

RENTCAFE

ACCESSING CASCADIA'S HOUSING WAITLIST APPLICATION

Cascadia's new housing application system is operated by RENTCafe. This system requires that you create a log in (user name and password), and that you accept terms and conditions for RENTCafe during the process.

- Applicants will need to have a unique email address in order to register and apply. Using one email address for several applicants (ex: if case management were assisting multiple clients) will not work!
- We will need to contact applicants, so a phone number and mailing address is also required.
- For all household members 18 and older, we require: full name, date of birth, and social security number.
- We will need an annual household income.
- If you are working with a case manager or advocate, please provide their contact information.

Please follow the following steps to help take you through the waitlist application:

STEP 1: READ THE TERMS AND CONDITIONS

1. Go to: www.cascadiabhc.org/terms-conditions-for-rentcafe/

STEP 2: CREATE AN ACCOUNT

1. Go to:
www.cascadiabhc.org,
hover over “HOUSING
RESOURCES” and click
“Waitlist”



2. Click “I DO NOT HAVE A
REGISTRATION CODE”

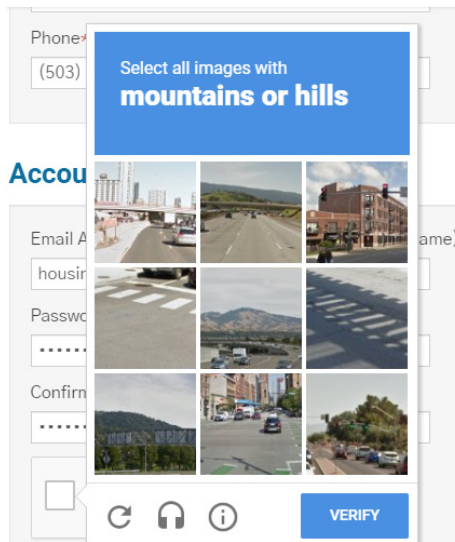
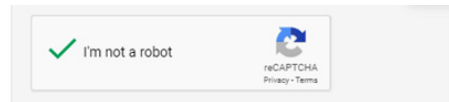
3. Fill in the “Personal
Details” section
 - First Name
 - Last Name
 - SSN
 - Phone

4. Scroll Down

5. Fill in the “Account
Information” section
 - Email Address
 - Password (your
password must have
at least 10 characters,
with one capital
letter, one number,
and a symbol)
 - Confirm Password

STEP 2: CREATE AN ACCOUNT (CONTINUED)

- Click the box next to “I’m not a robot” so a random photo selection pops up.
- Select the images it tells you to. This proves you are not a bot.



- Click the box next to “I have read and accept the Terms and Conditions”
- Click “REGISTER”

☒ I have read and accept the [Terms and Conditions](#)

* Required fields

REGISTER

Your account has been created. You will get a pop-up message saying thank you for registering at Rent café.

STEP 3: FILL OUT YOUR APPLICATION

- Click the circle next to either “English” or “Español (Spanish)” depending on your language preference
- Click “SAVE AND CONTINUE”

My Application

- Language Selection
- Application Information
- Household Members
- Final Review & Submission
- Waiting List Apply
- Application Summary

Application Information

Housing Application

Application Progress 0%

Applications & Certifications | Hi

Please select your preferred language.

Google Translate Disclaimer

By selecting a language from the list, you will translate your application into that selected language using the Google Translate online service. Google Translate is subject to applicable Google Terms of Service. Google Translate is made available solely for your convenience, and its use is solely at your option.

As described by Google, the Google Translate service may NOT accurately translate your application, due to the limitations of Google's machine-generated translation. Use of the service is not intended to replace professional human translators.

Preferred Language*

☒ English

☐ Español (Spanish)

SAVE AND CONTINUE

STEP 3: FILL OUT YOUR APPLICATION (CONTINUED)

- Review the Application Information, then click “SAVE AND CONTINUE”.

My Application

Language Selection
Application Information
Household Members
Final Review & Submission
Waiting List Apply
Application Summary

> Application Information

> Housing Application

Application Progress 0%

● Applications & Certifications | Hi

Please select your preferred language.

Google Translate Disclaimer

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As described by Google, the Google Translate service may NOT accurately translate your application, due to the limitations of Google's machine-generated translation. Use of the service is not intended to replace professional human translators.

Preferred Language*

- ☒ English
☐ Español (Spanish)

SAVE AND CONTINUE

- Fill in the rest of the “Personal Information” section.
- Click “SAVE AND CONTINUE”.

My Application

Language Selection
Application Information
Personal Information
Address Information
Additional Occupants
Reasonable Accommodations
Resident History
Vehicle
Emergency Contact
Household Members
Final Review & Submission
Waiting List Apply
Application Summary

> Application Information

> Housing Application

Application Progress 9%

● Applications & Certifications | Hi

Personal Information

First Name *

Middle Initial

Last Name *

Phone *

Birth Date *

☐ Passport/Other Identification

Government Issued Photo ID #

Gov ID State

- If you have an address:
 - Click “ADD ADDRESS INFORMATION”
 - Enter your address information.
 - Click “Save”.
 - Click “SAVE AND CONTINUE”.
- If you do not have an address:
 - Check the “I have no address” box.
 - Click “SAVE AND CONTINUE”

Address Information

ADD ADDRESS

☐ I have no address.

No Addresses Added

GO BACK

SAVE AND CONTINUE

STEP 3: FILL OUT YOUR APPLICATION (CONTINUED)

8. If you have additional occupants (age 18 and older):

- Click “ADD ADDITIONAL OCCUPANTS”
- Enter their information
- Click “SAVE AND CONTINUE”

9. If you do not have additional occupants, click “SAVE AND CONTINUE”

10. Select any reasonable accommodations/modifications that you or your household require.

11. Click “SAVE AND CONTINUE”

Additional Occupants

Add all additional occupants age 18 and older who will be living with you in your new home.

You will be adding additional household members under the age of 18 later in the application.

ADD ADDITIONAL OCCUPANT

No Additional Occupants Added

GO BACK

SAVE AND CONTINUE

Reasonable Accommodations/Modification

HUD requires us to request the following information to determine your eligibility for admission to our Section 8 housing. In addition to giving special considerations for allowances in determining rent, we will also make reasonable accommodations or modifications based on disability.

The following questions apply to the household head, co-head, and/or spouse. Select **Yes** or **No**.

Do you require a unit with modifications for a mobility disability? *

Do you require a unit with modifications for a vision disability? *

Do you require a unit with modifications for a hearing disability? *

Is the household head, co-head, and/or spouse between the ages of 55 and 62? *

Is the household head, co-head and/or spouse age 62 or older? *

Is the household head, co-head, and/or spouse disabled? *

Has your household been displaced by government action or a presidentially declared disaster? *

Is your household homeless or at risk of homelessness? *

GO BACK

SAVE AND CONTINUE

STEP 3: FILL OUT YOUR APPLICATION (CONTINUED)

12. Select any circumstances that apply to you or your family.
13. Click “SAVE AND CONTINUE”.

Resident History

Is your household making between 0–30% MFI (Median Family Income)? *	Were you referred by a Healthcare or Social Service Agency? *
<input type="checkbox"/>	<input type="checkbox"/>
Are you currently a Cascadia BHC Client? *	Are you a US Citizen? *
<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have a Section 8 voucher? *	Have you or any person who will be occupying the unit ever been convicted or pled guilty or no contest to any felony or misdemeanor? *
<input type="checkbox"/>	<input type="checkbox"/>
Have you or any one in your household served in the military? *	Have you ever been evicted due to drug related criminal activity in the past 3 years from federally assisted housing? *
<input type="checkbox"/>	<input type="checkbox"/>
Are you an applicant who was age 62 or older as of January 31st, 2010, does not have a SSN, and who was receiving HUD rental assistance at another location on January 31st, 2010 (verification may be required)? *	Is there any household member subject to a lifetime sex offender registration in any State? *
<input type="checkbox"/>	<input type="checkbox"/>

[GO BACK](#) [SAVE AND CONTINUE](#)

14. If you have an automobile:
 - Click “ADD VEHICLE”.
 - Enter the vehicle information.
 - Click “Save”.
 - Click “SAVE AND CONTINUE”.

Automobile Information

Tell us about your vehicle information.

[ADD VEHICLE](#)

No Vehicle Added

[GO BACK](#) [SAVE AND CONTINUE](#)

15. If you do not have an automobile, click “SAVE AND CONTINUE”.

16. If you have an Emergency Contact:

- Click “ADD EMERGENCY CONTACT”
- Enter your emergency contact’s information. You may need to scroll down to see all fields.
- Click “Save”.
- Click “SAVE AND CONTINUE”.

Emergency Contact

Enter information about people we can contact in case of emergency.

[ADD EMERGENCY CONTACT](#)

No Emergency Contacts Added

[GO BACK](#) [SAVE AND CONTINUE](#)

17. If you do not have an Emergency Contact, click “SAVE AND CONTINUE”

STEP 3: FILL OUT YOUR APPLICATION (CONTINUED)

18. Click “SAVE AND CONTINUE”.

We are about to start gathering information about your household.

Before we begin, you'll need your:

- * Full (legal) name
- * Social Security number
- * Date of birth

GO BACK

SAVE AND CONTINUE

19. Review your household members. If you need to add another household member:

- Click “ADD PERSON”.
- Enter the household member's information.
- Click “Save”.

20. Click “MORE INFO NEEDED” if available for each household member, and provide the requested information.

21. Click “SAVE AND CONTINUE”.

Tell us about every member of your household.

The following list must contain everyone who will be living in your apartment home.

If there are any other people, including children, who will live with you in your new home, click **Add Person** and enter the information for those people.

- You must use each person's full legal name as it appears on the person's government identification card or document

ADD PERSON

First Name	Last Name	Date of Birth		
████	████	████	MORE INFO NEEDED	DELETE
████	████	████	MORE INFO NEEDED	DELETE

Showing 1 to 2 of 2 entries

GO BACK

SAVE AND CONTINUE

22. If you have household income:

- Click “ADD INCOME”.
- Enter the income information.
- Click “Save”.
- Click “SAVE AND CONTINUE”.

23. If you do not have household income, click “SAVE AND CONTINUE”.

Tell us about all household income.

Include household income for yourself and your family.

Click **Add Income** and tell us about your employment income.

ADD INCOME

No Incomes Added

GO BACK

SAVE AND CONTINUE

STEP 3: FILL OUT YOUR APPLICATION (CONTINUED)

24. If you have household assets:
- Click “ADD ASSET”.
 - Enter the asset information.
 - Click “Save”.
 - Click “SAVE AND CONTINUE”.
- 25.If you do not have household assets, click “SAVE AND CONTINUE”.
- 26.Click “SAVE AND CONTINUE”.
- 27.Review the summary of your household members and dates of birth.
- 28.Click “SAVE AND CONTINUE”.

- 29.The application will automatically check for errors. Correct any errors that are reported.
- For example, you may receive an error if a household member has no income. To add an income for this household member, click “ADD”. To confirm this household member has no income, click “CONFIRM”.

Tell us about all household Assets.

Include household asset for yourself and your family.

Click Add Asset and tell us about your assets.

ADD ASSET

No Assets Added

GO BACKSAVE AND CONTINUE

Summary

The following list includes all of the information you entered in your application. Please review each tab for accuracy and completeness.

- If you need to edit the information, click the Edit button.
- If you need to add any additional information, click the Add button that appears on each tab..
- If all information is correct and accurate, click Save and Continue .

MembersIncomeAssets

ADD MEMBER

First Name	Last Name	Date of Birth		
			EDIT	DELETE
			EDIT	DELETE

Showing 1 to 2 of 2 entries

GO BACKSAVE AND CONTINUE

Errors

Error	Corrective Actions
<div>has no income records. Confirm that this is correct or add an income record.</div>	<div>ADD</div> <div>CONFIRM</div>

GO BACKSAVE AND CONTINUE

STEP 3: FILL OUT YOUR APPLICATION (CONTINUED)

30. When all errors have been resolved, click "SAVE AND CONTINUE".

Errors

We didn't find any errors.

GO BACK

SAVE AND CONTINUE

31. Select your bedroom size preference(s).
32. Confirm your estimated annual income.
33. Select any other listed preferences which you may qualify for.
34. Click "CONTINUE".

TAKE ME TO THE SUMMARY

Waiting List Apply

Please select the number of bedrooms in order of importance.

1st Preference: *

Estimated Annual Income: *

Please select any of the following if they pertain to you.

☐ Case Manager

☐ Cascadia BHC

☐ Disabled

☐ homeless

☐ ELI

☐ Accessible Unit

☐ Have you been displaced by governmental action, or your dwelling been extensively damaged or destroyed as a result of a federally declared disaster?

CONTINUE

GO BACK

35. Click "SAVE AND CONTINUE".

Waiting List Apply

Thank you for making your waiting list preference selections.

Please press "Save And Continue" to proceed.

GO BACK

SAVE AND CONTINUE

STEP 3: FILL OUT YOUR APPLICATION (CONTINUED)

36. Click “CLICK HERE TO SIGN” to sign the documents.

After you sign all documents, your application process will be complete.

APPLICANT REPRESENTS ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT. APPLICANT AUTHORIZES CONTINUING VERIFICATION OF THE ABOVE INFORMATION, REFERENCES, CRIMINAL HISTORY AND CREDIT RECORDS AT ANYTIME INCLUDING BEFORE, DURING AND AFTER THE EXPIRATION OF THE LEASE TERM AND RELEASES FROM LIABILITY ALL PERSONS AND ENTITIES REQUESTING OR SUPPLYING INFORMATION. APPLICANT ACKNOWLEDGES THAT FALSE, INCOMPLETE OR MISLEADING INFORMATION CONSTITUTES GROUNDS FOR REJECTION OF THIS APPLICATION; DISCOVERY OF FALSE, INCOMPLETE OR MISLEADING INFORMATION THAT OCCURS AFTER OCCUPANCY WILL RESULT IN TERMINATION OF THE RIGHT OF OCCUPANCY OF ALL OCCUPANTS UNDER LEASE AND/OR FORFEITURE OF DEPOSITS AND FEES. SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO WILLFULLY FALSIFY A MATERIAL FACT OR MAKE FALSE STATEMENT IN ANY MATTER WITHIN THE JURISDICTION OF A FEDERAL AGENCY.

Document	View	Sign
Household Documents for [redacted] to Sign	VIEW DOCUMENT (UNSIGNED)	CLICK HERE TO SIGN
Household Documents for [redacted] to Sign	VIEW DOCUMENT (UNSIGNED)	CLICK HERE TO SIGN

Showing 1 to 2 of 2 entries

[GO BACK](#)

37. Scroll to the bottom of the page and click “AGREE & CONTINUE”.

In electronic form or to receipt of any notice in electronic form by contacting the property owner or manager. I further understand that, after my execution of the lease and prior to any renewals or extensions of the lease or receipt of any notice in electronic form, I may withdraw my consent provided above to use my electronic signature instead of a physical signature or my consent to be provided notices under the lease to me in electronic form or to receipt of any notice in electronic form by providing written notice to the property owner or manager from whom I am renting.

Physical Signatures May Delay the Signing Process
I acknowledge and understand that executing the lease by a physical signature may result in, among other things, a delay in the leasing process, and the potential for the lease not to be approved by the property manager due to delays.

System Requirements to Utilize the Electronic Signature Functionality
To utilize the Electronic Signature functionality, a web browser that supports the HTTPS protocol, HTML, and cookies (e.g., including but not limited to, current versions of Chrome, Firefox, Internet Explorer, or Safari) will be needed. Viewing PDF documents requires Adobe Acrobat/Reader or similar software.

Instructions to Change Consent and/or Update Contact Information
I understand that I should contact the property owner or manager directly to request paper copies of documents, withdraw consent to conduct business electronically, and/or update my contact information.

Save My Signature Consent and Disclosure
By clicking "Save & Continue" at the next screen, I agree and consent to the use of my electronic signature, inclusive of my chosen signature and initials. Instead of a physical signature to execute all documents chosen including legally binding contracts, and agree to be bound by the terms thereof as if I had signed each document with my physical signature.

[DISAGREE](#) [AGREE & CONTINUE](#)

38. Set up a signature by using your mouse to sign and initial in the boxes, or click “or choose a script signature” to generate a signature.

39. Click “SAVE AND CONTINUE”.

Create Your Signature

Use your mouse or finger to create your signature. You can [choose a script signature](#) instead.

Your Signature

[Clear Signature](#)

Your Initials

[Clear Initials](#)

STEP 3: FILL OUT YOUR APPLICATION (CONTINUED)

40. Click "JUMP TO NEXT".

City: _____		State: _____		Zip Code: _____	
Phone # _____		Email: _____			
Reason for moving? _____					
List ALL States you have resided in: OR CA NH					
List each person (starting with yourself) who will occupy the apartment					
Name (Last, First, Middle) <i>Please include all former, alias and nicknames used</i>	Date of Birth	Relationship to Head of Household	Social Security # (If Applicable)	State Driver's License #	Full time or Part time student Y/N
██████████	██████████	Head of Household	██████████		No
		Co-Head			No
Income Information: List wages, salaries, SSI, disability, unemployment, welfare, child support, or ANY source of income as well as any assets currently held/owned					
Household Member	Income Source	Amount	Household Member	Income Source	Amount
██████████	Income	██████████	██████████	Asset	██████████

12/06/18

JUMP TO NEXT

41. Click the "Sign" and "Date" fields on the form to sign.

information supplied on this application is later found to be false, this is grounds for termination of tenancy. I understand this is part of the application process and I acquire no rights to an apartment. I will be notified upon acceptance, and agree to sign a lease and pay a security deposit.

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 of the screening service or credit-reporting agency is Pacific Screening.

Head of Household Signature _____ Sign _____ Date _____


Adult Signature _____ Date _____

Adult Signature _____ Date _____

Adult Signature _____ Date _____

HEALING, HOMES, HOPE

Cascadia Housing projects will consider all Reasonable Accommodation requests. Cascadia Housing projects do not discriminate on the basis of Handicapped status in the admission or access to, treatment or employment in, its Federally assisted programs and activities. Director of Housing Compliance. Is the 504 Coordinator and is available at: 847 NE 19th Ave. Portland, OR 97232



12/06/18


STEP 3: FILL OUT YOUR APPLICATION (CONTINUED)

42. Click "JUMP TO NEXT".

Head of Household Signature		Date	
Adult Signature		Date	
Adult Signature		Date	
Adult Signature		Date	

HEALING, HOMES, HOPE

Cascadia Housing projects will consider all Reasonable Accommodation requests. Cascadia Housing projects do not discriminate on the basis of Handicapped status in the admission or access to, treatment or employment in, its Federally assisted programs and activities. Director of Housing Compliance. Is the 504 Coordinator and is available at: 847 NE 19th Ave. Portland, OR 97232



12/06/18

Background Screening Criteria

Cascadia Housing Inc. prohibits the admission of:

- A. Any household containing a member(s) who was evicted in the last 12 months.
- B. Any household containing a member(s) who was evicted in the last three years from federally assisted housing for drug-related criminal convictions. CBH will consider two exceptions to this provision:
 - (1) The evicted household member has successfully completed an approved, supervised drug rehabilitation program; or
 - (2) The circumstances leading to the eviction no longer exist (e.g., the household member no longer resides with the applicant household).
- C. Applicant has been a previous tenant at a Cascadia Property and left owing a balance
- D. A household in which any member is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents;
- E. Any household member (including minor's) who is subject to a state sex offender lifetime registration requirement (Verified by the Dru Sjodin or Pacific Screening website at the time of application); and
- F. Any household member, if there is reasonable cause to believe that member's behavior from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents. The screening standards must be based on behavior, not the condition of alcoholism or alcohol abuse.
- G. Any household member who has had a conviction, guilty plea, or no contest plea to any of the following:
 - 1. Any sex crimes
 - 2. Felonies Involving death, arson, drug related offenses (sale, manufacture, distribution, delivery or possession with intent to sell); or
 - 3. Any other felony, or any misdemeanor Involving: serious injury, extensive property damage, assault, weapons charges, kidnapping, or drug related conditions where the intent to occur of discrimination, release, or completion of parole has occurred.

JUMP TO NEXT

43. Click the orange "Sign" and "Date" fields on the form.

Sign	Date
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.

Form HUD-92006 (05/09)

STEP 3: FILL OUT YOUR APPLICATION (CONTINUED)

44. Click “SIGN & COMPLETE”.

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 for this collection of information is estimated to average 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Field Office, Paperwork Project Manager, HUD-92006 (05-09).

Privacy Statement: Public Law 100-526, 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.

SIGN & COMPLETE

45. Click “OK”.

Document Completed

You have finished signing this document.

OK

46. Click “CLICK HERE TO SIGN” for the next household member and complete the steps to sign the form.

Document	View	Sign
Household Documents for [redacted] to Sign	VIEW DOCUMENT (SIGNED)	Signing Complete
Household Documents for [redacted] to Sign	VIEW DOCUMENT (UNSIGNED)	CLICK HERE TO SIGN

Showing 1 to 2 of 2 entries

47. When all forms have been signed, click “SAVE AND CONTINUE”.

Document	View	Sign
Household Documents for [redacted] to Sign	VIEW DOCUMENT (SIGNED)	Signing Complete
Household Documents for [redacted] to Sign	VIEW DOCUMENT (SIGNED)	Signing Complete

Showing 1 to 2 of 2 entries

GO BACK

SAVE AND CONTINUE

STEP 3: FILL OUT YOUR APPLICATION (CONTINUED)

48. Make note of your Confirmation Code and click “LOG OUT”.

Application Progress

100%

Applications & Certifications | Hi

[TAKE ME TO THE SUMMARY](#)

Application Summary

Congratulations you have completed your application.

Thank you for applying to our property! Your Confirmation Code is listed below and your application status is now **PENDING** review. We will process your application promptly!

Confirmation Code: [REDACTED]

Your choices...

1st Preference:

1 BR

Estimated Annual Income: *

[REDACTED]

Please select any of the following if they pertain to you.

☐ Case Manager

☐ Cascadia BHC

☐ Disabled

☐ homeless

☐ ELI

☐ Accessible Unit

☐ Have you been displaced by governmental action, or your dwelling been extensively damaged or destroyed as a result of a federally declared disaster?