



Mailing Address:
 Cascadia Housing
 PO Box 9275 Portland, OR 97207
 Phone: 971-380-3164

For Office Use Only Date and Time Received: Received By:

Cascadia Housing Application

Property Name	_____
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Unit Type Requested	
Bedroom Size:	<input type="checkbox"/> Studio <input type="checkbox"/> 1 Bed <input type="checkbox"/> 2 Bed
	<input type="checkbox"/> Wheelchair accessibility / ADA <input type="checkbox"/> Other needs _____

Contact Information	
First and Last Name:	_____
Mailing Address:	_____
City:	_____ State: _____ Zip Code: _____
Phone #	_____ Email: _____

Landlord Information	
Current Landlord Name:	_____ Currently Homeless <input type="checkbox"/>
Mailing Address:	_____
City:	_____ State: _____ Zip Code: _____
Phone #	_____ Email: _____
Reason for Moving:	_____
Previous Landlord Name:	_____
Mailing Address:	_____
City:	_____ State: _____ Zip Code: _____
Phone #	_____ Email: _____
Reason for Moving:	_____
List ALL states you have resided in:	_____

List each person (starting with Head of Household) who will occupy the unit, including those under 18.				
Name (First and Last)	Date of Birth	Social Security # (If Applicable)	State Driver's License #	Full-time or Part-time Student (Y?N)

HEALING, HOMES, HOPE

Cascadia Housing projects will consider all Reasonable Accommodation requests. All applicants have a right to appeal. Cascadia Housing does not discriminate based on disability status, race, or religion in the admission, access to, or treatment 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



Income Information: List all wages, salaries, SSI, disability, unemployment, welfare, child support, or ANY sources of income as well as any assets currently held/owned for yourself only

Name (First and Last)	Income Source/Type of Asset	Amount (Annually if income)

Employment Information: List any employment information for yourself only. Leave blank if you are currently unemployed

Employer/Company	Address	Phone Number	Position	Length of Time Employed

Automobile Information: List any automobile information for yourself only. Leave blank if you do not currently own a vehicle

Make	Model	Year	Color	License Plate #

Pet/Service Animal Information: List any information below if a pet/service animal will be living with you currently. Leave blank if you do not currently have any pet/service animal(s)

Name	Type	Breed	Sex	Age

Please check any/all of the below that apply to your household

- Senior (55 or older)
 Elderly (62 or older)
 Disabled (required at some properties)
 Homeless or at risk of homelessness
 0-30% AMI (less than ~\$40,000/year for entire household)
 Age 62 as of 1/31/2010, who does not have a SSN, who received HUD rental assistance at another location on 1/31/2010
 Currently have a Section 8 Voucher Currently living at a Cascadia property
 Client of a Healthcare or Social Service Agency (Fill in their information below)
 Name and Organization _____ Contact Info (phone/email) _____
 Family member employed by Cascadia If yes, who? _____

Background Information:

- Are there any household member(s) subject to a lifetime sex offender registry in any state? Yes No
 Have you been convicted or pled guilty to any felony or misdemeanor? Yes No
 If yes, Type of Offense _____ Date of Offense (Year) _____
 Are you a US Citizen? Yes No

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Background Screening Criteria

Cascadia Housing Inc. prohibits the admission of the following circumstances unless mitigated per exceptions listed:

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 the following 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 Cascadia Property and left owing a balance. Cascadia Housing Inc. will consider the following exceptions to this provision:

1. The balance has been paid in full; or
2. A payment plan has been established, with at least three consecutive monthly payments made on time.

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 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. Before denying an applicant based on their criminal history, the following will be considered: the grade of the offense; time since commission; other convictions; evidence of continuing danger; inquiries to parole, probation or PSRB staff to determine the potential risk posed by the applicant; inquiries to social service agencies regarding the potential risk of the individual; current criminal involvement; and drug or alcohol use/or recovery programs in which the applicant is involved:

1. Any sex crimes
2. Felonies involving death, arson, drug related offenses (sale, manufacture, distribution, delivery, or possession with intent to sell)
3. Any other felony, or any misdemeanor involving: serious injury, extensive property damage, assault, weapons charges, kidnapping, or drug related convictions where the latest to occur of disposition, release, or completion of parole have occurred within the last 5 years
4. Any misdemeanor or felony involving theft, dishonesty, prostitution, obscenity, and related violations (ORS 167.060 through 167.100) where the latest to occur of disposition, release, or completion of parole within the last one (1) year
5. Any other criminal activity that would threaten the health or safety of the PHA or Owner or any employee, contractor, subcontractor, or agent of the PHA or Owner who is involved in housing operations. Open criminal cases or outstanding warrants in the above categories will require the application to be held until final resolution is made by the courts. No unit will be held awaiting resolution of pending cases. Applicants with pending criminal charges may request an appeal if denied.

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I certify that I have read and understand the screening criteria for housing and authorize Cascadia Housing Inc. to obtain documentation of my criminal history. I understand that failure to give consent will result in denial of housing.

First and Last Name: _____

Signature: _____ Date: _____

I certify the information and statements on this application are true and complete to the best of my knowledge and belief. I authorize Cascadia Housing to do a background check according to the screening criteria set forth for the property that I am applying for and to make any inquiries necessary to evaluate my approval for tenancy. I understand providing false statements or incomplete information may result in punishment under Federal law and is grounds for rejection of this application. If any information supplied on this application is later found to be false, this is grounds for termination of tenancy. I understand that 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 where it is applicable.

The applicant has the right to dispute the accuracy of the information provided to the Owner/Agent by the screening service or credit reporting agency, Pacific Screening.

First and Last Name: _____

Signature: _____ Date: _____

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TO: _____

Alcohol and Drug Free Verification Form

Name of Applicant: _____

This person has applied for housing in a facility that qualifies as Alcohol and Drug Free housing under Oregon Law. As such, the owner is required to verify all information is used to determine this person's eligibility. We ask for your cooperation in providing the following information and returning it to the person listed above. Your prompt return of information will help to ensure timely processing of their application. The applicant has consented to the release of information, as indicated on the next page.

Information Requested:

A "program of recovery" is defined as a verifiable program of counseling and rehabilitation treatment services, including a written plan to assist recovering alcoholics and drug addicts to recover from their addiction to alcohol and/or illegal use of drugs while living in alcohol and drug free housing.

I verify that _____ is actively and on a regular basis participating in a program of recovery for:

Alcohol Drugs Both

The program they attend is (check all that apply):

Alcoholics Anonymous Narcotics Anonymous Volunteers of America

Cascadia BHC Allied Coda CCC TPL/Jeans Place

Other Agency: _____

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The Plan of Recovery is:

Name and Title of Person Supplying Information: _____

Signature: _____

Date: _____

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Release of Information:

I, _____, hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months (1 year). There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature: _____

Date: _____

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 statement to any department of the United States Government, HUD, PHA, and any owner (or any employee of HUD, PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined no 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, the PHA, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are obtained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

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Alcohol and Drug Free Self Certification Form

By accepting an apartment in Cascadia Housing's Alcohol and Drug Free housing, I understand that it is a requirement to abstain from the use of alcohol and/or illegal use of drugs. Furthermore, I understand I must be actively participating in a program of recovery or counseling and rehabilitation program for the purpose of supporting a life free from addiction to alcohol and/or illegal use of drugs. Finally, I understand that I must self-certify to this on an at least annual basis, must provide proof of such program(s) upon request, and must report for UAs (urinalysis) as requested by Cascadia Housing. Failure to do so can result in removal from my unit.

I, _____ by signing below, do hereby state that (a) I am abstaining from alcohol and illegal use of any drug or controlled substance and (b) I am in recovery and actively participating in a qualifying substance abuse program.

I further state I am in recovery from an addiction to:

Alcohol Drugs Both

The program of recovery I am actively participating in: _____

Print Name: _____

Signature: _____

Date: _____

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