_____		****Office Use Only****	Received Date: _____
_____	1 Bedroom		Time: _____ am/pm
_____	2 Bedroom		Initials: _____
_____	3 Bedroom		Prospect #: _____
_____	4 Bedroom		
_____	Add on to existing household		

RENTAL APPLICATION

Applicant's Name: _____

Mailing Address: _____

_____

Home Phone: _____

Cell Phone: _____

Message Phone: _____

Email Address: _____

Return to: Gussie Belle Commons
PO Box 7240
Salem, OR 97303

Phone #: (971)508-4327 / TTY 711

Fax #: (503)400-3142

Email Address: gussiebelle@nwrecc.org

Website: https://gussiebellecommons.com

Instructions:

- It is important that all information on the Rental Application be legible, complete, and correct. False, incomplete, or misleading information will cause us to reject your application. **Do not leave any sections blank.**
- The following will be needed for all adult household members: copies of state issued picture identification; proof of age if required for elderly property program eligibility (birth certificate or another acceptable document)
- The following will be needed for all household members: disclosure of social security numbers, except those members who do not contend eligible immigration status, or who were 62 years of age and receiving HUD rental assistance at another location on January 31, 2010.
- It is your responsibility to notify us when any of the information contained in this application changes (i.e., contact information, family size, income amounts, etc.). Failure to do so may result in the rejection of your Rental Application.
- It is your responsibility to contact us within 48 hours after we call you about an apartment, or we will move to the next applicant on the Waiting List.

This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. You may contact our 504 Coordinator at 2929 3rd Avenue North, Suite 538; Billings, MT 59101; 504@nwrecc.org; (406) 252-3773 / TTY 711 for assistance. Language interpreters and/or translated documents are available upon request. Intérpretes de la lengua y documentos traducidos están disponibles a petición. Alternate formats are available upon request.

Household Information

List all individuals that are applying to live in this apartment. Include live-in aides / attendants. (1) **Response Optional**

Name *First, Middle Initial, Last*	**Aliases** *Maiden / other legal names*	**Date of Birth**	**Age**	**Social Security Number**	**Relationship to Head of Household**	**Gender[1] M / F / P** P=Prefer not to disclose	**Is the Individual:** A Student (Y/N)	Military Veteran (Y/N)	Disabled (Y/N)[1]
					Self				

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Select the apartment size(s) you wish to apply for:

Apartment Size* (Indicate 1 for 1st Choice, 2 for 2nd, 3 for 3rd)
Note: If you do not pick your order of apartment size preference, we will pick for you

_____ 1 Bedroom (1-3 person household)
_____ 2 Bedroom (1-5 person household)
_____ 3 Bedroom (1-7 person household)
_____ 4 Bedroom (1-9 person household)

*Be advised that not all apartment sizes listed may be available at this property. Please reference the Resident Selection Plan for apartment sizes or the property website to view floorplans.

Tell us when you want to move into the property (i.e., ASAP, specific date, etc.): _____

How did you hear about the property? _____

Residence Information: We will verify the most recent 60 consecutive months of addresses / rental history for the **head of household, co-head, spouse, and all other adult household members**. Please make sure each member accounts for this entire period of time. If we are unable to verify the information you have given us through third parties, we may ask you to provide evidence of what you are disclosing (see the Resident Selection Plan for details). You may obtain additional Residence Information Forms from the office if your household had more than five residences in the last 60 months. If any adult member did not live with you during the last 60 months, he or she may write their name under "Previous Residence" and provide the information below. If there is not enough room to provide information on all adult members for 60 months, please request an additional Residence Information Form.

Current Residence	Street Address	City	State	Zip
Date In	Reason for Leaving	Landlord /Verifier Name	Landlord/Verifier Phone ( )	
☐ Rent ☐ Own ☐ Other (specify):		Monthly Payment: $		
Do all applicant household members reside here? ☐ Yes ☐ No If no, who does not?				

Previous Residence	Street Address	City	State	Zip
Date In	Date Out	Reason for Leaving	Landlord /Verifier Name	Landlord/Verifier Phone ( )
☐ Rent ☐ Own ☐ Other (specify):			Monthly Payment: $	
Did all applicant household members reside here? ☐ Yes ☐ No If no, who did not?				

Previous Residence	Street Address	City	State	Zip
Date In	Date Out	Reason for Leaving	Landlord /Verifier Name	Landlord/Verifier Phone ( )
☐ Rent ☐ Own ☐ Other (specify):			Monthly Payment: $	
Did all applicant household members reside here? ☐ Yes ☐ No If no, who did not?				

Previous Residence	Street Address	City	State	Zip
Date In	Date Out	Reason for Leaving	Landlord /Verifier Name	Landlord/Verifier Phone ( )
☐ Rent ☐ Own ☐ Other (specify):			Monthly Payment: $	
Did all applicant household members reside here? ☐ Yes ☐ No If no, who did not?				

Previous Residence	Street Address	City	State	Zip
Date In	Date Out	Reason for Leaving	Landlord /Verifier Name	Landlord/Verifier Phone ( )
☐ Rent ☐ Own ☐ Other (specify):			Monthly Payment: $	
Did all applicant household members reside here? ☐ Yes ☐ No If no, who did not?				

Household Questions

Yes	No	
☐	☐	If approved for move-in, will this be your household's only residence?
		If no, explain:
☐	☐	Are there any absent household members that would normally live with you (for example, active duty military or living in a nursing home), or household members that will live with you less than full-time?
		If yes, explain:
☐	☐	Do you expect any changes to your household composition in the next twelve (12) months?
		If yes, explain:
☐	☐	Is there anyone living with you now who will not be living with you at this community?
		Name of Member Leaving: **Reason:**
☐	☐	If you have minor children, do you have full legal custody? ☐ N/A
		If no, what percentage of the time are they with you? % of the time

Resident History

Yes	No	
☐	☐	Have you or any member of your household had your assistance or tenancy in a subsidized housing program terminated for a program violation or cause in the last three years?
		If yes, please explain:
☐	☐	Has any member of your household been evicted from housing for drug-related or other criminal activity in the last three years?
		If yes, please explain, and indicate if the issue was caused by a household member not moving in with you:
☐	☐	Do you or any member of your household owe money to HUD, apartment community, previous landlord or utility company?
		If yes, please explain:
☐	☐	Are you currently making payments to the satisfaction of the party to whom you owe money? ☐ N/A
☐	☐	Have you or any member of your household ever lived on this property before?
		If yes, name of household member(s):
☐	☐	Have you or any member of your household rented from a property managed by Tamarack Property Management Co. or Northwest Real Estate Capital Corp before?
		If yes, name of household member(s) and property name(s):

Rental Assistance

Yes	No	
☐	☐	Are you applying for Section 8 rental assistance at this property? If you mark "no" we will assume you want to be considered only for apartments with no Section 8 assistance.
☐	☐	Will your household be receiving other rental assistance from a federal, state, or local government?
		If yes, name of program/agency:
☐	☐	Are you currently receiving rental assistance from the property where you are living?
☐	☐	Do you have a voucher (i.e., rental assistance through a Housing Authority or similar agency) that you would like to use at this property?
		If yes, name of Housing Authority / Agency:

Income and Asset Information

Please disclose all gross income & benefits (amount before deductions) received by members of your household on a recurring basis:

Income sources to consider:

- Employment wages & tips, SSA benefits, rental income, pensions, unemployment, recurring gifts, etc.

Household Member	Income or Benefit Source Name	Amount Received (before deductions)		Frequency (hourly, weekly, bi-weekly, semi-monthly, monthly, etc.)	Total Monthly Income
		$	Per		$
		$	Per		$
		$	Per		$
		$	Per		$
		$	Per		$
		$	Per		$

Asset types to consider:

- Checking/savings accounts, cash, CDs, money market accounts, stocks, bonds, retirement accounts, real estate, etc.
- Please disclose all assets owned in full or in part by members of your household.

Household Member	Type of Asset	Bank Name/Asset Location	Current Value
			$
			$
			$
			$
			$
			$
			$

Property Policies

Yes	No	
☐	☐	Have you had bed bugs in your current dwelling in the last six (6) months? (We ask this question to be prepared to work with you to eliminate this problem, not to disqualify your application.)
☐	☐	Do you plan to have a pet? (Subject to approval under the Pet Rules; *not all properties allow pets, please refer to Resident Selection Plan*)
		If yes, number of pets and type of pets:
☐	☐	Do you understand that this property has a no smoking policy?

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Reasonable Accommodations/Modifications

Yes	No	
☐	☐	Do you or any household member need the features of an apartment home adapted for wheelchair use or sensory impairments?
		If yes, select type: ☐ Mobility Accessible ☐ Vision Accessible ☐ Hearing Accessible
☐	☐	Do you or any household member have special housing needs or need a reasonable accommodation or modification to live here? Examples might be a live-in aide, assistance animal or grab bar. If yes, complete the following:
		Member Name: **Describe What Is Needed:**

Criminal History

Yes	No	
☐	☐	Is any member of your household subject to State lifetime sex offender registration in any state?
☐	☐	Is any member of your household subject to sex or violent offender registration of any kind?
☐	☐	Has any member of your household been convicted of the production or manufacture of methamphetamines?
☐	☐	Is any member of your household currently using, selling, or distributing, or in possession of, an illegal drug (under state or federal laws) or illegal drug paraphernalia or facing drug related charges?
☐	☐	Other than minor traffic violations, are there any criminal convictions* (misdemeanor or felony) or pending charges* not already disclosed for any household member? **If yes, provide a complete list below:**

Name:	Year:	Crime:	City:	State:
Name:	Year:	Crime:	City:	State:
Name:	Year:	Crime:	City:	State:
Name:	Year:	Crime:	City:	State:
Name:	Year:	Crime:	City:	State:
Name:	Year:	Crime:	City:	State:

Note: Marking "yes" does not necessarily mean that you or your household will be disqualified, and you are encouraged to submit supplemental evidence to explain, justify or negate the relevance of a potentially negative criminal record and/or pending charges to assist in processing your application expediently. If you are currently facing criminal charges and are participating in a diversion conditional discharge or deferral of judgment program on the charges, please include evidence of your participation with your application

A criminal background check will be processed during the application stage to determine if any member of your household, including live-in aides/attendants, is subject to a lifetime registration requirement under any State sex offender registration program, or is otherwise ineligible under our Resident Selection Plan. Criminal background checks must be performed in this state and in all states where all household members have resided. Please provide a complete list of all states in which each household member (including minors) has resided.

Household Member Name *(Include Middle Initial)*	**States where member has lived**

Household Member Name *(Include Middle Initial)*	**States where member has lived**

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Statements by all Household Members

Applicant represents all of the above statements are true and correct. Applicant authorizes verification of the above information including but not limited to references, criminal history, credit records, civil court records and income & asset information through third party sources; releases from liability all persons and entities requesting or supplying information; and acknowledges this information may be released to appropriate Federal, state, or local agencies. Applicant acknowledges that false, incomplete, or misleading information constitutes grounds for rejection of this application; and discovery of false, incomplete, or misleading information discovered after occupancy may result in termination of the right of occupancy of all occupants. **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.**

I have reviewed the Resident Selection Plan, which summarizes the procedures for processing applications, and understand it is available to me upon request. I understand that I must notify management in writing if there are any changes in household address, telephone numbers, income, and household composition and that I must respond to Waiting List update requests to remain on the Waiting List.

Signature – Household Member	Date	Signature – Household Member	Date
Signature – Household Member	Date	Signature – Household Member	Date

Attachment(s):

Household Demographics

Supplement to Application for Federally Assisted Housing

HOUSEHOLD DEMOGRAPHICS

Property Name: Gussie Belle Commons Unit Number: _____

Head of Household: _____ Telephone: _____

HOUSEHOLD COMPOSITION										
				RELATIONSHIP TO HEAD OF HOUSEHOLD						
Mbr #	FIRST NAME	LAST NAME	MI	Head	Spouse	Adult Co-Head	Child	Foster Child/ Adult	Live-in Aid	Other
1				☒	☐	☐	☐	☐	☐	☐
2				☐	☐	☐	☐	☐	☐	☐
3				☐	☐	☐	☐	☐	☐	☐
4				☐	☐	☐	☐	☐	☐	☐
5				☐	☐	☐	☐	☐	☐	☐
6				☐	☐	☐	☐	☐	☐	☐
7				☐	☐	☐	☐	☐	☐	☐

	Check ALL that apply for each household member.						
(A) RACIAL CATEGORIES *	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
White	☐	☐	☐	☐	☐	☐	☐
Black or African American	☐	☐	☐	☐	☐	☐	☐
American Indian or Alaska Native	☐	☐	☐	☐	☐	☐	☐
Asian	☐	☐	☐	☐	☐	☐	☐
Native Hawaiian or Pacific Islander	☐	☐	☐	☐	☐	☐	☐
Chose Not to Disclose	☐	☐	☐	☐	☐	☐	☐

	Check one for each household member.						
(B) ETHNIC CATEGORIES *	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Hispanic or Latino	☐	☐	☐	☐	☐	☐	☐
Not Hispanic or Latino	☐	☐	☐	☐	☐	☐	☐
Chose Not to Disclose	☐	☐	☐	☐	☐	☐	☐

(C) DISABILITY STATUS *	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Are any household members disabled according to Fair Housing Act? If "yes" check box in this row.	☐	☐	☐	☐	☐	☐	☐
If "no" check box in this row.	☐	☐	☐	☐	☐	☐	☐
Chose Not to Disclose	☐	☐	☐	☐	☐	☐	☐

*Please refer to the attached page for definitions of race, ethnicity and disability.

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature and date, printed name, relationship, and phone number to the bottom of this page.

Head of Household Signature _____ Date _____ Member #2 Signature _____ Date _____

Member #3 Signature _____ Date _____ Member #4 Signature _____ Date _____

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INSTRUCTIONS FOR HOUSEHOLD DEMOGRAPHICS FORM

You have applied for a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of the form as proof that the option to disclose was made available.

A. The five race categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American".
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

B. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino".
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

C. Fair Housing Act's Definition of "Disabled":

- Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment, or is regarded as having such an impairment. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental Retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance), or alcoholism [24 CFR 100].

- The term "substantially limits" suggest that the limitation is "significant" or "to a large degree".

- "Major Life Activities" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning and speaking.

SUPPLEMENT TO APPLICATION FOR HOUSING

This form is to be provided to each RD, Tax Credit or Conventional applicant household

Instructions: Optional Contact Person or Organization: We would like to provide you with the opportunity to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form. Please complete a separate form for each contact you wish to disclose.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance (RD only)
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assistance with Recertification Process (RD / Tax Credit only)
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Pet issue (household cannot be contacted)
- ☐ Other: _____

Commitment of Owner and Management Agent: If you are approved for housing, this information will be kept as part of your resident file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

☐ **Check this box if you choose not to provide the contact information.**

Signature of Applicant **Date**

The objective of providing this information is to facilitate contact by the housing provider with the person or organization identified by the resident to assist in providing any delivery of services or special care to the resident and assist with resolving any tenancy issues arising during the tenancy of such resident. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is voluntary.

LANDLORD REFERENCE

Landlord Name: _____
Mailing address: _____
_____
Phone Number: _____
Fax Number: _____
Email Address: _____

Please return to:
Gussie Belle Commons
PO Box 7240
Salem, OR 97303
Phone Number: (971)508-4327
Fax Number: (503)400-3142
Email Address: gussiebelle@nwrecc.org

I have applied for housing with the above property, and they require a reference from former landlords. By signing below, I authorize the release of the requested information.

Applicant's Name (print) _____ Leaseholder's Name (if different from Applicant) _____

Applicant's Address at time of residency – City, State, Zip Code _____

Applicant's Signature/Consent _____ Date _____

APPLICANT – STOP HERE AND RETURN THIS FORM TO THE PROPERTY MANAGER

Landlord – Please complete the following information. This information will not be released to the applicant.

☐ Current Landlord ☐ Prior Landlord Move In Date: _____ Move Out Date: _____

Monthly Rent: $ _____ **Which utilities were included in the rent?** ☐ Water/Sewer ☐ Gas ☐ Electricity ☐ All

Yes	No	**Please consider the last 12 months of occupancy when answering the following:**
☐	☐	Was the rent paid on time? If no, how many times was it late? _____
☐	☐	Did this family receive regular monthly rental assistance? (i.e., Section 8, Voucher, etc.)
☐	☐	Did this household have a history of disruptive behavior?
☐	☐	Did this keep the unit in a clean, safe, and sanitary condition?
		Please exclude Pay or Quit Notices from the following lease violation questions:
☐	☐	Did this household receive 3 or more lease violations in the last 12 months of occupancy?
☐	☐	Did this household receive 2 or more lease violations for the same violation in the last 12 months of occupancy?
☐	☐	Did you terminate this household's lease for cause? If yes, please explain under "Other Comments".
☐	☐	Would you rent to this household again?
☐	☐	Does this household currently owe you money? If so, how much? $ _____
		If yes, is the household currently making payments to your satisfaction? ☐ Yes ☐ No

Other Comments (continue on back if needed):

☐ Telephone verification made by site staff: _____
Staff initials/date

Landlord Signature _____ Date _____ Phone Number _____

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HOUSING REFERENCE

Contact Name: _____
Mailing address: _____
_____
Phone Number: _____
Fax Number: _____
Email Address: _____

Please return to:
Gussie Belle Commons
PO Box 7240
Salem, OR 97303
Phone Number: (971)508-4327
Fax Number: (503)400-3142
Email Address: gussiebelle@nwrecc.org

I have applied for housing with the above property, and they require a reference from former landlords. By signing below, I authorize the release of the requested information.

Applicant's Name (print) _____ Other Household Members _____

Applicant's Signature/Consent _____ Date _____

Period of time requiring verification: **From**: _____ **To**: _____

APPLICANT – STOP HERE AND RETURN THIS FORM TO THE PROPERTY MANAGER

Verifier – Please complete the following information.

Instructions: The Applicant has indicated they do not have landlord / rental history during the period of time referenced above, or their prior landlord has not responded to our request for verification. The Applicant has indicated that you are able to verify where they were staying during this undocumented period time. Please complete the following information to the best of your knowledge.

Your Name: _____ **Company** (if applicable) _____

How do you know the Applicant? _____

☐ Yes ☐ No **Did the Applicant have a history of disruptive behavior?** _____
☐ Yes ☐ No **Did the Applicant have a history of poor housekeeping habits?** _____
☐ Yes ☐ No **Would you recommend the Applicant as a renter?** _____

Which type of housing situation are you verifying? (You may select more than one.)

	From (month/year)	**To** (month/year)
☐ Applicant was homeless with no known accommodations		
☐ Applicant was homeless and was staying in a shelter		
☐ Applicant stayed in my home		
☐ Applicant stayed with friends or family (not me)		
☐ Applicant was hospitalized or in a care facility		
☐ Applicant was away at school		
☐ Applicant was away on military assignment		
☐ Applicant was incarcerated		
☐ Applicant reported the following address to me:		

☐ Telephone verification made by site staff: Staff initials/date

Verifier Signature _____ Date _____ Phone Number _____

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Please submit with your application, as applicable:

***** applications received without all the below documents will be considered incomplete and will not be added onto the waiting list *****

- Photo IDs for all adults
- For Employment Income:
  - 6 most recent and consecutive paystubs
  - Contact information for your employer
  - If no paystubs have been received due to it being a new job, bring in a copy of your offer letter
- For Social Security Income (all types):
  - Benefit aware letter dated within the last 60 days
    - The annual award letter that the social security office sends out at the end of each year is sufficient
    - If you do not have this, you'll need to log onto ssa.gov and try to get it or go into a local social security office
- For Self-Employment Income:
  - Most recent years tax returns
  - A full year (January-December) of profit and loss statements
- For Child Support:
  - Court order if available
- Cash Assistance from DHS (TANF):
  - Benefit letter from DHS
    - This can be an approval letter from DHS/Oregon One account if approved within the last 120 days, OR
    - You can go into a local DHS branch to get a copy of a benefit letter