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 Waitlist Application

Property Name	CLINTON RIDGE APARTMENTS

Unit Type Requested

Bedroom Size: ☐ Studio (not available at all properties) ☐ 1 Bed ☐ 2 Bed (not available at all properties)

☐ Wheelchair accessibility / ADA ☐ Other needs_____

Contact Information

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

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)	Estimated Annual Income	Full-time or Part-time Student (Yes or No)

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

☐ Senior (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)
☐ Currently have a Section 8 Voucher ☐ Currently living at a Cascadia property

Are there any household member(s) subject to a lifetime sex offender registry in any state? ☐ Yes ☐ No
Have you or any person who will be occupying this unit 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

☐ Client of a Healthcare or Social Service Agency (Fill in their information below)
Name _____ Organization _____
Contact Info (phone and/or email) _____

This application is only to establish your place on the waitlist and is not a guarantee of housing. Once your name comes to the top of the list, all adult (18+) members of the household will be required to process full applications, verifications, and a background checks to determine eligibility for tenancy.

Head of Household Signature _____ Date_____

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

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: _____