

Umpqua Community Property Management  
Equal Housing Opportunity

**Generic Criteria & Application for Residency Owned by: NeighborWorks Umpqua  
(NWU) Managed by: Umpqua Community Property Management (UCPM)**



The following Residency Criteria has been developed but may change at any time without notice to any party other than the property management agent.

**Waiting List:** To be placed on the waiting list for a rental unit, a completed application must be submitted. The date and time your completed application is received sets your priority. **Please Note:** Applicants that are homeless or are victims of domestic violence *may* have a preference with placement on the waiting list. Proof may be required. You will receive a written notification indicating your initial eligibility, or ineligibility based upon the application you submitted. If deemed ineligible, the notice will give specific reasons for the denial of your application.

**Applications:** Completed applications are to be mailed, hand delivered, or faxed to the property manager at the specific site or they may be mailed, hand delivered, or faxed to NeighborWorks Umpqua at 541-673-5023. Mailing address is 605 SE Kane St. Roseburg, Oregon 97470. Once your application has been reviewed and you have been determined to be eligible for an available unit, you will be contacted for an interview to begin the process of determining your final eligibility.

**Your Responsibility:** It is important to keep us current on your phone number and address should they change from the application information. You may be removed from the waiting list if we are unable to contact you. You must contact us to update your status on the waiting list every 6 months or your name may be removed from the list.

**How to contact us:** If you do not get the property managers phone number when you are given an application, you can contact NeighborWorks Umpqua at (541) 378-4233 and someone will assist you.

**Applicant Screening and Selection Criteria:** Applicants, and all other household members eighteen (18) or older, will be required to submit a “**separate**” and complete application to be considered. Screening fees are \$40 per adult application.

Applicants are required to provide the current and at least one previous verifiable landlord reference (**for a total of at least three year's occupancy**), which must be listed on the application. References must include mailing address, including zip code, and telephone number with area code. Landlord references must indicate previous satisfactory residency. If you have never had a landlord, or ever been a renter, options will be explored on a case-by-case basis.

Employed applicants are required to provide current and at least one previous verifiable source of income and/or employment reference (for a total of at least six (6) months), which must be listed on the application.

Applicants receiving public assistance must provide proof of the monthly benefit amount. Gross annual income cannot exceed income requirements. Income must total at least two times the rent unless you have tenant based rental assistance or you apply for housing at a place where all utilities are included in which case you must have at least one and a half times the rent in income or have tenant based rental assistance.

Applicants must give permission for release of information regarding eviction history, unpaid collections or judgment information, and criminal history, which are obtained from public records.

**IMPORTANT:** Most of our apartment complexes have student eligibility rules. Please complete the student section on the application and discuss eligibility with the property manager.

**NO PERSONS 18 YEARS OR OLDER WILL BE ALLOWED TO MOVE IN OR BE ADDED TO THE LEASE FOR SIX MONTHS.**

**Failure to meet any of the above criteria may result in denial of the application. Incomplete and/or unsigned applications may not be considered. Inaccurate or falsified information will be grounds for denial of the application or subsequent termination of residency upon later determination of information being falsified.**

NOTE: The landlord retains an independent third party screening company to complete all background checks. If an applicant is denied, an adverse decision letter which lists the reason for denial will be mailed to the applicant. Applicant has the right to request a grievance hearing in which the application and reason for denial will be reviewed by Management during a meeting with the applicant.

Any applicant that is a current or past illegal drug abuser or addicted to a controlled substance or has been convicted of the illegal manufacture or distribution of a controlled substance, or has a felony may be denied residency.

Any applicant whose residency for any other reason would constitute a direct threat to the health or safety of the individuals or whose residency would result in substantial physical damage to the property of others will be denied residency. Criminal background checks will be conducted and convictions of such offenses that could directly affect the safety of other residents or the rental unit may affect the outcome of your application.

**Request for reasonable accommodation:** Any request for reasonable accommodations under the Fair Housing Law for a disability can be made in person at the onsite management office during regular office hours, OR can be made in writing and addressed to the property in which you've applied, or you can call the Director of Property Management, Teresa Sanchez at the UCPM main office at 541-378-4233 for assistance. An accommodation request must specify the nature of the accommodation requested. A reasonable accommodation is *any modification or adjustment that will enable a qualified applicant with a disability to participate in the application process or to perform essential functions.* Reasonable accommodation also includes adjustments to assure that a qualified individual with a disability has rights and privileges equal to those of persons without disabilities.

### **Violence Against Women Act**

The Violence Against Women and Justice Department Reauthorization Act of 2005 protects residents who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them. In accordance with the Violence Against Women Act (VAWA), Management will not penalize victims of domestic violence, stalking, dating violence, or rape. Some key points provided in the Act include:

- A potential resident who certifies they were the victim of domestic violence may be allowed to be admitted even with poor credit and poor landlord evaluations if he/she can show those negative factors were caused by domestic violence.
- It assures that victims of domestic violence, sexual assault, etc., can have access to the criminal justice system without facing eviction.
- Where someone is abusive to other members of the household, only the abuser may be evicted. Furthermore, the standards for eviction due to imminent threat have been strengthened.
- Residents in assisted housing who face violence may be allowed early lease termination for a matter of safety.

Victims must certify their status as victims and that the incident in question was a bona fide incident of domestic violence by presenting appropriate documentation to the Property Manager. Nothing prevents a victim who has committed a crime or violated a lease from being denied, evicted or terminated.

### **Application Processing:**

#### To become a tenant you must:

- ✓ Submit a completed application (**incomplete or unsigned applications may not be accepted!**). In order to be considered complete, all blanks must be filled in including all requested information and the application must be signed. If you need assistance in filling out the application, let us know and arrangements will be made to assist you.
- ✓ Provide positive identification of all persons who will be a part of the household (i.e. driver's license, social security card, birth certificates, etc.)
- ✓ Provide release of information authorization to allow third party verification of assets and income.
- ✓ Wait to be notified that the application review process is completed. If your application is denied, you will receive written notification of denial via mail.
- ✓ Once the application process is complete and you qualify, you will be given 24 hours to accept the unit. If you turn down or do not accept the available unit, you may be removed from the waiting list.

### **Move In Process:**

- ❖ **If your application is approved and you accept the rental, you will be required to:**
- ❖ Sign a rental agreement and occupancy rules in which you agree to abide by.
- ❖ **Pay the FULL \$650-\$850 refundable security deposit.** Deposit amount varies by unit size.
- ❖ **Pay the first month's prorated rent in advance.**
- ❖ **Immediately have all tenant paid utilities placed in your name.**
- ❖ Together with the manager, **do a move in inspection of the apartment.**

***\*\*PLEASE REMOVE THE FIRST 3 PAGES AND KEEP FOR YOUR REFERENCE. RETURN PAGES 4-6\*\****

**For Office Use Only:** \_\_\_\_\_ **For Property:** \_\_\_\_\_  
**Application Reviewer Initials:** \_\_\_\_\_ **Date Received** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Copy of valid driver's license or State I.D. and a Social Security Card?** \_\_\_\_\_



## Umpqua Community Property Management

605 SE Kane St. Roseburg, OR 97470



**INCOMPLETE OR FALSIFIED INFORMATION MAY RESULT  
 IN THE REJECTION OF THIS APPLICATION FOR HOUSING**

**APPLICATION INFORMATION**

→ **Separate Applications must be completed by anyone over the age of 18.**

NAME (Last, First, Middle): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (If Different) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ MESSAGE NUMBER \_\_\_\_\_

CURRENT RENT AMOUNT \$ \_\_\_\_\_ AVERAGE MONTHLY UTILITIES \$ \_\_\_\_\_

NUMBER OF BEDROOMS REQUESTING:  One bedroom  Two bedroom  Three Bedroom

Do you require an ADA/Handicapped (wheelchair accessible) unit?  YES /  NO

How did you learn about this property? \_\_\_\_\_

Have you or any members of your household ever been evicted?  YES\* /  NO

\*If YES, who? \_\_\_\_\_ When, where & why?: \_\_\_\_\_

Has your assistance or tenancy in a subsidized housing program ever been terminated?  YES /  NO

Have you or any member of your household been convicted of a felony and/or misdemeanor?  YES\* /  NO

\*If YES, who? \_\_\_\_\_ When, where & why?: \_\_\_\_\_

Are you or any adults in your household a student?  YES\* /  NO

\*If YES, is it full time or part time?  Part-time /  Full-time

Has any adult household member been a student in the past 12 months or plan on being a student?  YES /  NO

Do you have tenant based rental assistance such as Section 8?  YES Type: \_\_\_\_\_ /  NO

Are you currently Homeless?  YES /  NO

Are you currently in a domestic violence situation, or fleeing from one?  YES /  NO

LIST ALL HOUSEHOLD OCCUPANTS INCLUDING YOURSELF:

Full Name (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	Relation to Head of Household	Social Security Number	Gender M or F
1.				
2.				

3.
4.
5.
6.
7.

Do you anticipate any changes to your household within the next twelve months?  YES\*  NO

\*If YES please explain: \_\_\_\_\_

**HOUSEHOLD SOURCES OF INCOME:**  
Fill in ALL Spaces. If not applicable, write the word "None"

**EMPLOYMENT INCOME: (\*Includes Self Employment Income)**

Are you or any member of the household currently employed or self employed?  Yes\*  No\*

\*If YES please provide the following information:

NAME OF HOUSEHOLD MEMBER	Name of Employer & Address	Annual Gross Income
1.		
2.		
3.		

\*If NO: Will you or any member of your household be employed at anytime during the next 12 months?

Yes\*  No \*If YES explain: \_\_\_\_\_

\*If employed do you or a household member receive:  Tips \$ \_\_\_\_\_ per week,  Commissions \$ \_\_\_\_\_ per month, or  Bonuses \$ \_\_\_\_\_ per year?  Yes  No

**OTHER INCOME SOURCES:**

Do you or a household member receive  Social Security,  SSI,  SSD?  Yes: Monthly Amount:\$ \_\_\_\_\_  No

Do you or a household member receive TANF?  Yes: Monthly Amount:\$ \_\_\_\_\_  No

Are you or a household member receiving or entitled to receive  Child Support &/or  Alimony?  Yes\*  No

\*if YES: State awarded in: \_\_\_\_\_ Monthly amount:\$ \_\_\_\_\_ Currently Receiving?  Yes  No

Do you or a household member have OTHER forms of income not specified above?  Yes\*  No

\*If YES, Source of income: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per week / month / year

*(Circle one)*

**BANK ACCOUNT INFORMATION**

Do you or a household member have one (or more) of the following common types of bank accounts:

YES	NO	Account Type	Bank Name and Location	Current Balance	Annual Interest Income
		Checking Account #1			
		Checking Account #2			
		Savings Account #1			
		Savings Account #2			
		Certificate of Deposit			
		Other Account:			

List other assets not listed above (excluding household goods) and their current value: \_\_\_\_\_

**AUTOMOBILES**

Year \_\_\_\_\_ Make \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

**OPTIONAL**, WILL BE USED FOR FAIR HOUSING PROGRAM ONLY & TO ASSURE THE FEDERAL LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGINAL, SEX, AGE, FAMILIAL STATUS, HANDICAP ARE COMPLIED WITH.

**ARE YOU:** -WHITE. - BLACK/AFRICAN AMERICAN. -AMERICAN INDIAN/ALASKAN NATIVE. -ASIAN. -PACIFIC ISLANDER.  
-HISPANIC OR LATIO. -NON-HISPANIC OR LATINO

**RENTAL REFERENCES**  
*(Please Print)*

Applicant Full Name: \_\_\_\_\_

Complete the landlord reference section giving your present or most recent landlord first, followed by the next most recent landlord. If you did not have a landlord, put an explanation of where you lived so that any gaps in rental history are explained. Incomplete or falsified information may result in the rejection of this application for housing.

**Current Landlord:** Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

When did you first occupy this address: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is this Landlord a close friend or relative?  Yes  No Why are you moving?: \_\_\_\_\_

**Previous Landlord:** Name \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

I/We resided at this address from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is this Landlord a close friend or relative?  Yes  No Why did you move? \_\_\_\_\_

**Previous Landlord:** Name \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

I/We resided at this address from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is this Landlord a close friend or relative?  Yes  No Why did you move? \_\_\_\_\_

**AUTHORIZATON**

I authorize Umpqua Community Property Management, its staff, or authorized representative to contact any agencies, offices, groups, or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing. I understand that a credit and criminal report will be obtained. All information will be verified as needed.

**WARNING:** Section 1001 of Title 18, United State Code provides, “Whoever, in any matter within the jurisdiction of any department or agency of the United State knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or make any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious statement or entry shall be fined not more than \$10,000 or imprisoned not more than five year, or both.

Federal Housing laws forbid discrimination based on race, color, religion, sex, handicap, familial status, age, or national origin. Applicant (s) – All household members 18 years of age and older must complete and sign separate applications.

***→By signing this application, applicant also certifies that the unit being applied for will be the applicant’s ONLY residence, and will not have any other subsidized rental unit in a different location.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Manager Signature**

\_\_\_\_\_  
Date