



1200 BUILDING  
cedar sinai park

## 1200 Building

Dear Applicant:

Thank you for your interest in living at our property. Attached you will find our Application Packet. There are several forms included, which are described below. When you submit your application, please include a photocopy of your current photo ID. We are happy to make copies of these documents in our office.

- **Tenant Selection Plan**

The first section describes the application process, the qualification criteria for residency and the screening criteria. Screening includes rental history, a credit report, and a criminal background check for every potential tenant over 18.

- **Application:**

Please fill the application out fully and please do not leave any blanks. If a question does not apply please put N/A (non-applicable), or None. The residential history must include three consecutive years. If you were homeless please provide the City and State where you were homeless.

- **Race and Ethnic Data Reporting Form:**

This form is optional for you to complete. If you do not wish to fill out the information you will still need to sign and date the document to indicate that you have seen the form.

- **Supplemental Information:**

The last page of the packet is a form that is also optional for you to complete, but you must still sign and date the form.

If the application is not completed correctly or fully it will be mailed back to you. You cannot be added to our waiting list until we have a complete application. If you have any questions, please feel free to contact us at (503) 224-1565.

We look forward to meeting you!





## CEDAR SINAI PARK

love. honor. respect.

Thank you for applying to our property. We continuously accept applications for all four of our properties. We date and time stamp the applications as they arrive in the Management offices at the four locations. You may mail, email, or drop off your applications in person at any of the four properties. We have one-bedrooms, studios, and ADA units available. We only accept completed applications. Once your application is reviewed and determined you are eligible, we add your name to the waiting list for the corresponding building.

Your application will be processed for approval after your name comes to the top of the waiting list. Your application will be sent to screening once we determine you are still interested. It is your responsibility to update your contact information, phone number and address if they change. We will attempt to contact you with the information provided. We will send you a letter asking you to contact us directly within 14 days of the letter. Your name will be removed from the waiting list if you fail to contact us within that 14 days.

If your application is denied, you will have 30 days to appeal. You will receive a copy of the adverse action letter from our office, completed by the screening company, Pacific Screening.

Several items have been included with our application, for your convenience and compliance with Portland Housing Fair Ordinance (PHB) and HUD:

1. Cover letter: includes any changes or updates required by PHB (Portland Housing Bureau)
2. Our tenant selection plan which explains the application process and eligibility.
3. The actual application, which must be completed correctly to add your name to the waitlist.
4. Veterans Resource Disclosure (PHB requirement 3.2020)
5. Statement of Applicant Rights and Responsibilities Portland City Code 30.01.086.c.3.c (PHB Requirement 3.2020) Please note all security deposits are held in a bank account separate from our operating bank account. Any interest accrued on your deposit held in the account will be calculated at the current interest rate. Any interest will be added to your deposit and clarified in the deposit accounting paperwork due to you at your move out. Currently, we use US BANK at PO Box 1800, St Paul, Minnesota, 55101-0800

We want to let you know that you could be charged for damages to the unit and/or replacement of items. Should this occur, these items will be documented clearly on your move-out paperwork. Any charges to you will be documented according to the current requirements under PHB. PHB enacted several RULES regarding housing in Multnomah County. Please see their website for further information.

We look forward to meeting with you.



## **Tenant Selection Plan and Screening Criteria**

### **1. Project Eligibility Requirements:**

- a. *Project-specific Requirements:* Head of household must be 62 years of age or disabled.
- b. *Citizenship Requirement:* The Department of Housing and Urban Development (HUD) does not provide assistance to non-citizens with ineligible immigration status. We require Applicants to complete citizenship declaration forms and submit evidence of citizenship or eligible immigration status prior to moving into the property.
- c. *Social Security Number Requirements:* All household members must disclose and provide verification of the complete and accurate Social Security Numbers (SSN) assigned to them. The SSN requirements do not apply to individuals who do not contend eligible immigration status and individuals age 62 or older as of January 31, 2010 whose initial determination of eligibility was begun before January 31, 2010. If the Applicant is unable to disclose/verify the SSNs of all non-exempt household members, the Applicant will be determined ineligible. If the Applicant is otherwise eligible and the only outstanding verification is that of "disclosing and providing verification of the SSN," the Applicant will retain their place on the waiting list for a 90-day period during which the Applicant is attempting to obtain documentation. If 91 or more days have elapsed and Applicant has not provided documentation, the Applicant is determined to be ineligible and will be removed from the waiting list.
  - i. Applicant households that include an Applicant family member who is under the age of six, who does not yet have an SSN assigned to them, and was added to the household six months or less from the move-in date are eligible to move in. The household has 90 days from the effective date of the move-in certification to provide documentation of the SSN for the child. An additional 90-day period must be granted if the failure to provide documentation of an SSN is due to circumstances outside the control of the household. Examples include but are not limited to: delayed processing of the SSN application by the SSA, natural disaster, fire, death in the family, etc.
  - ii. Applicants 62 and older on January 31, 2010 who resided in subsidized housing on that date and do not have a Social Security Number are exempt from the requirements to provide a number.
- d. *Student Eligibility Requirements:* A student who is enrolled as either a part-time or full-time student at an institute of higher education for obtaining a degree, certificate, or other program leading to a recognized educational credential will be eligible for assistance if the student meets all other eligibility requirements, meets screening criteria requirements, and:
  - i. is living with their parents/guardian, or
  - ii. is at least 24 years old, or
  - iii. is married, or
  - iv. is a veteran of the Armed Forces of the United States or is currently serving on active duty in the Armed Forces for other than training purposes, or
  - v. has legal dependents other than a spouse, or
  - vi. is a person with disabilities who was receiving Section 8 assistance as of November 20, 2005, or
  - vii. is a graduate or professional student, or
  - viii. is an independent student, defined as:
    - a) The individual is 24 years of age or older by December 31 of the award year;
    - b) The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care or a ward of the court at any time when the individual was 13 years of age or older;
    - c) The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's state of legal residence.

- iv. or, is classified as a Vulnerable Youth. A student meets Department of Education's definition of vulnerable youth when the individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in Section 725 of the McKinney-Vento Homeless Assistance Act), or as unaccompanied, at risk of homelessness and self-supporting, by:
  - a) A local educational agency homeless liaison, designated pursuant to the McKinney-Vento Homeless Assistance Act;
  - b) The director of a program funded under the Runaway and Homeless Youth Act or designee of the director;
  - c) The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act or a designee of the director, or
  - d) A financial aid administrator.
- v. For a student to be an eligible independent of their parents (where the income of the parents is not relevant), the student must demonstrate the absence of, or their independence from, parents. While owners may use additional criteria for determining the student's independence from parents, owners must use, and the student must meet, at a minimum all of the following criteria to be eligible for Section 8 assistance. The student must:
  - a) Be of legal contract age under state law;
  - b) Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy, or meet the U.S. Department of Education's definition of an independent student;
  - c) Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and
  - d) Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.
- vi. Or, has parents who are income-eligible for the Section 8 program.

2. Income Limits: We accept Applicants who meet the Low, Very Low- and Extremely Low-Income requirements for Multnomah County. Current income limits are available at the office. HUD regulations require that 40% of new tenants placed annually meet the Extremely Low-Income level. Management monitors the waiting list and new tenants to ensure compliance.

3. Procedures for Accepting Applications and Selecting from the Waiting List:

- a. An Applicant must submit a completed Application for Admission & Rental Assistance to be placed on the waiting list. A completed application requires that all fields be filled in accurately and completely. If the application is incomplete, the application will be returned to the Applicant and their name will not be placed on our waiting list.
- b. Current state- or government-issued picture identification is required that states the date of birth of the Applicant.
- c. If an Applicant needs help filling out the application, please notify our office and we will assist the Applicant with the application process.
- d. Each Applicant will be required to qualify individually. Persons intending to occupy the same apartment must submit separate applications.
- e. Our building maintains a waiting list for each bedroom size, comprised of all applications received listed in chronological order.
- f. Placements from the waiting list are determined by received date and time of the application and any applicable preference.
- g. The Applicant must notify the office in writing if any information on their application changes.
- h. If we are unable to contact the Applicant due to an unreported change, they will be removed from the waiting list.
- i. Each Applicant will receive a letter approximately once per year asking you to indicate that you are still interested in remaining on the waiting list. You must reply in the affirmative to the letter by the stated deadline to remain on the waiting list. If you do not reply, you will be removed.

- j. Apartments are rented to eligible persons in the order of receipt of their fully completed application. If the Applicant refuses the apartment they are offered, they can choose to be removed from the waiting list or moved to the bottom of the waiting list. An Applicant can request to be moved to the bottom of the waiting list one time. If they wish to be moved to the bottom of the list again, they will be asked to fill out a new application.
- k. If the application is approved and the Applicant accepts the available unit, they will be required to sign a rental agreement in which they will agree to abide by all our rules and regulations.
- l. A security deposit is required which will be equal to one month's total tenant payment or \$50.00, whichever is greater.
- m. Current tenants of this property are not eligible to be placed on the waiting list.

4. Procedures for Applying Preferences:

- a. Our contract with HUD specifies that Applicants placed must be either elderly (age 62 or over) or disabled (under 62 with a disability). In addition, when filling vacancies from the waiting list our contract allows elderly Applicants to receive a preference for placement, unless current project occupancy by younger disabled falls below 10% of the units. When this occurs, preference will be given to the first Applicants on the general waiting list who are under 62.
- b. HUD requires that no less than 40% of the admissions to any project assisted through the Section 8 Project-based program in any fiscal year must be Extremely Low-Income households. Income targeting will be analyzed annually to ensure the 40% target is met. In keeping with HUD Income Targeting Policies, Applicants whose incomes are below the Extremely Low-Income limit (30% of the area median income) may receive preference over another Applicant in a higher position on the waiting list when a unit becomes available. To implement this preference, the first Extremely Low-Income Applicant on the waiting list will be selected for the available unit (which means "skipping over" some Applicants with higher incomes). Once we have met our 40% Extremely Low-Income requirement in a given fiscal year, we will select the next eligible Applicant currently at the top of the waiting list, regardless of income level, for the next available unit.

5. Applicant Screening Criteria:

- a. *Rental Requirements:* Five years of eviction-free rental/residential history is required. Applications will not be denied due to lack of rental history. Alternative documentation of residency will be accepted. Rental history reflecting more than \$500.00 in damages will result in denial, regardless of settled debt. Rental history demonstrating documented noise, disturbances, or other complaints will result in denial when the manager would not re-rent. Rental history reflecting past-due rent will result in denial unless the debt has been settled and the manager would re-rent. Live-in aides will not be screened for rent payments. All Applicants must disclose if they are currently receiving HUD housing assistance. The owner/agent will not knowingly assist Applicants who will maintain another residence in addition to the HUD-assisted unit. The owner/agent will use the Enterprise Income Verification (EIV) System Existing Tenant Search function to determine if the Applicant or any member of the Applicant's household is currently receiving HUD assistance. Applicants identified as current recipients of HUD housing assistance will not be assisted at this project until verification of termination of their previous assistance. The Applicant must move out of their current property and/or forfeit any voucher before HUD assistance on this property will begin. Special consideration to this rule applies to recipients of HUD assistance in another unit who are moving to establish a new household when other family/household members will remain in the original unit.
- b. *Credit Requirements:* Good credit will be required for an unconditional approval. Applications will be accepted without credit history. Live-in aides will not be screened for credit history. If negative or adverse credit is reported, the following criteria will be used:
  - i. Outstanding bad debt of more than \$3,000 reported on the credit file will result in denial, unless the debt is a verifiable medical expense, or the debt is a bankruptcy and no negative information has been reported since the bankruptcy.
  - ii. Ten or more past-due accounts on the credit file will result in denial.
- c. *Criminal Convictions:* When an Applicant's name approaches the top of the waiting list, a search of public records will be conducted to determine whether the Applicant or any proposed tenant

has been convicted of, or pleaded guilty to or no-contest to, any crime. If the Applicant or any proposed occupant has a conviction, guilty or no-contest plea for any crime listed below that would disqualify them and wishes to submit additional information to Landlord with the application for the purposes of Landlord engaging in an individualized assessment (described below) upon receipt of screening results, the Applicant may do so. The following shall be grounds for denial of the rental application:

- i. A conviction, guilty plea or no-contest plea, ever, for any felony involving serious injury, kidnapping, death, arson, rape, sex crimes including child sex crimes, extensive property damage or drug-related offenses (sale, manufacture, delivery or possession with intent to sell), class A/Felony burglary or Class A/Felony robbery;
- ii. A conviction, guilty plea or no-contest plea, where the date of disposition, release or parole has occurred within the last seven years for any other felony charges related to drug, person crimes, sex offenses, financial fraud, identity theft, forgery or any other crimes that would adversely affect property of the Landlord or a tenant or the health, safety, or right of peaceful enjoyment of the premises of the residents or the Landlord;
- iii. A conviction, guilty plea or no-contest plea, where the date of disposition, release or parole has occurred within the last seven years for any Class A misdemeanor or gross misdemeanor involving assault, intimidation, sex related, drug related (including sale, manufacture, delivery or possession), property damage or weapons charge;
- iv. A conviction, guilty plea or no-contest plea, where the date of disposition, release or parole has occurred within the last three years for any Class B or C misdemeanor in the above categories or any misdemeanor involving criminal trespass I, theft, dishonesty, or prostitution.
- v. Applicant is subject to a lifetime sex offender registration requirement in any state.
- d. Pending charges or outstanding warrants for any of the above will result in a suspension of the application process until the charges are resolved. Upon resolution, if an appropriate unit is still available, the processing of the application will be completed. No unit will be held awaiting resolution of pending charges.
- e. *Alcohol or Drug Abuse*: Any Applicant whose abuse, pattern of abuse, or current use of alcohol or drugs interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents will result in denial of the rental application.
- f. *Criminal Conviction Review Process*: Landlord may, at the request of Applicant, engage in an individualized assessment of the Applicant or other proposed occupant's criminal convictions if the Applicant meets all other criteria and was only denied under the Criminal Conviction criteria contained in this document.
  - i. Applicant must do the following:
    1. Provide supporting documentation prior to the screening; or
    2. Provide supporting documentation after the screening.  
Screening documentation may include: letters from caseworkers, therapists, counselors, etc., parole or probation offices, employers, teachers, certification of treatment program completion or participation, certification of employment or other training, proof of employment, and/or statements from the Applicant.
  - ii. Landlord will review and notify Applicant of the results of the assessment within a reasonable time after receipt of all information and hold the unit after denial for a reasonable time after all documents are received by Applicant (so long as the unit was not already committed to another Applicant.)
  - iii. Landlord will use the following in making their determination of waiver of the Criminal Criteria in this document: individualized evidence of mitigating factors including such things as age of the Applicant at time of conduct, time since conduct and/or release from incarceration; number of convictions, rental history; or evidence of rehabilitation efforts. Landlord may request additional information for clarification from Applicant.
6. Occupancy Policy: Occupancy is based on the number of bedrooms in a unit. A bedroom is defined as a space within the premises that is used primarily for sleeping, with at least one window and a closet for clothing. Two persons are allowed per bedroom with one additional person for any additional living space such as separate living room.

7. Unit Transfer Policy: Transfers from one apartment to another will only be granted for medically necessary reasons in conjunction with a Reasonable Accommodation or emergency VAWA transfer. Current tenants with an approved Reasonable Accommodation or approved emergency VAWA transfer are offered the next available unit meeting their needs and are moved in chronological order based on date and time of approved Reasonable Accommodation or emergency VAWA transfer approval. We do not require tenant to requalify.
8. Rejection Policy:
- a. Incomplete, inaccurate, or falsified information will be grounds for denial.
  - b. Any individual who may constitute a direct threat to the health and safety of an individual, the complex, or the property of others will be denied.
  - c. If the application is rejected due to unfavorable information received on the Applicant's background investigation, they will receive a letter from owner/agent detailing the reason/s they were rejected. After they receive the report, they may:
    - i. Contact our screening company to discuss their application.
    - ii. Find out the name of the credit reporting agency which is reporting the unfavorable information and correct any incorrect information through the credit reporting agency as per their policy.
    - iii. Request that the credit reporting agency submit a corrected credit check.
  - d. Upon receipt of the correct and satisfactory information, the application will be reevaluated for the next available unit. If, after the Applicant has contacted our screening company, they continue to feel that they qualify as a resident under the criteria set out above and they wish to discuss the rejection of their application, wish to request a Reasonable Accommodation, or wish to make a discrimination complaint, they should contact the office within 30 days at The 1200 Building, 1220 SW 12<sup>th</sup> Ave., Portland, OR 97205. Please be ready to explain the reasons the Applicant believes their application should be approved and request a review of their file. If Applicant is requesting a Reasonable Accommodation, please include that in the communication. The Applicant has 30 days from the date of rejection to respond or to request a meeting to discuss the rejection of your application. Within five working days of the request, their application will be reviewed, and they will be notified in writing of the outcome of the review. If further information is needed, Applicant will have five working days to provide the additional information.
  - e. Applicants with disabilities have the right to request a Reasonable Accommodation to participate in the informal hearing process.
9. Policies to comply with Section 504 of the Rehabilitation Act of 1973 and Fair Housing Act Amendments of 1988:
- a. Section 504 prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance.
  - b. We do 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.
  - c. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in HUD's regulations implementing Section 504, 24 CFR Part 8, dated June 2, 1988. Name of Coordinator: Quinn Black, 1431 SW 11<sup>th</sup> Ave, Portland, OR 97201.
  - d. The Fair Housing Act prohibits discrimination in housing and housing-related transactions based on race, color, religion, sex, national origin, disability and familial status. It applies to housing, regardless of federal financial assistance. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from HUD.
  - e. We are willing to make and allow Reasonable Accommodations for reasonable changes to the units and common areas that will provide accessibility to all residents. The Applicant or tenant must seek the Landlord's written approval before making any modifications. Each request will be evaluated under state and federal law to determine who will be responsible for the cost. Requirements for modifications include:

- i. Written approval from the Landlord before modifications are made,
  - ii. Written assurances that the work will be performed in a professional manner,
  - iii. Written proposals detailing the extent of the work to be done,
  - iv. Documents identifying the names and qualifications of the contractors to be hired, and
  - v. Furnishing of all appropriate building permits and required licenses for Landlord's inspection.
- f. We can provide language translation services upon request.
  - g. Equal access to housing in HUD programs regardless of sexual orientation or gender identity is intended to ensure that housing access across HUD programs is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity, or marital status.

10. Policy for Opening and Closing the Waiting List: We do not close the waiting list.

11. Policies for Applying Violence Against Women Act (VAWA) Protections: We maintain policies that support and assist victims of domestic violence, sexual assault, dating violence, or stalking, and protect victims, as well as their family members, from being denied housing or from losing their HUD-assisted housing as a consequence of domestic violence, sexual assault, dating violence, or stalking. A Certification of Domestic Violence, Dating Violence, or Stalking, HUD form 5380 and form 5382, is provided to Applicants at the time of admission to the property or rejection at screening. This form is also provided to residents in the event of a termination or start of an eviction for cause. Other documentation may be accepted in lieu of this certification. All denied Applicants will also be provided the VAWA HUD forms 5380 and 5382.





1200 BUILDING  
cedar sinai park



## Application for Admission and Rental Assistance

Return completed application to: 1200 Building Apartments, 1220 SW 12<sup>th</sup> Ave, Portland, OR 97205

I am: ☐ 62 years of age or older ☐ Under the age of 62 with a disability

I am applying for: ☐ Studio ☐ 1 bedroom ☐ Handicap Accessible Unit

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

Co-Applicant's Name: \_\_\_\_\_  
First Middle Last

*Please note: co-applicants, spouses, etc. must fill out separate applications unless their credit is fully combined*

Current address: \_\_\_\_\_  
Street Apt/Unit #

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

Home/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Other:(\_\_\_\_\_) \_\_\_\_\_

Does anyone in the household currently reside in subsidized housing? ☐ Yes ☐ No

Are you currently receiving funds from the Social Security Administration? ☐ Yes ☐ No

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

- ☐ Regular Social Security (for persons over 62 years of age)
- ☐ SSI (Supplemental Security Income)
- ☐ SSD (Social Security Disability)

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

### **For management use only**

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

Received by: \_\_\_\_\_

Placed on: ☐ 62+ ☐ Under 62/Disabled

☐ One Bedroom ☐ Studio

☐ Handicap Accessible

# Application for Admission and Rental Assistance

## Household Composition and Characteristics

	Member's Full Name	Relation to Head	Date of Birth	Age	Social Security Number	Full or Part Time Student
1		Head				
2						
3						

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

Does anyone live with you now who is not listed above? ☐ Yes ☐ No

Do you expect a change in your household composition? ☐ Yes ☐ No

If you answered yes to either question #2 or #3 please explain: \_\_\_\_\_

\_\_\_\_\_

Do you require the features of a mobility impaired unit? ☐ Yes ☐ No

What is the primary language spoken, written, and/or read by household members? We offer interpretation services if necessary. \_\_\_\_\_

## Caseworker Information

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

If yes, please list the following information:

Caseworker's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Emergency Information

Who is to be notified in case of an emergency?

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

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

## Physician/Psychiatrist/Therapist Information

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

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

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

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

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

## **Application for Admission and Rental Assistance**

### **Income and Asset Information**

Please answer each of the following questions. For each "yes," provide details in the chart below. If you require more space, please attach an additional piece of paper.

YES    NO

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

Member	Source of Income/Type of Income	Monthly Income	Annual Income

## Application for Admission and Rental Assistance

### Assets

List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members. If you require more space, please attach an additional piece of paper.

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

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

---

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

---

### Expenses

YES    NO

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

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

---

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

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

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

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

---

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

---

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

---

## Application for Admission and Rental Assistance

### Rental/Residential History

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

We require you to document the last three years of your residential history. Please account for any gaps.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Have you ever been evicted? ☐ Yes ☐ No If yes, list the date: \_\_\_\_\_

If yes, was the property Federally subsidized housing? ☐ Yes ☐ No

On January 31, 2010, were you 62 years old or older and did not have a social security number, and were you living in federally subsidized housing as of January 31, 2010? ☐ Yes ☐ No

If you mark no, then you must be able to prove your age. If you mark yes, all three conditions must be yes.

# **Application for Admission and Rental Assistance**

## **Employment History**

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

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

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

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

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

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

## **Criminal History**

Have you or your co-applicant/spouse/co-head been convicted of or pled guilty to any felony or misdemeanor (other than a traffic offense)? If you need additional room, please attach an additional piece of paper.

☐ Yes ☐ No If yes, please provide the following information for each offense:

1. ☐ Head ☐ Co-applicant/Spouse/Co-head State: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

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

2. ☐ Head ☐ Co-applicant/Spouse/Co-head State: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

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

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

☐ Yes ☐ No

## **Penalties for Misusing this Consent:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*

## **Application for Admission and Rental Assistance**

### **Credit Statement**

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

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

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

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

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

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

\_\_\_\_\_  
Household member 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member 3 Signature

\_\_\_\_\_  
Date

To complete your application, we also require a copy of a valid piece of photo identification for each applicant.

## **Federal Social Security Disclosure Regulations**

1. This rule does not require anyone to get a Social Security number if they do not have one; however, each family member applying for housing must supply either:
  - a. Their Social Security Number and verification of it, OR
  - b. A certification that they have no number (certification available at the Social Security office).
2. An applicant cannot become a participant until they have submitted either:
  - a. A Social Security Number and verification, OR
  - b. A certification that they do not have one.
3. Acceptable Social Security Number verifications are as follows:
  - a. A valid Social Security card issued by the Social Security Administration, or
  - b. One of the following documents that display your Social Security Number:
    - i. A Driver's License
    - ii. An Identification Card issued by a Federal, State, or Local agency
    - iii. An Identification Card issued by an employer or trade union
    - iv. Earnings statements or payroll stubs
    - v. Bond statements
    - vi. IRS Form 1099
    - vii. Benefit Award Letter from government agencies
    - viii. Unemployment Benefit Letter
    - ix. Retirement Benefit Letter
    - x. Life Insurance policies
    - xi. Court records such as real estate, tax notices, marriage and divorce, judgment or bankruptcy records
    - xii. Other documents that the processing entity determines as adequate evidence
    - xiii. If the entity verifies Social Security benefits with the Social Security Administration, the acceptance of the SSN by SSA may be considered documentation of its validity



**Race and Ethnic Data  
Reporting Form****U.S. Department of Housing  
and Urban Development**  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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

### A. General Instructions:

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

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

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

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

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

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



CEDAR SINAI PARK

love. honor. respect.

## OREGON VETERAN'S RESOURCE DISCLOSURE

**If the recipient of this document is a veteran of the armed forces, assistance may be available from a county veterans' service officer or community action agency. Contact information for a local county veterans' service office and community action agency may be obtained by calling a 2-1-1 information service. Contact information for the county and area you live in is provided below:**

**Multnomah County:**

Kim Douthit – CVSO  
[veteran.services@multnco.us](mailto:veteran.services@multnco.us)  
Five Oak Building  
421 SW Oak St., Room 100  
Portland OR 97204  
503-988-8387



# Portland Housing Bureau

## Rental Services Office

Mayor Ted Wheeler • Director Shannon Callahan

421 SW 6th Avenue, Suite 500 • Portland, OR 97204

PHONE 503-823-1303 • FAX 503-865-3260

[portlandoregon.gov/phb/rso](http://portlandoregon.gov/phb/rso)

## Rental Services Helpdesk Hours

MON, WED, FRI 9–11am and 1–4pm

## Statement of Applicant Rights and Responsibilities Notice Required Under Portland City Code Title 30.01.086.C.3.C

Within the City of Portland, a landlord is required to include this notice with application forms for the rental of a dwelling unit.

### City of Portland Applicant Rights

The City of Portland has adopted local requirements that provide additional rights and responsibilities for landlords and applicants for rental housing, beyond state law requirements, during the rental unit advertising and application process.

Applicants are strongly encouraged to submit supplemental information to offset any reasons that could lead to denial. In the event of denial, applicants have the right to appeal the decision within 30 days.

### Applicants are strongly encouraged to review their rights before submitting an application.

City requirements address the following landlord tenant topics: advertising and application process screening, security deposits, depreciation schedules, rental history, notice rights, and rights for relocation assistance.

The City of Portland city code, rules, required notices and forms are listed below, and are available at: [[portland.gov/rso](http://portland.gov/rso)] or by contacting the Rental Services Office at (503) 823-1303 or [rentalservices@portlandoregon.gov](mailto:rentalservices@portlandoregon.gov).

### Residential Rental Unit Registration

- Portland City Code 7.02.890

### Application and Screening Requirements

- Portland City Code 30.01.086
- Rental Housing Application and Screening Administrative Rule
- Statement of Applicant Rights and Responsibilities Notice
- Right to Request a Modification or Accommodation Notice
- Rental Housing Application and Screening Minimum Income Requirement Table

### Security Deposit Requirements

- Portland City Code 30.01.087
- Rental Housing Security Deposits Administrative Rule
- Rental History Form
- Notice of Rights under Portland's Security Deposit Ordinance



## **Mandatory Renter Relocation Assistance**

- Portland City Code 30.01.085
- Mandatory Relocation Assistance Exemption Eligibility and Approval Process  
Administrative Rule
- Tenant Notice of Rights and Responsibilities Associated with Portland Mandatory  
Relocation Assistance
- Relocation Exemption Application Acknowledgement Letter (If applicable)



If you believe you have been harassed or discriminated against because of your race, color, national origin, religion, gender, familial status, disability, marital status, source of income, sexual orientation including gender identity, domestic violence, type of occupation, or age over 18 seek legal guidance regarding your rights under Fair Housing law.

For translation or interpretation, please call 503-823-1303  
TTY at 503-823-6868 or Oregon Relay Service at 711

503-823-1303: Traducción e interpretación | Chuyển Ngữ hoặc Phiên Dịch | 翻译或传译  
Письменный или устный перевод | 翻訳または通訳 | Traducere sau Interpretare  
번역 및 통역 | Письмовий або усний переклад | Turjumida ama Fasiraadda  
الترجمة التحريرية والشفوية | ການແປພາສາ ຫຼື ການອະທິບາຍ

This requirement is in addition to any other rights and responsibilities set forth in the Oregon Residential Landlord and Tenant Act under Oregon Revised Statute Chapter 90, and Portland Landlord-Tenant Law under Portland City Code Title 30.

*The information in this form is for educational purposes only. You should review appropriate state statute, city code, and administrative rule as necessary. If you need legal guidance, or are considering taking legal action, you should contact an attorney.*



# Portland Housing Bureau

## Rental Services Office

Mayor Ted Wheeler • Director Shannon Callahan

421 SW 6th Avenue, Suite 500 • Portland, OR 97204

PHONE 503-823-1303 • FAX 503-865-3260

[portlandoregon.gov/phb/rso](http://portlandoregon.gov/phb/rso)

## Rental Services Helpdesk Hours

MON, WED, FRI 9–11am and 1–4pm

### Right to Request a Modification or Accommodation Notice Required Under Portland City Code Title 30.01.086.C.3.B

Within the City of Portland, a landlord is required to include this notice with application forms for the rental of a dwelling unit.

State and federal laws, including **the Fair Housing Act**, make it illegal for housing providers to refuse to make **reasonable accommodations** and **reasonable modifications** for individuals with disabilities. All persons with a disability have a right to request and be provided a reasonable accommodation or modification at any time, from application through to termination/eviction.

#### Some examples of reasonable accommodations include:

- Assigning an accessible parking space
- Transferring a tenant to a ground-floor unit
- Changing the rent payment schedule to accommodate when an individual receives public benefits
- Allowing an applicant to submit a housing application via a different means
- Allowing an assistance animal in a "no pets" building. More information about assistance animals is available here:  
[https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opportunity/assistance\\_animals](https://www.hud.gov/program_offices/fair_housing_equal_opportunity/assistance_animals)

#### Some examples of reasonable modification include:

- Adding a grab bar to a tenant's bathroom
- Installing visual smoke alarm systems
- Installing a ramp to the front door

#### Under fair housing laws, a person with a disability is someone:

- With a physical or mental impairment that substantially limits one or more major life activities of the individual;
- With a record of having a physical or mental impairment that substantially limits one or more major life activities of the individual; or
- Who is regarded as having a physical or mental impairment that substantially limits one or more major life activities.

Major life activities include, but are not limited to seeing, walking, reaching, lifting, hearing, speaking, interacting with others, concentrating, learning, and caring for oneself.





## **Reasonable Accommodations**

A reasonable accommodation is a change or exception to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling. This includes public use and common spaces or fulfilling their program obligations. Any change in the way things are customarily done that allows a person with a disability to enjoy housing opportunities or to meet program requirements is a reasonable accommodation.

All housing or programs are required to make reasonable accommodations. Housing providers may not require persons with disabilities to pay extra fees or deposits or any other special requirements as a condition of receiving a reasonable accommodation.

## **Reasonable Modifications**

A reasonable modification is a structural change made to the premises in order to afford an individual with a disability full enjoyment of the premises. Reasonable modifications can include structural changes to interiors and exteriors of dwellings and to public use and common areas.

Under federal law, public housing agencies, other federally assisted housing providers, and state or local government entities are required to provide and pay for structural modifications as reasonable accommodations/modifications. For private housing, the person requesting the reasonable modification will need to cover the costs of the modification.

## **Verification of Disability**

In response to an accommodation or modification request and only when it is necessary to verify that a person has a disability that is not known or apparent to the housing provider, they, can ask an applicant/tenant to provide documentation from a qualified third party (professional), that the applicant or tenant has a disability that results in one or more functional limitation. If the disability-related need for the requested accommodation or modification is not known or obvious, the housing provider can request documentation stating that the requested accommodation or modification is necessary because of the disability, and that it will allow the applicant/tenant access to the unit and any amenities or services included with the rental equally to other tenants.

A housing provider cannot inquire into the nature or extent of a known or apparent disability or require that an applicant or tenant release his or her medical records. Housing providers can require that the verification come from a qualified professional, but they cannot require that it be a medical doctor.

Nondiscrimination laws cover applicants and tenants with disabilities, as well as applicants and tenants and without disabilities who live or are associated with individuals with disabilities. These laws also prohibit housing providers from refusing to rent to persons with disabilities, making discriminatory statements, and treating persons with disabilities less favorably than other tenants because of their disability.

**Under fair housing laws, it is illegal for a housing provider to deny reasonable accommodations and reasonable modifications to individuals with disabilities. If wrongfully denied an accommodation or modification contact HUD or the Fair Housing Council of Oregon. Time limits apply to asserting any legal claims for discrimination.**

Call HUD toll-free at 1-800-669-9777 or TTY 1-800-927-9275 or visit  
[https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/complaint-process](https://www.hud.gov/program_offices/fair_housing_equal_opp/complaint-process)

HUD will investigate at no cost to the complainant.

For more information about reasonable accommodations and modifications visit  
[www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/reasonable\\_accommodations\\_and\\_modifications](http://www.hud.gov/program_offices/fair_housing_equal_opp/reasonable_accommodations_and_modifications)

Call the Fair Housing Council of Oregon at (503) 223-8197 ext. 2 or  
<http://fhco.org/index.php/report-discrimination>.



If you believe you have been harassed or discriminated against because of your race, color, national origin, religion, gender, familial status, disability, marital status, source of income, sexual orientation including gender identity, domestic violence, type of occupation, or age over 18 seek legal guidance regarding your rights under Fair Housing law.

For translation or interpretation, please call 503-823-1303  
TTY at 503-823-6868 or Oregon Relay Service at 711

503-823-1303: Traducción e interpretación | Chuyển Ngữ hoặc Phiên Dịch | 翻译或传译  
Письменный или устный перевод | 翻訳または通訳 | Traducere sau Interpretare  
번역 및 통역 | Письмовий або усний переклад | Turjumida ama Fasiraadda  
الترجمة التحريرية والشفوية | ການແປພາສາ ຫຼື ການອະທິບາຍ

This requirement is in addition to any other rights and responsibilities set forth in the Oregon Residential Landlord and Tenant Act under Oregon Revised Statute Chapter 90, and Portland Landlord-Tenant Law under Portland City Code Title 30.

*The information in this form is for educational purposes only. You should review appropriate state statute, city code, and administrative rule as necessary. If you need legal guidance, or are considering taking legal action, you should contact an attorney.*