

St. Vincent de Paul Society of Lane County

Ironwood Village ~Screening Guidelines~



St. Vincent de Paul Property Management

2890 Chad Dr. Eugene OR 97408 **Phone:** 541-743-7134 **Fax:** 541-687-0351

All Applicants are urged to review the screening guidelines to determine if requirements can be met.

Application Process

- 1. We offer Screening Guidelines and Rental Applications to all that inquire.
- 2. A <u>complete application</u> is required for <u>each applicant over age 18</u> who would occupy the premises as well as co-signers.
- 3. A **screening charge of \$18.00** per applicant/co-signer is required upon application processing. A **minor turning 18** (already residing in unit) must fill out an application and pay the **screening charge of \$18.00**. This charge is non-refundable and must be paid in money order or cashier's check only.
- 4. In order to verify income, rental history, and personal references we will obtain a credit report, criminal records and public records request. We will also check with prior landlords. It may take up to 2-3 days in order to verify the information on the application.
- 5. Applicant(s) must provide a photo ID, Social Security Card and 6 months' bank statements for each account at the time of processing the application.
- 6. Applications are processed in the order of Income Level from the Waitlist.
- 7. Applicant(s) must be able to enter into a legally binding contract.

Identification

- 1. Each Applicant must <u>provide photo Identification</u> with completed application.
- 2. Rental history of <u>3</u> years <u>must be provided and verified</u> from <u>unbiased/unrelated</u> sources.
- 3. <u>Applicants must provide us with the information necessary to contact past landlords</u>. We reserve the right to deny an application if, after making a good faith effort, we are unable to verify prior rental history.
- 4. Exceptions may be made for applicants with qualified co-signers.
- 5. Prior evictions may result in denial.
- 6. If previous landlord gives negative reference or fails to give a reference application applicant may be denied.
- 7. Three (3) or more 72 hour notices within a one-year period may result in a denial.
- 8. Three (3) or more NSF (returned) checks within a one-year period may result in a denial.
- 9. Rental history demonstrating a disruptive complaint or negative may result in a denial.

Income Requirements

- 1. If your property is covered under subsidized housing rules, you must income qualify.
- 2. Income must be verifiable through pay stubs, employer contact, current tax records, assistance checks, and/or financial aid statements.
- 3. Your application will be denied if we are unable to determine you earn a legal source of income.

2890 Chad Drive Eugene, OR 97408 Office: 541.743.7134 Fax: 541.687.0351



Credit/Criminal/Public Records Check

- 1. Negative reports may result in denial of application.
- 2. Any individual who is a current illegal substance abuser, or has been convicted of the illegal manufacture or distribution of a controlled substance or convicted of a felony <u>may</u> be denied tenancy.
- 3. The following may result in application denial:
 - a) A conviction, guilty plea, or no-contest plea, ever for: any felony involving serious injury, kidnapping, death, arson, rape, sex crimes/ and or child sex crimes, extensive property damage, or drug related offenses (sale, manufacture, delivery, possession with intent to sell) A/ Felony burglary or class A/ Felony robbery or;
 - b) A conviction, guilty plea, or no-contest plea, where the date of disposition, release or parole have occurred within the last seven years for any; <u>felony charges</u> or;
 - c) A conviction, guilty plea, or no-contest plea, where the date of disposition, release or parole have occurred within the last seven years for; <u>any misdemeanor</u> or gross misdemeanor involving assault, intimidation, sex related, drug related (sale, manufacture, de-livery or possession), property damage or weapons charges; or
 - d) A conviction, guilty plea, or no-contest plea, where the date of disposition, release or parole have occurred within the last three years for; any class B or C misdemeanor in any of the above categories or any misdemeanors in the above categories or any misdemeanors involving criminal trespass I, theft, dishonesty, prostitution shall be grounds for denial of the rental application.
- 4. Pending charges or outstanding warrants for any of the above will result in suspension of the application process until the charges are resolved. Upon resolution, if the desired unit is available, the application process will be completed. Units will not be held awaiting resolution of pending charges.

Reasonable Accommodation

1. If you have a disability and need special features or a modification of Ironwood Village rules, policies or procedures, you may request a Reasonable Accommodation form from the office.

Our Policies

- 1. Unless otherwise indicated, all of our units rent on a 1-year basis.
- 2. All units are non-smoking units.
- 3. Ironwood Village has a No-Pet Policy, however, Aid animals are <u>accepted with a completed Reasonable Accommodation form</u> with <u>written verification from an acceptable individual.</u>
- 4. The <u>demeanor and behavior of applicants during the application process and prior to signing the rental agreement will be considered.</u>
- 5. <u>If you owe money</u> to another landlord or <u>Utility company</u>, we will require confirmation of payment prior to approval of your application.

This institution is an equal opportunity provider and employer



Ironwood Village

47537 Teller Rd, Oakridge, Or 97463 PH: 541-782-3714 – Fax: 541-782-1042

Managed by: St. Vincent de Paul Society of Lane County, Inc.



2890 Chad Drive, Eugene, Oregon 97408 P.O. Box 24608, Eugene, OR 97402 Ph: 541-743-7134 TTY: 1-800-462-7585



Rental Application

<u>Please fill out this form completely, sign, date and return</u>. All applications will be put on the waiting list. Upon receipt of a properly completed form and processing, you will be notified whether or not it has been accepted. <u>There is an \$18.00 Screening Fee for each adult applicant, due when this application is processed for residency.</u>

Date:	(Last)ST:Phone # (Last)ST:Phone # St:Zip: One:(include area code):
DOB:Social Security:Drivers Lics/ ID	ST:Phone # (Last) ST:Phone # St:Zip: One: (include area code):
Co-Applicant: (First)	(Last)ST:Phone #St:Zip: one:(include area code):
Current Address: City: Mailing Address if different than the one above: Landlord: Landlords Pho How long at this address: move in date: move out date: Reason for leaving: RENTAL HISTORY: (Former) Address: City: Landlords Phone How long at this address? move in date: move out date:	ST: Phone # St: Zip: one:(include area code):
Current Address: City: Mailing Address if different than the one above: Landlord: How long at this address: move in date: Reason for leaving: RENTAL HISTORY: (Former) Address: Landlord: Landlords Pho City: Landlords Pho Move out date: Move out date:	ST: Phone # St: Zip: one:(include area code):
Current Address:	St: Zip:
Mailing Address if different than the one above: Landlord:	One: (include area code).
Landlord:	One: (include area code):
How long at this address: move in date: move out date: Reason for leaving: RENTAL HISTORY: (Former) Address: City: Landlord: Landlords Phone How long at this address? move in date: move out date:	
Reason for leaving:	Rent Amount:
Reason for leaving:	
RENTAL HISTORY: (Former) Address: City: Landlord: Landlords Phone How long at this address? move in date: move out date:	
Address: City: Landlord: Landlords Phone How long at this address? move in date: move out date:	ne to est teates of commonwest to a commonwest to the common of the comm
Landlord: Landlords Phone How long at this address? move in date: move out date:	blodozuan HA bes tec desi
Landlord: Landlords Phone How long at this address? move in date: move out date:	ST: Zip:
	1e (include area code):
	Rent Amount:
HOUSEHOLD COMPOSITION: COMPLETE THE FOLLOWING INFORMA	IATION FOR EACH MEMBER O
THE FAMILY <mark>(INCLUDE YOURSELF)</mark> WHO WILL BE OCCUPYING THE UN	NIT.
HOUSEHOLD MEMBERS (List all members of household – applicant, co-applica etc.)	ant dependents care attendants
Full Name Sex Relationship Date of Social M/F Birth Security	ant, dependents, care attendants,
	al Occupation Drive
	al Occupation Drive
	al Occupation Drive

Does anyone live with you that is not listed above?

EMPLOYMENT STATUS	to grading a four fluid throughty d			
		Telephone		
	Length of E			
		Length of Employment		
APPLICANT: Retired:				
Do you or anyone in your household requ	uire reasonable accommodations?	Yes No		
ramps, etc.), or a modification of program communicate with you or give you inform Accommodation form:	features (such as, lowered kitchen counte n rules, policies, or procedures, or a chan- ation, you may ask for this kind of change nt de Paul Mobile Home Park Divis	ge in the way in which we e, which is called a Reasonable		
(541) 743-7134 or TTY – dial 1-800-		ion w		
Please check the unit type for which	ch you are applying:			
vacancy exists?				
LIST THE TYPE, SOURCE AND AMOUN MONTHS FOR EACH HOUSEHOLD MI Examples of types of income are: wa	ges, self-employment, cash or other	assistance from someone outsi		
MONTHS FOR EACH HOUSEHOLD MI Examples of types of income are: wa	EMBER.	assistance from someone outsi irement funds, etc.		
LIST THE TYPE, SOURCE AND AMOUN MONTHS FOR EACH HOUSEHOLD MI Examples of types of income are: wa	EMBER. ges, self-employment, cash or other (assistance from someone outsi		
LIST THE TYPE, SOURCE AND AMOUN MONTHS FOR EACH HOUSEHOLD MI Examples of types of income are: wa of the household, Social Security, chi Applicant and ALL Household	EMBER. ges, self-employment, cash or other of ld support, alimony, financial aid, ret	assistance from someone outsi irement funds, etc.		
LIST THE TYPE, SOURCE AND AMOUN MONTHS FOR EACH HOUSEHOLD MI Examples of types of income are: wa of the household, Social Security, chi Applicant and ALL Household	EMBER. ges, self-employment, cash or other of ld support, alimony, financial aid, ret	assistance from someone outsi irement funds, etc. Annual Income		
LIST THE TYPE, SOURCE AND AMOUN MONTHS FOR EACH HOUSEHOLD MI Examples of types of income are: wa of the household, Social Security, chi Applicant and ALL Household	EMBER. ges, self-employment, cash or other of ld support, alimony, financial aid, ret	assistance from someone outsi irement funds, etc. Annual Income		
LIST THE TYPE, SOURCE AND AMOUN MONTHS FOR EACH HOUSEHOLD MI Examples of types of income are: wa of the household, Social Security, chi Applicant and ALL Household	EMBER. ges, self-employment, cash or other of ld support, alimony, financial aid, ret	assistance from someone outsi irement funds, etc. Annual Income		
LIST THE TYPE, SOURCE AND AMOUN MONTHS FOR EACH HOUSEHOLD MI Examples of types of income are: wa of the household, Social Security, chi Applicant and ALL Household	EMBER. ges, self-employment, cash or other of ld support, alimony, financial aid, ret	assistance from someone outsi irement funds, etc. Annual Income		
LIST THE TYPE, SOURCE AND AMOUN MONTHS FOR EACH HOUSEHOLD MI Examples of types of income are: wa of the household, Social Security, chi Applicant and ALL Household	EMBER. ges, self-employment, cash or other of ld support, alimony, financial aid, ret	assistance from someone outsi irement funds, etc. Annual Income		
LIST THE TYPE, SOURCE AND AMOUN MONTHS FOR EACH HOUSEHOLD MI Examples of types of income are: wa of the household, Social Security, chi. Applicant and ALL Household Member	EMBER. ges, self-employment, cash or other of the support, alimony, financial aid, ret Type of Income & Source	assistance from someone outsi irement funds, etc. Annual Income		
LIST THE TYPE, SOURCE AND AMOUN MONTHS FOR EACH HOUSEHOLD MI Examples of types of income are: wa of the household, Social Security, chi. Applicant and ALL Household Member	EMBER. ges, self-employment, cash or other of land support, alimony, financial aid, ret Type of Income & Source ED FEERALLY EXEMPT BELOW (I.E. FO	assistance from someone outsi irement funds, etc. Annual Income		
LIST THE TYPE, SOURCE AND AMOUN MONTHS FOR EACH HOUSEHOLD MI Examples of types of income are: wa of the household, Social Security, chi. Applicant and ALL Household Member	EMBER. ges, self-employment, cash or other of land support, alimony, financial aid, ret Type of Income & Source ED FEERALLY EXEMPT BELOW (I.E. FO	assistance from someone outsi irement funds, etc. Annual Income		
LIST THE TYPE, SOURCE AND AMOUN MONTHS FOR EACH HOUSEHOLD MI Examples of types of income are: wa of the household, Social Security, chi Applicant and ALL Household Member	EMBER. ges, self-employment, cash or other of land support, alimony, financial aid, ret Type of Income & Source ED FEERALLY EXEMPT BELOW (I.E. FO	assistance from someone outsi irement funds, etc. Annual Income		
LIST THE TYPE, SOURCE AND AMOUN MONTHS FOR EACH HOUSEHOLD MI Examples of types of income are: wa of the household, Social Security, chi. Applicant and ALL Household Member	EMBER. ges, self-employment, cash or other of land support, alimony, financial aid, ret Type of Income & Source ED FEERALLY EXEMPT BELOW (I.E. FO	assistance from someone outsi irement funds, etc. Annual Income		
LIST THE TYPE, SOURCE AND AMOUN MONTHS FOR EACH HOUSEHOLD MI Examples of types of income are: wa of the household, Social Security, chi. Applicant and ALL Household Member	EMBER. ges, self-employment, cash or other of land support, alimony, financial aid, ret Type of Income & Source ED FEERALLY EXEMPT BELOW (I.E. FO	assistance from someone outsi irement funds, etc. Annual Income		

TOTAL HOUSEHOLD INCOME (Excluding exempt income):

per month

ASSET INFORMATION

Household Member	Financial Institution	Account Type	Balance	Interest Earned i the Past 12 Mont
San and the san it has	With the transfer of the second		Valous ton, h	the Past 12 World
				081887
isstaunos e le	mineral and the second color	to be provided the second to	oneaced tery too	thrame to doy even
a de la companya de			041	KEY SERVICE STREET
- water traight finished to	Programme Commencer	Big to the figure in the second	Distriguishment of the t	
nasticinos sobre		era bout await associal 2	on harmonia	nev Francisco, Ima
	5/4 self Symp	nomi si de ce ni bellan	e vimezara nev es	a to maggineri Sanizacion
DEDUCTIONS	eny Cynolal a	la bara visco negal bia	reacon way to ase	nah yan unung avah
. Is anyone in the house of age or older?	sehold other than the app <i>(To be a student, he/she n</i>	olicant or co-applica	nt a full-time stud	dent and 18 years
to work or go to scho	uest an adjustment to incool?	come due to payme	nt of child care w	hich enables them
(The amounts paid by the	household for the care of minor	rs under 13 may be dedu	ıcted for expenses th	at are not reimbursed.
Deductions for these expe	nses are permitted only when s	such care is necessary to	enable a tenant to f	urther his/her education o
Expected annual exp	pense: \$ provider:			
Name & address of p	provider:			
	NOVIGOI.			
 Does anyone in the h 	nousehold request a hand	dicap/disability adju	stment to income	?
 Does anyone in the h This deduction is allo disabled or handicapped 	nousehold request a hand wed only if the applicant ped. If a medical deduction	dicap/disability adju or co-applicant(s) is on is requested (exp	stment to income elderly or 62 year enses NOT cove	e? ars or older or ered by Medicare or
 Does anyone in the h This deduction is allo disabled or handicapy 	nousehold request a hand wed only if the applicant	dicap/disability adju or co-applicant(s) is on is requested (exp	stment to income elderly or 62 year enses NOT cove	e? ars or older or ered by Medicare or
 Does anyone in the h This deduction is allo disabled or handicapy 	nousehold request a hand wed only if the applicant ped. If a medical deduction	dicap/disability adju or co-applicant(s) is on is requested (exp <u>expenses</u> and <u>ANN</u>	stment to income elderly or 62 yes enses NOT cove <u>UAL</u> amounts pa	o? ars or older or ered by Medicare or id below:
 Does anyone in the harmonic transfer in the harmonic transfer in the harmonic appears to the harmonic appears to	nousehold request a hand wed only if the applicant ped. If a medical deduction	dicap/disability adju or co-applicant(s) is on is requested (exp expenses and <u>ANN</u> Amount F	stment to income elderly or 62 yes benses NOT cove <u>UAL</u> amounts pa Paid	e? ars or older or ered by Medicare or id below:
 Does anyone in the harmonic transfer in the harmonic transfer in the harmonic appears to the harmonic appears to	nousehold request a hand wed only if the applicant ped. If a medical deduction	dicap/disability adjuor co-applicant(s) is on is requested (expexpenses and ANN Amount F	stment to income elderly or 62 yea penses NOT cove UAL amounts pa Paid	e? ars or older or ered by Medicare or id below:
 Does anyone in the harmonic transfer in the harmonic transfer in the harmonic appears to the harmonic appears to	nousehold request a hand wed only if the applicant ped. If a medical deduction	dicap/disability adjuor co-applicant(s) is on is requested (expexpenses and ANN Amount F	stment to income elderly or 62 yes benses NOT cove <u>UAL</u> amounts pa Paid	e? ars or older or ered by Medicare or id below:
 Does anyone in the harmonic transfer in the harmonic transfer in the harmonic appears to the harmonic appears to	nousehold request a hand wed only if the applicant ped. If a medical deduction	dicap/disability adjuor co-applicant(s) is on is requested (expexpenses and ANN Amount F	stment to income elderly or 62 yes penses NOT cove UAL amounts pa Paid	e? ars or older or ered by Medicare or id below:
 Does anyone in the harmonic transfer in the harmonic transfer in the harmonic appears to the harmonic appears to	nousehold request a hand wed only if the applicant ped. If a medical deduction	dicap/disability adjuor co-applicant(s) is on is requested (expexpenses and ANN Amount F	stment to income elderly or 62 yes penses NOT cove UAL amounts pa Paid Paid Paid Paid	e? ars or older or ered by Medicare or id below:
3. Does anyone in the harmonic that the harmonic disabled or handicapy other insurance), plea	nousehold request a handwed only if the applicant ped. If a medical deduction ase list the out of pocket	dicap/disability adjuor co-applicant(s) is on is requested (expexpenses and ANN Amount F Amount F Amount F Amount F	stment to income elderly or 62 yes penses NOT cove UAL amounts pa Paid Paid Paid Paid	e? ars or older or ered by Medicare or id below:
 Does anyone in the harmonic transfer and the second transfer and transfer	nousehold request a handwed only if the applicant ped. If a medical deduction ase list the out of pocket	dicap/disability adjuor co-applicant(s) is on is requested (expexpenses and ANN Amount F Amount F Amount F Amount F	stment to income elderly or 62 yes penses NOT cove UAL amounts pa Paid Paid Paid Paid	e? ars or older or ered by Medicare or id below:
B. Does anyone in the harmonic transfer of the harmonic disabled or handicapy other insurance), please	nousehold request a handwed only if the applicant ped. If a medical deduction ase list the out of pocket	dicap/disability adjuor co-applicant(s) is on is requested (expexpenses and ANN Amount F Amount F Amount F Amount F	stment to income elderly or 62 yes penses NOT cove UAL amounts pa Paid Paid Paid Paid	o? ars or older or ered by Medicare or id below:
B. Does anyone in the hand the	nousehold request a handwed only if the applicant ped. If a medical deduction ase list the out of pocket of the out of	dicap/disability adjuor co-applicant(s) is on is requested (expexpenses and ANN Amount F Amount F Amount F Amount F	estment to income to elderly or 62 year senses NOT cover to the penses NOT cov	e? ars or older or ered by Medicare or id below:
B. Does anyone in the hand the	nousehold request a handwed only if the applicant ped. If a medical deduction ase list the out of pocket of the out of pocket out of pocket of the out of the	dicap/disability adjuor co-applicant(s) is on is requested (expexpenses and ANN Amount F Amount F Amount F Amount F	stment to income elderly or 62 year senses NOT cover out amounts particularly and amounts particularly aid	e? ars or older or ered by Medicare or id below:
B. Does anyone in the hand the	nousehold request a handwed only if the applicant ped. If a medical deduction ase list the out of pocket of the out of	dicap/disability adjuor co-applicant(s) is on is requested (expexpenses and ANN Amount F Amount F Amount F Amount F	estment to income to elderly or 62 year senses NOT cover to the penses NOT cov	e? ars or older or ered by Medicare or id below:
B. Does anyone in the harmonic that have deduction is allowed in the harmonic disabled or handicapy other insurance), please the harmonic disabled or handicapy other insurance), please the harmonic disabled or handicapy other insurance), please the harmonic disabled in t	nousehold request a handwed only if the applicant ped. If a medical deduction ase list the out of pocket of the out of pocket out of pocket of the out of the out of the out of the out of pocket of the out of t	dicap/disability adjuor co-applicant(s) is on is requested (expenses and ANN Amount F	estment to income telderly or 62 yes benses NOT cover ben	e? ars or older or ered by Medicare or id below: Phone Phone
B. Does anyone in the harmonic this deduction is allowed in the second control of the se	nousehold request a handwed only if the applicant ped. If a medical deduction ase list the out of pocket of the out of the out of pocket of the out of the	dicap/disability adjuor co-applicant(s) is on is requested (expenses and ANN Amount F	estment to income telderly or 62 yes benses NOT cover ben	e? ars or older or ered by Medicare or id below:

Additional Information:

1.	Do you have pet(s)? if yes, specify type and description
2.	Do you have a waterbed? If yes, do you have waterbed insurance? Name of insurance company
	covering your waterbed insurance and telephone number
3.	Are you or a member of your household a current illegal user and/or distributor of a controlled substance?
	YesNo
4.	Have you or a member of your household been convicted of the illegal use or possession of a controlled
	substance?YesNo
5.	Have you or a member of your household ever been convicted of the illegal manufacture or distribution of a
	controlled substance?YesNo
6.	If you answered yes to questions 3, 4 or 5 above, have you successfully completed a controlled substance abuse
	recovery program or are you presently enrolled in such a program?YesNo
7.	Have you or any member of your household been convicted of a felony?YesNo
	If so Explain:
8.	Are you or anyone in your household a Registered Sex Offender? If so, which state
9.	Have you ever been bankrupt or have a bad credit history?YesNo
0.	Have you ever been evicted from a rented house or apartment?YesNo
	If so/when and by whom:
1.	Do you have any past due rent or had your security deposit retained by a landlord: Yes No
2.	Are you or a member of your household part-time student: or full-time student:
3.	Where did you hear about this complex? Newspaper AdPhonebookPosted Notice Friend Other
4.	Is there anything about yourself you would like to share with us?
/el	hicle: Make: Model: Color: Year:

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW Washington, D.C. 20250-9410 or call 202-720-5964 (Voice and TTD). USDA is an equal opportunity provider and employer. The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

I understand that this is not a contract, but application for housing assistance. This application does not guarantee that I will receive housing assistance. I swear that the information given on this application is correct and complete to the best of my knowledge. I understand that it is a crime to give false information and may result in the loss/denial of assistance. I authorize the release of information, and authorize <u>St. Vincent de Paul Society of Lane County, Inc.</u> to obtain information about me or other household members that is pertinent to eligibility for, or participation in, assisted housing programs. The information given above may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulator investigators and prosecutors. (However, the information will not be otherwise disclosed or released outside of St. Vincent de Paul Society of Lane County, Inc., except as permitted or required by law.

I/We certify that this apartment at Ironwood Village will be the applicant household's permanent residence. I/we do not, and will not, maintain a separate subsidized rental unit in a different location. By signing this application, you are giving permission to St. Vincent de Paul Society of Lane County the authority to investigate the information supplied by you. I DECLARE THIS INFORMATION TO BE TRUE. I AGREE THAT THE LANDLORD MAY END ANY AGREEMENT BETWEEN US THAT IS BASED UPON MY MISSTATEMENT OF FACTS. **Head of Household** Date Do you require reasonable accommodations? Y or N (If so, request a Reasonable Accommodations form). Applicant #2 Date Do you require reasonable accommodations? Y or N (If so, request a Reasonable Accommodations form). Applicant: Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino ____ Race: (Mark one or more) American Indian / Alaska Native_____ Asian _____ Black/ African American Native Hawaiian or Other, Pacific Islander____ White____ Decline: I was given the opportunity to furnish the above-listed information but choose not to. (Do NOT check this box if you furnished the data requested above.) Co-Applicant: Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino ____ Race: (Mark one or more) American Indian / Alaska Native _____ Asian _____ Black/African American ___ Native Hawaiian or Other, Pacific Islander____ White____ Decline: I was given the opportunity to furnish the above-listed information but choose not to. (Do NOT check this box if you furnished the data requested above.) The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname. ****St. Vincent de Paul Society of Lane County, Inc. does 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. CONTACT PHONE NUMBER: __(__)_ Email address:

FOR OFFICIAL USE ONLY:	(Keep application in file foryears.)	
Date Received:T	ime of Day: Income Level (Entry Code):	
Date applicant's name added	d to waiting list:	
Date letter sent informing ap	plicant name placed on list:	
Date contacted for residency	: Date approved for residency:	
Date rejected for residency:	Reason for rejection:	
Date rejection letter sent:	Reason for removal from list:	
(found othe	r housing, unable to contact, etc.)	
Manager's Signature:		
Sign Da	ite.	

St. Vincent de Paul Society of Lane County, Inc.

2890 Chad Drive. Eugene, OR 97408 P.O. Box 24608, Eugene OR 97402 Ph.: 541-743-7134 / Fax: 541-687-0351 / TTY- Dial 1-800-462-7585 Email: MHPD@svdp.us

Ironwood Village

47537 Teller Rd. Oakridge, OR 97463 **Ph:** 541-782-3714 / **Fax:** 541-782-1042

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

This Institution is an equal opportunity provider and employer.





IRONWOOD APARTMENTS TENANT SELECTION CRITERIA St, Vincent de Paul Property Management

PH: 541-743-7134 FAX: 541-687-0351 TTY 1-800-462-7585

1. Application/Eligibility:

The policy of St. Vincent de Paul Society of Lane County, Inc. is for equal housing opportunity for prospective applicants regardless of race, color, religion, sex, handicap, familial status or national origin. In accordance with Federal Law and The U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability and where applicable, sex (including gender identity and expression), marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (1-800-759-3272 - voice and TDD).

To file a complaint of discrimination, write: to: U.S. Department of Agriculture (USDA), Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW Washington D.C. 20250-9410 or call: 202-720-5964 (1-800-759-3272 Voice and TTD).

Anyone interested in renting an apartment must complete and submit an application for tenancy. This application will be used for subsidized and non-subsidized units.

This complex is financed with funding from Rural Development and HOME and is subject to Rural Development's and HOME's rules and regulations. This is a 24- unit Family Complex with 23 rental-assisted units. RD regulations give priority for available Rental Assistance (RA) to very low-income tenants already living at this property that are currently not receiving RA, and then to very low-income applicants from the waiting list to receive available "deep subsidy." To be eligible for admissions, applicants cannot have an adjusted income that exceeds the moderate-income limit for this county. The applicant's net income must be at least two (2) times the rent level. Food stamps will be included in meeting the income requirement. Applicants will be selected for RA in accordance with RD regulations, with selected applicants paying the greater of 30% of adjusted income or 10% of gross income, less a utility allowance for the monthly payment (Tenant Contribution).

Students of higher education are ineligible for occupancy at this project under USDA-RD regulations unless the student will be a member of the household applying to live, or are living with, his/her parents or legal guardians, or; 1.) Is of legal contract age under Oregon state law [ORS 109.697 applies], 2.) Has established a household separate and distinct from his/her parents or legal guardians, 3.) Is not claimed as a dependant by his/her parents or legal guardians (pursuant IRS regulations) and, 4.) Will attest to the amount of financial assistance is provided to him/her by his/her parents or legal guardians.

Units in this complex are one, two and three bedrooms.

The occupancy guidelines recommended by St. Vincent de Paul are as follows:

Bedroom Size	Minimum Occupants	Maximum Occupants
1	1 person	3 persons
2	2 persons	5 persons
3	3 persons	7 persons

Applicants could be admitted to larger or smaller bedroom size units if no qualified households are on that bedroom waiting list if the applicants agree to transfer to the appropriate bedroom size when one becomes available and the unit size they are in is needed by another qualified household, and agree to abide by that provision in the lease. Tenant may do so at their expense.

For both RA and non-subsidized units, selection is based on meeting eligibility requirements by income limits, with selection based on RD & HOME priorities. Income limits based on the number of persons who will live in the unit for Lane County is listed on the last page of this document.

2. Live-in Care Giver Screening

Tenant requesting a live-in care giver must complete and submit a reasonable accommodation form to resident manager for verification and approval. Caregiver will be required to complete and sign an information form and provide resident manager with picture Identification and Social Security Number. An \$8.00 screening fee is required for a criminal background check. A conviction, guilty plea, or plea of no contest to any of the following offenses listed below under (#5-Crimnal History Criteria) will be grounds for denial. Live-in Caregiver must be approved by management and meet with resident manager to sign an agreement and complete appropriate documents prior to occupancy.

3. Waiting List/Priorities:

All applicants will be notified of the acceptance or rejection of their application. All applications are placed On a master waiting list by date and time received. Those rejected due to ineligibility by income or Occupancy status will be notified of the reason for their rejection and their name will be removed from the waiting list.

Applicants eligible by RD & HOME income and occupancy regulations are placed on the waiting list According to bedroom size, income level and need for handicap accessible units. RD & HOME priorities state that applicants must be selected by income status chronologically within each income group in this order: very low income, low income, moderate income, and finally ineligible applicants.

Applicants may inquire at any time as to their chronological place on the waiting list. All RD & HOME Priorities regarding waiting lists and tenant selection, in addition to eligibility regulations for income Occupancy will be explained to all applicants.

4. Selection/Rejection:

Applicants who meet the income and occupancy guidelines and have come to the top of the RD & HOME income priority list still must meet all other eligibility selection criteria before being approved to move in.

If a co-signer is required, the co-signer must also complete the application process and pass a background and credit check as well.

All forms of income will be verified during the certification process. Failure to properly disclose all sources of income will result in the denial of your application or termination of your tenancy if discovered after the tenancy commences. Applicants who submit incomplete applications will be notified within 10 days of the

items needed to complete a review of the eligibility for occupancy.

Applicants must fully complete the Tenant Application (including income and asset documentation) and supply references which can be checked. Priority for applicants who return incomplete applications will not be established until the additional item(s) or information is received. Management staff is available to answer any questions an applicant may have in regard to filling out the application form.

This apartment complex will house no applicant without an interview and credit, criminal and reference check. If an applicant fails to come to two scheduled interviews, the application will be removed from the waiting list. Some applicants may have no previous or current rental or credit references, but can still offer personal non-related references.

An offer of an apartment will be made by mail or personal phone call. A person offered an apartment by mail has six (6) days from the date of mailing to notify the resident manager of his/her intention to accept or reject the offered apartment. A person offered an apartment by personal phone call has three (3) days from date of offer to notify the resident manager of his/her intention to accept or reject the offered apartment. Any deviation from this time frame must be approved by Administration. If there is no response from applicant within the stated time frames listed above, management will remove your application from the waiting list. At that time, you can reapply by completing and submitting a new application.

5. Criminal History Criteria:

A conviction, guilty plea, or plea of no contest to any of the following offenses will be grounds for denial of your rental application:

- a) Felony charges involving injury, assault, kidnapping, death, arson, rape, sex crimes including molestation, extensive property damage, drug related offenses including manufacturing and/or distribution, delivery or possession with intent to sell, felony burglary or robbery at any time.
- b) Any other felony charge in which disposition or parole has occurred within the past eight years.
- c) Any misdemeanor charge involving assault, intimidation, sex or drug related, property damage or weapons charges in which release or parole has occurred within the past three years.
- d) Any misdemeanor involving criminal trespass, theft or prostitution in which release or parole has occurred within the past three years.
- e) Pending charges or outstanding warrants for any of the above will cause the application to be suspended until the charges are resolved. No unit will be held awaiting the result of pending charges.

6. Credit History Criteria:

Good credit will be required for an unconditional approval. If negative or adverse credit is reported, the following criteria will be used:

- a) Outstanding, delinquent debt of more than \$5,000 listed on the credit report will result in denial, unless the debts are verifiable medical expenses, or the debts were included in a bankruptcy filing.
- b) Three (3) or more NSF checks in a twelve (12) month period within the past three (3) years will result in a denial.
- c) Any non-medical negative debt established following a bankruptcy that has been filed within the past three (3) years will result in a denial.

7. Public Records & Rental References:

- a) Applicants who have been evicted from a residence within the past five years will be denied.
- b) Applicants who have been evicted from more than one residence, regardless of how long ago the evictions occurred will be denied.
- c) Rental references which indicate the applicant caused significant damage to the unit, vacated the unit owing rent, were late paying their rent on more than four occasions, caused disturbances at the rental

on more than one occasion or maintained their unit in an unsanitary condition could be grounds for denial.

- d) Applications will be denied if references indicate the applicant used the rental for illegal activities.
- e) Unsatisfied legal judgments of \$500.00 or more will be grounds for denial.

Applicants will be rejected if it is determined that their presence or the presence of any of their household members would likely result in a threat to the health and/or safety of any staff, residents, guests or anyone else frequenting Ironwood Village Apartments. Rejection may also occur if the current living circumstances are determined to be unsanitary or the unit is damaged due to applicant abuse.

Knowingly submitting false information on the application for tenancy or to management will also result in rejection of an application.

Applicants will not be rejected on the basis of race, color, religion, sex, handicap, familial status, national origin or any other protected class.

Handicap accessible units will be marketed to qualified handicap/disabled households who would benefit from the unit features. In the event that no households apply who need the special unit features, RD will be contacted for permission to house other households in these units. In this circumstance, tenants will sign a lease addendum agreeing to transfer (at their own expense) to another unit when an appropriate unit becomes available and there are households needing the benefit of the handicap accessible unit now on the waiting list. We will consider any request for reasonable accommodation, including alterations to non-accessible units.

Applicants rejected due to ineligibility by RD & HOME income or occupancy regulations will receive a written notice detailing the reason for rejection. Applicants rejected for any other reason will also receive a written notice of rejection along with an RD & HOME Grievance Procedures notification and instructions for requesting an informal meeting and/or grievance hearing.

Should an applicant be selected and refuse occupancy for reasons other than a medical emergency, that applicant's name will be removed from the waiting list. That applicant may reapply and will be placed on the waiting list chronologically by the new date of application. A waiting list update will occur at least once every 12 months. Applicants who do not respond to the waiting list update will be removed from the waiting list with appropriate written notice. All accepted tenants must pay rent as determined on the Tenant Certification Form, and sign that form along with an RD & HOME approved lease and attachments.

Management reserves the right to deny an applicant if at the time of applying the applicant is clearly intoxicated, belligerent or is behaving in a manner that indicates applicant may be under the influence of a controlled substance.

This tenant selection criteria is an attachment to the Management Plan and shall be revised should RD & HOME regulations or management policies change.

LANE COUNTY RD INCOME LIMITS 2022								
	1 PER	2 PER	3 PER	4 PER	5 PER	6 PER	7 PER	8 PER
VL	\$27,900	\$31,850	\$35,850	\$39,800	\$43,000	\$46,200	\$49,400	\$52,550
L	\$44,600	\$50,950	\$57,350	\$63,700	\$68,800	\$73,900	\$79,000	\$84,100
M	\$50,100	\$56,450	\$62,850	\$69,200	\$74,300	\$79,400	\$84,500	\$89,600

Ironwood Apartments

47537 Teller Rd. Oakridge, OR 97463

St. Vincent de Paul Property Management

2890 Chad Drive Eugene OR 97408 **Phone:** (541) 743-7134

TTY: (800) 462-7585 **Fax:** (541) 687-0351

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint-filing-cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider and employer.





Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- All Household Income. List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - —Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- All Household Assets. List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - –Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - —Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

 All Household Members. List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must immediately report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

 All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a ten- ant's association and all parties have agreed to use the associa- tion to settle grievances.	The owner violates a lease pro- vision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	1
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998 December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.