



Application Received
Date: _____
Time: _____
Initials: _____

Grand Management Services, Inc.
 375 Park Avenue Coos Suite 1 Bay, Oregon 97420
 Tel: 541-435-7145 Fax: 541-435-7142
 Website: www.grandmgmt.com

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

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		

**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

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 reference

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 Agency

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, audiotope, 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	
<input type="checkbox"/> Female (F) <input type="checkbox"/> Male (M) <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Islander <input type="checkbox"/> White

What You Need to Provide in Order for the Application to be Complete and to Allow Processing.

- 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, STE 1, Coos Bay, Oregon 97420. Fax is 541-435-7144. 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 | 4. Section 8 Housing Assistance
5. All Section 8 Housing Assistance
Payment Programs
Rent Assistance Payments (RAP) | 7. Oregon Housing and
Community Services
programs
8. LIHTC programs |
| 2. Section 221 (d)(3) BMIR | 6. Section 236 | |
| 3. Rent Supplement | | |

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 inquiries that may be released, include but are not limited to:

- | | | |
|------------------------|-----------------------------|------------------------------------|
| 1. Identity | 5. Medical Expenses | 9. Child Care Expenses |
| 2. Employment | 6. Income sources | 10. Income Amounts |
| 3. Credit History | 7. Criminal background | 11. Residences and Rental Activity |
| 4. Social Security #'s | 8. Utility Consumption data | 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 | 6. State Unemployment Agencies | 11. Schools and Colleges | 16. <u>Social Security Admin</u> |
| 2. Welfare Agencies | 7. Support and Alimony Providers | 12. Utility Companies | |
| 3. Medical Providers | 8. Child Care Providers | 13. Past & Present Employers | |
| 4. Retirement Systems | 9. Banks & Other Financial Institutions | 14. Veteran's Administration | |
| 5. Post Offices | 10. Credit Providers and Credit Bureaus | 15. Public Housing Agencies | |

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	