



AFFORDABLE HOUSING APPLICATION INSTRUCTIONS



Thank you for your interest in our affordable housing units. Please take your time in reading the application instructions below.

These communities operates under the guidelines of Oregon Housing and Community Services LIFT program, City of Salem HOME funds or Section 42 of the Internal Revenue Code or other similar low income funding sources. These financial programs are designed for the housing of low-income households. Residency at these communities requires that all applicants meet certain qualifying standards established by the Department of Housing and Urban Development and administered by the Oregon Housing and Community Services, the City of Salem and other participating jurisdictions.

Every applicant and resident 18 years of age or older must qualify for eligibility through the program requirements for certification of anticipated household income on an annual basis, and is required to submit an application and source material attesting to said eligibility.

In order to assist us with verifying the contents of your application, please submit the following:

1. A completed application from each adult household member 18 years of age or older.
 - a. All household applications must be submitted together to determine household eligibility.
 - b. Each application must be completed in its entirety and all information must be verifiable.
 - c. The application will become an official government document, and as such requires that no white-out or similar be used for mistakes. Any mistakes must be simply lined out and initialed by the applicant. Corrections can be listed beside the mistake.
 - d. If a question does not apply, please use No, None, or N/A. Do not leave any question blank.
2. A copy of each adult member's government issued photo identification and Social Security card.
3. Proof of Income if other than employment listed on the application (such as SSI, SSDI, Social Security, Self-Employment, Unemployment, Workman's Compensation, Public Assistance, AFDC, TANF, Retirement, Child Support, Alimony, Family Assistance, Pension, Annuities, Veterans Benefits, Severance Pay, or Recurring Gifts etc.)
 - a. Household income must be at least **two times** the amount of rent being charged for the unit, or two times the amount of the tenant's portion of rent if the tenant receives Section 8 or similar tenant based subsidies.
 - b. Household income cannot exceed the Maximum Allowable Income for the household size.

1 Pers	2 Pers	3 Pers	4 Pers	5 Pers	6 Pers	7 Pers	8 Pers
\$27,360	\$31,260	\$35,160	\$39,060	\$42,240	\$45,360	\$48,480	\$51,600

4. Proof of Assets (such as checking or savings accounts, IRA, CD, Bonds, Stocks, Money Market Accounts, Securities, Trust Funds, Equity in Property, etc.)

All applications must be submitted in person at the leasing office corresponding to the property for which you are applying. Please contact Shelter Management, Inc., at 503-585-6176 for information on where to submit your application or assistance on the application.

- If the Application, Pre-Qualification and supporting documents are being submitted as a Pre-Application for the purposes of being put on the waiting list, no Screening Charge will be needed at the time of application submission. The screening charge will be required once you are moved from the waiting to apply for a specific unit.
- If the Application and supporting documents are being submitted for a unit that is currently available to rent, a Screening Charge of \$40.00 per adult applicant must be paid at the time of applications submission.



**AFFORDABLE HOUSING ADDENDUM:
PRE-QUALIFICATION QUESTIONNAIRE**



INCOME

Please include any Wages, SSI, SSDI, Social Security, Self Employment, Unemployment, Workman's Compensation, Public Assistance, AFDC, TANF, Retirement, Child Support, Alimony, Family Assistance, Part-time job, Pension, Annuities, Veterans Benefits, Severance Pay, or Recurring Gifts etc. that anyone over the age of eighteen (18) receives

Applicant	Co-Applicant	Type of Income	Gross (Pre-Tax) Yearly Amount
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

ASSETS

Does any household member (including minors) have any checking, savings accounts, IRA, CD, Bonds, Stocks, Money Market Accounts, Securities, Trust Funds, Equity in Property, etc.?

Applicant	Co-App	Child	Type	Value	Interest Rate/Yearly Income
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____/_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____/_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____/_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____/_____

STUDENT STATUS

Is anyone in the household a full-time student? ____ If yes, list all full-time students below

Household Member Name	Name of Schooling Institution
_____	_____
_____	_____
_____	_____

I understand that if all occupants are full time students (attending a schooling institute at least 5 months out of the year), I may not qualify for residency in a LIHTC property unless I meet certain exemptions within the Housing Program. _____ (Initials)

HOUSEHOLD

Full Name (First & Last)	Social Security #	Date of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you anticipate any changes to your household size within the next 12 months? Yes No
If yes, please explain: _____

Applicant _____ Date _____ Co-Applicant _____ Date _____

OFFICE USE ONLY

NEW MOVE-IN
 OCCUPANT TURNING 18
 ADD/REMOVE ROOMMATE
 TRANSFER

PROPERTY NAME / NUMBER _____

UNIT NUMBER _____ ADDRESS _____

DATE UNIT WANTED _____ UNIT RENT \$ _____ NON-REFUNDABLE SCREENING CHARGE \$ _____

OWNER / AGENT _____ PHONE _____

OWNER / AGENT ADDRESS _____

SMOKING POLICY: ALLOWED - ENTIRE PREMISES
 PROHIBITED - ENTIRE PREMISES
 ALLOWED IN LIMITED AREAS (ASK MANAGEMENT FOR DETAILS)

APPLICANT

PLEASE DO NOT LEAVE ANYTHING BLANK. IF NOT APPLICABLE, WRITE "N/A."

APPLICANT FULL LEGAL NAME _____ EMAIL _____

PREVIOUS NAMES, ALIASES OR NICKNAMES USED _____

DATE OF BIRTH _____ SOC. SECURITY # _____ APPLICANT PHONE (_____) _____

GOVERNMENT ISSUED PHOTO I.D. TYPE _____ # _____ / STATE _____ EXP. DATE _____

CURRENT STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ DATE YOU MOVED IN _____

CURRENT LANDLORD NAME _____ LANDLORD PHONE (_____) _____

LANDLORD EMAIL _____ LANDLORD FAX (_____) _____

STREET ADDRESS (OR APT NAME) _____ CITY _____ STATE _____ ZIP _____

APPLICANT FORMER STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ FROM _____ TO _____

FORMER LANDLORD NAME _____ LANDLORD PHONE (_____) _____

LANDLORD EMAIL _____ LANDLORD FAX (_____) _____

STREET ADDRESS (OR APT NAME) _____ CITY _____ STATE _____ ZIP _____

OTHER STATES AND COUNTIES YOU HAVE LIVED IN DURING THE PAST 5 YEARS _____

INCOME

ARE YOU SELF-EMPLOYED? YES NO
 ARE YOU A FULL-TIME STUDENT? YES NO

CURRENT EMPLOYER _____ PHONE (_____) _____

HR EMAIL _____ HR FAX (_____) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ DATE HIRED _____ GROSS MONTHLY INCOME \$ _____

ADDITIONAL CURRENT EMPLOYER _____ PHONE (_____) _____

HR EMAIL _____ HR FAX (_____) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ DATE HIRED _____ GROSS MONTHLY INCOME \$ _____

OTHER MONTHLY INCOME: THIS INCLUDES, BUT IS NOT LIMITED TO, WELFARE ASSISTANCE, SOCIAL SECURITY, PENSIONS, DISABILITY, MILITARY PAY/BENEFITS, UNEMPLOYMENT, CHILD SUPPORT, ALIMONY, STUDENT GRANTS/LOANS, SELF-EMPLOYMENT, LOTTERY INCOME, INCOME FROM THE SALE OF PROPERTY, INCOME FROM TRUSTS AND ANY OTHER INCOME RECEIVED FROM PEOPLE NOT RESIDING WITH YOU.

SOURCE _____ \$ _____ SOURCE _____ \$ _____

ASSETS

ASSETS: THIS INCLUDES, BUT IS NOT LIMITED TO, CHECKING/SAVINGS ACCOUNTS, 401K, MONEY MARKET ACCOUNTS, IRA, STOCKS/BONDS, CD'S, TRUSTS, WHOLE OR UNIVERSAL LIFE INSURANCE POLICIES, CASH HELD IN SAFETY DEPOSIT BOXES, ITEMS HELD AS INVESTMENTS, ETC.

ASSET TYPE	FINANCIAL INSTITUTION	ASSET TYPE	FINANCIAL INSTITUTION
_____	_____	_____	_____
_____	_____	_____	_____

OTHER OCCUPANTS

NAME	DATE OF BIRTH	SOCIAL SECURITY #	FULL-TIME STUDENT?
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

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VEHICLES	MAKE	MODEL	COLOR	STATE	LICENSE PLATE #	OWNER
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

IF CHECKED, PETS ARE NOT ALLOWED AT THIS PROPERTY.

IF CHECKED, PETS ARE ALLOWED SUBJECT TO MANAGEMENT APPROVAL. HOW MANY PETS WILL BE RESIDING IN THIS UNIT? _____

NAME _____	TYPE _____	BREED _____	AGE _____	WEIGHT _____
NAME _____	TYPE _____	BREED _____	AGE _____	WEIGHT _____
NAME _____	TYPE _____	BREED _____	AGE _____	WEIGHT _____

CONTACTS

EMERGENCY CONTACT _____ PHONE (____) _____

ADDRESS _____

CONTACT IN CASE OF DEATH _____ PHONE (____) _____

ADDRESS _____

OTHER

DO YOU INTEND TO USE: WATERBED AQUARIUM MUSICAL INSTRUMENT _____

HAVE YOU EVER BEEN EVICTED, OR ARE YOU CURRENTLY IN THE EVICTION PROCESS? YES NO IF YES, DATE _____

HAVE YOU EVER FILED FOR BANKRUPTCY, OR ARE YOU CURRENTLY IN THE BANKRUPTCY PROCESS? YES NO IF YES, DATE _____

HAVE YOU EVER HAD A HOME FORECLOSED ON, OR ARE YOU CURRENTLY IN THE FORECLOSURE PROCESS? YES NO IF YES, DATE _____

HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT EVER BEEN CONVICTED OF, OR PLED GUILTY OR NO CONTEST TO, ANY FELONY OR MISDEMEANOR? YES NO IF YES, WHO _____ WHERE _____ WHEN _____

WHAT _____

WHY ARE YOU VACATING YOUR PRESENT PLACE OF RESIDENCE? _____

HOW DID YOU HEAR ABOUT OUR PROPERTY? _____

SCREENING

Owner/Agent has charged a screening charge as set forth above. Owner/Agent may obtain a consumer credit report and/or an Investigative Consumer Report which may include the checking of the applicant's credit, income, employment, rental history, and criminal court records and may include information as to his/her character, general reputation, personal characteristics, and mode of living. You have the right to request additional disclosures provided under Section 606 (b) of the Fair Credit Reporting Act, and a written summary of your rights pursuant to Section 609(c). You have the right to dispute the accuracy of the information provided to the Owner/Agent by the screening company or the credit reporting agency as well as complete and accurate disclosure of the nature and scope of the investigation.

SCREENING COMPANY OR CREDIT REPORTING AGENCY

COMPANY NAME _____ PHONE _____

ADDRESS _____

EMAIL _____

If the application is approved, applicant will have _____ hours from the time of notification to either, at Owner/Agent's option, execute a rental agreement and make all deposits required thereunder or make a deposit to hold the unit and execute an agreement to execute a rental agreement which will provide for the forfeiture of the deposit if applicant fails to occupy the unit. If applicant fails to timely take the steps required above, he/she will be deemed to have refused the unit and the next application for the unit will be processed.

THE FOLLOWING INFORMATION IS SUBJECT TO CHANGE PRIOR TO EXECUTION OF RENTAL AGREEMENT.

RENT	THE FOLLOWING ARE MAXIMUM AMOUNTS. THE ACTUAL AMOUNT CHARGED WILL DEPEND ON UNIT SIZE, SCREENING RESULTS, AND OTHER FACTORS.	DEPOSITS	SECURITY DEP. MINIMUM \$ _____	GOOD FAITH ESTIMATE	Approximate number of units currently available, or which will in the foreseeable future be available, of the size and in the area requested by applicant: _____ unit(s).
	MAXIMUM POTENTIAL RENT \$ _____		SECURITY DEP. MAXIMUM \$ _____ (DEPENDS ON SCREENING RESULTS AND UNIT SIZE)		Approximate number of applications previously accepted and currently under consideration for those units: _____ application(s).
	_____ \$ _____		_____ \$ _____		If the blanks above are not filled in, then there is at least one unit available and there are no applications ahead of yours currently under consideration.
	_____ \$ _____		_____ \$ _____		
	_____ \$ _____		_____ \$ _____		
	_____ \$ _____		_____ \$ _____		

SIGNATURE

I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I understand that giving incomplete or false information is grounds for rejection of this application. I understand that if any information supplied on this application is later found to be false, this is grounds for termination of tenancy. I have received and read the Owner/Agent's rental criteria and I understand that failure to meet any of the criteria may result in denial of my application.

APPLICANT DATE _____ PHOTO I.D. VERIFIED BY _____ (INITIALS)

OWNER/AGENT DATE RECEIVED _____ TIME RECEIVED _____

OWNER/AGENT NOTES _____

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AFFORDABLE HOUSING TENANT SCREENING AND SELECTION PROCESS

OCCUPANCY POLICY

Shelter Management, Inc. limits occupancy based upon the number of bedrooms in a unit. Our standard is two people per bedroom. A bedroom is defined as a space within the premises that is intended to be used primarily for sleeping, with at least one (1) window and a closet space for clothing.

TENANT SCREENING & SELECTION. Each Applicant(s) must reasonably satisfy the following criteria:

1. All applicants' combined monthly household net income shall be a minimum of **2 times the monthly stated rent and cannot exceed the applicable maximum income limit assigned to the unit.** Income may be verified through, but not limited to, tax returns, W-2 Income and Wage Statements and Forms 1099 and 1098. If the applicant will be using local, state or federal housing assistance as a source of income, "monthly stated rent" as used in this section means that the portion of the rent that will be payable by applicant and excludes any portion of the rent that will be paid through the assistance program.
2. Applicant(s) shall provide a **minimum of one year** of verifiable rental history on the application, with phone numbers and addresses of prior landlords. Rental history may be verified by direct written or verbal contact with prior landlords. Rental history reflecting any unpaid balances to a landlord will result in denial of the application. (Unpaid balances under \$1000 and for which the applicant can show proof of a written payment agreement, in good standing with a minimum of three (3) payments made toward the balance, will not be considered grounds for denial)
3. Applicant(s) must have satisfactory credit history. Payment history and outstanding balance information may be obtained from the credit references provided in the Rental Application. Eviction history and forcible entry and detainer actions, unpaid collections or judgment information may be obtained from credit reporting agencies and other sources. Ten or more unpaid collections (not related to medical expenses) will result in denial of the application.
4. The primary applicant must be 18 years or older. All occupants age 18 years and older must submit an application to reside in the desired premises. Landlord will require that applicant(s) provide landlord with picture identification and may require a Social Security Card, copies of which may be made by landlord and kept in landlord's file.

FAILURE TO MEET ANY OF THE ABOVE CRITERIA SHALL RESULT IN DENIAL OF APPLICATION.

If applicant(s) is denied due to the failure to satisfy all of the above criteria, then landlord may offer to waive any one of the criteria by the applicant providing landlord with an additional security deposit.

It is grounds for denial of application or termination of tenancy if:

1. Applicant(s) has provided incomplete, inaccurate or falsified information to landlord in this Rental Application.
2. Applicant(s) has been convicted or has a pending action by any court of competent jurisdiction of the illegal possession, manufacturing or distribution of a controlled substance. See supplement Criminal Conviction Criteria.
3. Applicant's tenancy would constitute a direct threat to the health or safety of other residents, or could result in substantial physical damage to the property or the property of others. See supplemental Criminal Conviction Criteria.
4. Applicant has a forcible entry and detainer action on their background history less than 5 years old. (See below Denial Policy Based on Credit if it is in error.)

APPLICATION PROCESS

1. Complete the Tax Credit Rental Application.
2. Pay the \$40 non-refundable screening charge (\$45 if paid online). (This charge will be refunded if the application is not processed.) If the application is processed the charge will not be refunded.
3. Be prepared to wait approximately ten (10) business days for the application screening and verification process to be completed.
4. Once approval of your application is complete, immediate execution of the Rental Agreement is expected.

DENIAL POLICY BASED ON CREDIT

If your application is denied due to unfavorable information received on the credit check, you may:

1. Contact TransUnion, Consumer Relations at 1-800-888-4213, 2 Baldwin Place, P.O. Box 1000, Chester, PA 19022 or email www.transunion.com/myoptions and they will inform you who gave the unfavorable credit ratings.
2. Correct any incorrect information through TransUnion per their policy.
3. Request that TransUnion submit a corrected credit check.
4. Upon receipt of the corrected and satisfactory information, your application will be re-evaluated for the next available unit.

OTHER NON-CREDIT DENIALS

If you have been denied as an applicant and feel you qualify, based upon the above criteria, you should write to Shelter Management, Inc., Equal Housing Department, P.O. Box 13427, Salem, OR, 97309-1427. Your letter should explain the circumstances surrounding your rejection. Within ten (10) business days of the receipt of your letter, your application and any other pertinent material will be reviewed and you will be notified of the outcome of the review.

If your application is denied, for any reason, you will receive an Applicant Screening Adverse Action form explaining the grounds for denial.

All applications to rent from Shelter Management, Inc. are valid for 90 days.

CRIMINAL CONVICTION CRITERIA

Upon receipt of the Rental Application and screening charge, Owner/Agent will conduct a search of public records to determine whether application or any proposed resident or occupant has a "Conviction" (which means: charges pending as of the date of the application; a conviction; a guilty plea; or a no contest plea), for any of the following crimes as provided in ORS 90.303(3): drug-related crime; person crime; sex offense; crime involving financial fraud; including identity theft and forgery; or any other crime if the conduct for which applicant was convicted or is charged is of a nature that would adversely affect property of the landlord or a tenant or the health, safety or right of peaceful enjoyment of the premises of residents, the landlord or the landlord's agent. Owner/Agent will not consider a previous arrest that did not result in a Conviction or expunged records.

If applicant, or any proposed occupant, has a Conviction in their past which would disqualify them under these criminal conviction criteria, and desires to submit additional information to Owner/Agent along with the application so the Owner/Agent can engage in an individualized assessment (described below) upon receipt of the results of the public records search and prior to a denial, applicant should do so. Otherwise, applicant may request the review process after denial as set forth below, however, see item (c) under "Criminal Conviction Review Process" below regarding holding the unit.

A single Conviction for any of the following, subject to the results of any review process, shall be grounds for denial of the Rental Application.

- a) Felonies involving: Murder, manslaughter, arson, rape, kidnapping, child sex crimes, or manufacturing or distribution of a controlled substance.
- b) Felonies not listed above involving: drug-related crime; person crime; sex offense; crime involving financial fraud, including identity theft and forgery; or any other crime if the conduct for which application was convicted or is charged is of a nature 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, the landlord or the landlord's agent, where the date of disposition has occurred in the last 7 years.
- c) Misdemeanors involving: drug related crimes, person crimes, sex offenses, domestic violence, violation of a restraining order, stalking, weapons, criminal impersonation, possession of burglary tools, financial fraud crimes, where the date of disposition has occurred in the last 5 years.
- d) Misdemeanors not listed above involving: theft, criminal trespass, criminal mischief, property crimes or any other crime if the conduct for which applicant was convicted or is charged, is of a nature 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, the landlord or the landlord's agent, where the date of disposition has occurred in the last 3 years.
- e) Conviction of any crime that requires lifetime registration as a sex offender, or for which applicant is currently registered as a sex offender, will result in denial.

Criminal Conviction Review Process

Owner/Agent will engage in an individualized assessment of the applicant's, or other proposed occupant's, Convictions if applicant has satisfied all other criteria (the denial was based solely on one or more Convictions) and:

- 1. Applicant has submitted supporting documentation prior to the public records search; or
- 2. Applicant is denied based on failure to satisfy these criminal criteria and has submitted a written request along with supporting documentation. Support documentation may include:
 - i) Letter from parole or probation officer;
 - ii) Letter from caseworkers, therapist, counselor, etc.;
 - iii) Certifications of treatments/rehab programs;
 - iv) Letter from employer, teacher, etc.
 - v) Certification of trainings completed;
 - vi) Proof of employment; and
 - vii) Statement of the applicant.

Owner/Agent will:

- a) Consider relevant individualized evidence of mitigating factors, which may include: the facts or circumstances surrounding the criminal conduct; the age of the convicted person at the time of the conduct; time since the criminal conduct; time since release from incarceration or completion of parole; evidence that the individual has maintained a good tenant history before and/or after the conviction or conduct; and evidence of rehabilitation efforts. Owner/Agent may request additional information and may consider whether there have been multiple Convictions as part of this process.

Notify applicant of the results of Owner/Agent's review within a reasonable time after receipt of all required information Hold the unit for which the allocation was received for a reasonable time under all the circumstances to complete the review unless prior to receipt of applicant's written request (if made after denial) the unit was committed to another applicant.