **YES / NO**

b.) Please list any assets disposed of for less than their fair market value during the past two years and provide the fair market value of the asset at the time of disposal:

_____

c.) Has any household member ever declared bankruptcy or does any member plan to declare bankruptcy within the next year**?** **YES / NO**

**ADJUSTMENTS TO INCOME**. You may be eligible to claim some or all of the following adjustments to income. We will verify your eligibility for any of the adjustments you want to be considered for. Please review the following and provide your estimated cost for any that you want to be considered for. Completion of this section is optional:

**Child Care**: The reasonable cost of child care for children age 12 or younger paid to non-household members when it allows another household member to be employed or attend school provided no other adult household member is capable of providing care.

Estimated monthly cost of child care, not reimbursed or paid by another agency or individual: _____

**Medical Expenses**. If the head or co-head of household is 62 years or older, or an individual with a disability, then medical expenses not reimbursed by insurance or another source may be considered for all household members. Typical medical expenses include: services of physicians, medical insurance premiums; prescription medicine, dental expenses, eyeglasses and eye exams, medical apparatus or aids, live-in or periodic medical care, and on-going payments on accumulated medical bills.

| Description of Medical Expenses (use additional sheet of paper as required). | Annual Amount |
|---|---|
| | |
| | |
| | |
| | |
| | |
| ESTIMATE ANNUAL MEDICAL EXPENSES TOTAL | $ |

**Elderly Family Deduction**. If the head or co-head of household is 62 years or older, or an individual with a disability, then you are eligible for an annual deduction of $400. Would you like to be considered for this deduction? **YES / NO**

**Disability Assistance Expense**. Costs associated with the care or support of a disabled household member that allows that Person or another household member to be employed may be considered. The cost must be reasonable and is limited to no more than the wages earned by the employed household member.

Estimated monthly disability assistance expense not reimbursed by another person or agency: _____

**Rental History**. Provide at least three (3) landlord references, or five years of the most current rental history, including your current residence in lieu of a mortgage. If you are related to your landlord by blood, marriage, or other close ties, you must provide additional rental history and/or additional personal and credit references.

Current Residence
Apartment Complex Name and Complete Address: _____

Manager Name _____Manager Phone _____

Length of Residency from _____(month/year) to _____(month/year) Amount of rent paid: _____/mo.

Reason for moving _____

Was this Manager/Landlord a friend or relative? _____

Prior Residence
Apartment Complex Name and Complete Address: _____

Manager Name _____Manager Phone _____

Length of Residency from _____(month/year) to _____(month/year) Amount of rent paid: _____/mo.

Reason for moving _____

Was this Manager/Landlord a friend or relative? _____

Prior Residence
Apartment Complex Name and Complete Address: _____

Manager Name _____Manager Phone _____

Length of Residency from _____(month/year) to _____(month/year) Amount of rent paid: _____/mo.

Reason for moving _____

Was this Manager/Landlord a friend or relative?_____

**Personal References**. Please list individuals who could provide personal references for you when asked questions about your history of financial obligations, your history of adhering to rental agreements, and other questions related to our processing of your rental application to determine if you meet our residency standards. Please do not include family members or a landlord previously listed.

| Reference Name | Reference Address (City/State) | Reference Phone | Relationship to You |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Please list the States that all members have lived in: _____

**Applicant Questions**. Please disclose yes or no answers to the following questions.

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? **YES / NO**

If yes, please list who was convicted and the State of sex offender registration. _____

Have you or any member of your household been convicted of a felony? **YES / NO**

If yes, please list who was convicted and the nature of the felony. _____

Are you or any member of your household currently using an illegal controlled substance? **YES / NO**

Have you or any other household member successfully completed a controlled substance abuse recovery program or are presently enrolled in such a program? **YES / NO**

Have you or any member of your household been evicted from federally-assisted housing in past ten (10) years? **YES / NO**

If yes, please list the person from your household that was evicted, and provide the name, city and state of the federally-assisted housing property._____

Please identify any pets or assistance animal that you own.

| Name of Pet or Assistance Animal | Breed | Age | Years Owned | Pet or Assistance Animal |
|---|---|---|---|---|
| | | | | |
| | | | | |

Please provide information regarding your automobiles, recreational vehicles, boats, equipment.

| Make/Model | Color | Year | License # | State |
|---|---|---|---|---|
| | | | | |
| | | | | |

If attempts to contact you are not successful, is there someone else we can contact in order to reach you? If so, please list their name below:

| Name of Contact | Address | Phone | Relationship to You |
|---|---|---|---|
| | | | |

Have you ever lived in any form of Federally subsidized housing? _____ If yes, please give name of apartment complex and city. _____

Do you currently live in any form of Federal or subsidized housing? **YES /** **NO**

Do you have a Section 8 certificate or voucher or a HOME voucher? **YES /** **NO** If yes, please detail which program you are involved with._____

Are seeking preference as a victim of domestic violence? **YES /** **NO**
If yes, please provide information._____

_____

How did you learn about this project? ☐ Craigslist ☐ Website ☐ Newspaper/Poster ☐ Referral by a friend ☐

Referral by a current or past resident ☐ Walk-in ☐ Other (please specify) _____

**Signature Clause**. I/We hereby certify that this apartment will be my/our permanent residence and I/we will not maintain a Separate subsidized rental unit in a different location. I/We agree to the landlord's representative the authority to investigate and obtain my/our credit rating, current and previous rental history, personal references, criminal background, current/past utility records, income verifications, and any other information necessary to determine my/our eligibility for this housing. My/our signature below certifies that the statements made on this application are true and correct and gives management consent to verify the information provided in this application. I/we understand that if it is determined that I/we have provided false information, I/we may be denied occupancy or may be evicted after occupancy. I/we understand that due to changes in circumstances, additional information may be requested at a later date to complete the processing of this application.

Signature of Applicant_____ Co-Applicant_____

Printed Name_____ Printed Name _____

Date_____ Date_____

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)
Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at **(202) 720-2600** (voice and TTY) or contact USDA through the Federal Relay Service at **(800) 877-8339**.

Grand Management Services 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. or use of Agency facilities who believes he or she is being discriminated against because of age, race, color, religion, sex, familial status, disability, or national origin may file a civil rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.This institute is an equal opportunity provider.

**How Can We Reach You?**

Mailing Address_____ Home Phone _____

City, State, Zip_____ Work Phone _____

Email Address_____ Message Phone_____

The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the federal government, acting through 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 observation or surname.

| GENDER | ETHNICITY | RACE | |
|---|---|---|---|
| ☐ Female (F)<br>☐ Male (M) | ☐ Hispanic or Latino<br>☐ Not Hispanic or Latino | ☐ American Indian/Alaska Native<br>☐ Asian<br>☐ Black or African American | ☐ Islander<br>☐ White |

**What You Need to Provide In Order for the Application to be Complete and to Allow rocessing.**

☐ **This application with all requested information provided and signatures affixed.**

☐ **A signed Authorization of Release of Information form (attached).**

☐ **Photo ID for each Household member over 18 and Social Security Cards for each member of the household member.**

☐ **Mail, fax or deliver this application to Grand Management Services – 375 Park Avenue, Suite 1, Coos Bay, Oregon 97420. Fax is 541-269-2481. Any questions, please call 541-269-5561. Hearing impaired individuals can call the TTY relay operator at 711.**

OFFICE USE ONLY

Applicant #: _____ Date: ___/___/___ Time: _____ #of Units Available: _____ Credit Fee $_____

Examined picture identification? _____ Type of identification: _____

Property Address: _____ Monthly Rent: $_____ Deposit: $_____

Move-in Date _____ Date of Rejection _____

EQUAL HOUSING OPPORTUNITY "This Institute is an Equal Opportunity Provider"

# *AUTHORIZATION FOR RELEASE OF INFORMATION*

CONSENT

I authorize and direct any federal, state, or local agency, or any organization, business, or individual to release to Grand Management Services any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

1. USDA Rural Housing Services
   RRH, RCH, LH programs
   Section 515 Assistance Programs
2. Section 221 (d)(3) BMIR
3. Rent Supplement
4. Section 8 Housing Assistance
5. All Section 8 Housing Assistance Payment Programs
   Rent Assistance Payments (RAP)
6. Section 236
7. Oregon Housing and Community Services programs
8. LIHTC programs

I give my consent for the releases also for the minor children in my care, who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Oregon Housing and Community Services (OHCS) agency or the U.S. Department of Housing and Urban Development (HUD) or USDA Rural Development in administering and enforcing program rules and policies.

## INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquires that may be released, include but are not limited to:

1. Identity
2. Employment
3. Credit History
4. Social Security #'s
5. Medical Expenses
6. Income sources
7. Criminal background
8. Utility Consumption data
9. Child Care Expenses
10. Income Amounts
11. Residences and Rental Activity
12. Assets

## GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

1. Previous Landlords
2. Welfare Agencies
3. Medical Providers
4. Retirement Systems
5. Post Offices
6. State Unemployment Agencies
7. Support and Alimony Providers
8. Child Care Providers
9. Banks & Other Financial Institutions
10. Credit Providers and Credit Bureaus
11. Schools and Colleges
12. Utility Companies
13. Past & Present Employers
14. Veteran's Administration
15. Public Housing Agencies
16. **Social Security Admin**

## COMPUTER MATCHING NOTICE AND CONSENT

**I understand and agree that OHCS or HUD or RD or a Public Housing Authority (PHA) may conduct computer matching programs to verify the information supplied for my certification or recertification.** If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. OHCS or HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

## CONDITIONS

**I agree that a photocopy of this authorization may be used for the purposes stated above**. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

## SIGNATURES

| _____ | _____ | _____ |
|---|---|---|
| **Head of Household** | **(Print Name)** | **Date** |
| _____ | _____ | |
| Social Security | Date of Birth | |
| _____ | _____ | _____ |
| **Head of Household** | **(Print Name)** | **Date** |
| _____ | _____ | |
| Social Security | Date of Birth | |

**VAWA-VIOLENCE AGAINST WOMEN ACT**

That an applicant is or has been a victim of domestic violence, dating violence, or stalking is not an appropriate basis for denial of program assistance or for denial of admission, if the applicant otherwise qualifies for admission.

In determining eligibility for housing in cases where the Agent, acting on behalf of the Project Owners, has become aware that the household includes a victim of domestic violence, and when screening reveals negative and potentially disqualifying information, such as poor credit history, previous damage to an apartment, or a prior arrest, inquiries will be made regarding the circumstances contributing to this negative history, to ascertain whether these past events were the consequence of domestic violence against a member of the applicant household.

All denial of housing letters will notify applicants of VAWA's protections and that they may seek an informal review if they believe that the denial of assistance was related to acts of domestic violence, dating violence, or stalking committed against the applicant.

If because of safety concerns a victim of domestic violence, dating violence, or stalking is unwilling or unable to provide information or identification ordinarily required to confirm eligibility, efforts will be made to otherwise establish eligibility and alternative sources and methods of verification will be accepted.

If you would like more information about your rights under the Violence Against Women act, please see the attachment to the Resident Selection Criteria.

# Selection Criteria

**Application Processing**

In order for a residency application to be processed, it must be returned complete. An application that is incomplete will not be processed and the applicant will not be considered for tenancy until the application is complete. If an incomplete application is received, the applicant will be informed in writing a list of items necessary to complete the application. A completed application must include: 1. All requested information must be provided. 2. All names, birth-dates and social security numbers of the applicant, co-applicant, and all others seeking occupancy under this application. 3. A mailing address, a current physical address and (if available) a contact phone number for the applicant. 4. Photo or legal identification for each adult member of the household and copies of social security cards for all members of household. 5. At least three (3) verifiable personal references. 6. At least three (3) verifiable previous landlord references in lieu of a mortgage or references accounting for 5 consecutive years of occupancy. In the absence of required landlord references, a co-signer may be accepted upon management discretion. The appointed person in charge of making this decision is the property manager. 7. A current accounting of all sources of income, as detailed in the application. 8. A signed Authorization for Release of Information form for each adult in the household. 9. The signature of the applicant and any other adult members of the household and the date they signed the application.

**Selection Criteria**

**1**. Applications will be accepted from anyone who wishes to apply for residency. Based on the information submitted on the application and verified by the Management Agent, the applicant will be notified that they appear eligible and will be placed on the waiting list OR that the application is incomplete or missing information OR that they are not eligible with the reasons for the rejection of the application and information concerning the procedures for appeal of this decision. Applicants will be selected for residency on a first come, first serve basis, as modified by a preference system established for renting to families that qualify under federal guidelines regarding income levels as well as for a preference system for particular units, including units designed to accommodate disabled individuals or individuals that would benefit from a modified unit. An applicant will be offered an

available unit or rejected before the unit is offered to the next applicant on the waiting list. If an applicant turns down an available apartment, for a non-medical reason, more than (1) time, their name will be withdrawn from the waiting list and they will be required to reapply for residency.
An applicant who rejects a unit for medical reasons, may only turn down an available apartment three times before their name is removed from the waiting list. If an applicant is removed from the waiting list, such notification will be made in writing and mailed to the applicant. A copy of such proof will be kept in the central office of Grand Management Services Inc. **2**. This complex is financed through the U.S. Department of Agriculture Rural Development Multifamily housing program or The Department of Housing and Urban Development. Under regulations, eligibility is restricted to households whose gross annual income or adjusted gross annual income falls below the median income limits for the area. A copy of the income limits are available, upon request, by contacting Grand Management Services. **3**. The household must meet the occupancy guidelines for the project. As a general rule, minimum occupancy is 1 person per bedroom and maximum occupancy is 2 persons per bedroom plus 2 additional persons per apartment. In projects with no studio or 1-bedroom units, a 1-person household may be approved for occupancy in a 2-bedroom unit provided there are no 2 person households on the waiting list. Exceptions may be made to the occupancy policy to accommodate persons with disabilities. If a household is allowed to move into a unit larger than what they qualify for simply because there are no other eligible qualified applicants, the household could reside in the unit only until an eligible household applies and is approved for the unit – in this instance, the non-qualifying household will be required to move to a smaller size unit when such a unit becomes available. **4.** Potential tenants must indicate a purposeful intention to report information in a true and complete manner. Potential tenants who provide inaccurate or false information will be deemed ineligible for occupancy. Using false names or social security numbers are examples of dishonesty in reporting. **5.** Each potential tenant is required to provide at least five years of rental history or three previous landlord references, or a past mortgage of three or more years. These landlord references may not include landlords related to the potential tenant by blood, marriage, or other close ties. In the absence of these three landlord references a co-signer may be needed. In regard to landlord references, potential tenants or members may be rejected according to: A history of unjustified and chronic nonpayment of rent and financial obligations. A history of violence and harassment of neighbors. A history of disturbing the quiet enjoyment of property. A history of violations of the terms of previous rental agreements such as the destruction of a unit or failure to maintain a unit in a sanitary condition. A FED eviction within 10 years or a negative landlord reference **6.** Each potential tenant is required to list at least three personal or credit references. These reference individuals must not be related to the applicant by blood, marriage, or other close ties and should not list a previous landlord if already used as a “landlord reference”. The applicant shall not have a national credit risk rating of more than 3 non-medical delinquent credit accounts or collection accounts to qualify. Potential tenants may be rejected according to: A history of unjustified and chronic nonpayment of rent and financial obligations. A history of violence and harassment of other individuals. Negative Credit. Negative credit is defined as: a) Bankruptcy reported within 1 year of date of application. b) Bankruptcy reported prior to 1 year from the date of application and negative information or no credit information reported following the bankruptcy c) Involuntary repossession or voluntary repossession within the last 10 years. d) More than 3 non-medical collection accounts. e) only negative accounts – medical or non-medical with no positive credit reported. Applicants must show at least 2 credit or revolving accounts rated “positive or paid as agreed”. Negative landlord reference. Negative personal reference **7.** No applicant that uses, possesses, manufactures, sells or distributes illegal controlled substances (as defined by local, state or federal law) or has been convicted and/or jailed, within the last five years, of using, attempting to use, possessing, manufacturing, selling or distributing illegal controlled substances (as defined by local, state or federal law) shall be eligible for tenancy. Any applicant currently using illegal drugs, possessing illegal drugs or reporting a conviction by any court of competent jurisdiction for the illegal manufacture, possession or distribution of a controlled substance shall be denied occupancy. If our review of this application indicates that the applicant may constitute a direct threat to the health and safety of our residents or management staff or whose tenancy would adversely affect the physical condition and reputation of the complex, then the applicant will be denied tenancy. Any applicant that has been convicted of and/or jailed for murder, rape, arson, child molestation, felony assault, or manufacturing and delivery of controlled drugs, within the last ten years will be denied occupancy. These crimes are examples and our residency standards are not limited to this negative history, but may also include other examples which will be considered in the analysis as to whether an applicant will pose a health or safety concern at this project.

**Eligibility at Initial Occupancy**
When an apartment becomes available, the selection criteria will be verified again and updated. The tenant/applicant will be required to:
1. Complete a recertification packet and sign a Tenant Certification.
2. Sign a Written lease and all attachments.
3. Sign the project occupancy rules.
4. Pay, at move-in, a Security Deposit (the balance of which will not be carried over 90 days)
5. Pay the first month's rent.
6. Have utilities immediately placed in your name and provide the Management Agent with verification that this action has been completed.
7. Complete and sign a move-in inspection form, verifying the condition of the apartment upon move-in.

Failure to Respond
Your application will be withdrawn if:

- Our notice to you is returned and our attempts to reach you by telephone are unsuccessful
- We offer you a unit more than 1 time and you refuse to accept it for non-medical reasons. For medical reasons, you are allowed 3 times to pass on a unit and to remain on the waiting list.
- You are deceased or become incarcerated
- If the tenant fails to respond to our request for more information, to sign a tenant certification, to verify eligibility, to sign a lease agreement, or to complete other necessary paperwork within a reasonable time frame. If tenant fails to respond to a notice for more information, we will send you a notice of intent to withdraw your application.
- If offered a unit and you accept, you will be withdrawn if you fail to respond to more information after 5 days.

## Tenant Grievance and Appeals
Any notice of adverse action will be delivered to you by certified or first-class mail. We will give you a specific reason for the rejection of your application or for a determination of ineligibility. We are advising you that you have the right to respond to these notices within 10 calendar days after receipt of the notice. You shall personally present to the management designee, either orally or in writing, any grievance or response. The Management designee is Kristin Benson, c/o Grand Management Services, 375 Park Avenue, Suite 1, Coos Bay, Oregon 97420. The phone number is 541-269-5561. The fax number is 541-269-2481. The TTY number is 711. If requested, Ms. Benson or another management designee shall meet with you within 5 working days of the request in an attempt to resolve the grievance. If the grievance is not resolved to your satisfaction, the management designee shall prepare a summary of the problem within 10 calendar days. You shall receive two copies, and additional copies will be provided to the Owner of this housing complex as well as the supervising governmental agency. If you desire a hearing, a written request for a hearing must be submitted to the management designee at the address detailed above, within 10 calendar days after receipt of the summary. The written request must specify the reasons for the grievance or contest of the management's proposed action and the action or relief sought. The management agent will provide you with a detailed copy of the grievance procedure upon request.