TENANT SELECTION CRITERIA

Birch Corners, Four Oaks, Holly Court, Lions Cottage in Medford, Oregon

This tenant selection criteria shall be used for properties developed using the HOME Investment Partnerships Program (HOME) and currently under rent-up and/or management by ACCESS (Manager). The policy of the Manager is one of equal opportunity and non-discrimination in compliance with all Civil Rights Acts (1964, 1968, 1988), Section 504 of the Rehabilitation Act of 1973, and Affirmative Fair Housing Marketing requirements as set forth individually for each property. No applicant will be denied on the basis of race, color, religion, sex, familial status, handicap status or national origin.

1. **APPLICATION**

   All persons interested in any property rented or managed by ACCESS may request an application either in person (or through a designated individual) at the local site office or regional designated site office during posted office hours; or request an application to be mailed by calling the local phone number posted on the project sign at the central office. FAX requests for applications may be sent.

   An application must be completed in full by you and submitted to 3630 Aviation Way, Medford, OR 97504 or via mail to P.O. Box 4666 Medford, OR 97501. The application form must be used as it contains requests for all information necessary for determining initial eligibility. You may request assistance in completing the application if necessary. The manager’s policy is to make reasonable accommodations to assist applicants needing help with completing applications for housing. If your application is not complete you will be contacted in writing within 10 days of receipt, with a list of items necessary to complete the application. While the central office will track all applications and requests for additional information, no application will be placed on the waiting list until it is complete. When a completed application, or the requested information, is received the application will be logged by date, and time received. If a vacancy at the property exists, or is expected within the next 90 days, the verification-selection process will begin immediately.

   For those properties with an existing wait list and no current or known upcoming vacancies, preliminary eligibility will be satisfied by using information on the application. Placement of an application on the wait list does not denote final tenant selection. That can and will occur only after complete processing in accordance with all program criteria specific to each property.

   When you submit a completed application (or when an application becomes complete) you will be notified, in writing, of waiting list status within 10 days. If you exceed the income limits for eligibility based upon your application information, or are otherwise found to be ineligible, you will be notified in writing of your ineligibility. The notice will include reasons for rejection along with contacts regarding the grievance procedure.

2. **WAIT LIST**

   All completed applications are placed on the written waiting list by date received. This date is based on when the completed application or subsequent information is received to make the application complete. The wait list contains requested data inclusive of date, name, address and phone number of applicants; the applicant’s income, bedroom size requested, statistical data, eligibility, date contacted for an interview and final tracking
status (i.e., selection, rejection, cancellation, etc.). You may request information on current status by writing or calling the local or central office. You may elect to “pass” on the offer for housing. On the first pass, your name will remain in place and the next applicant would be selected. The second pass will move you to the bottom of the wait list. A third request to pass will remove you from the wait list entirely. The wait list will be updated periodically. You will be notified in writing prior to removing your name from the list.

3. **PREFERENCE POINTS**

Individual properties will reference any specific priorities or eligibility requirements, such as elderly housing or congregate priorities, through a Point System. This point system gives preference to you if you meet the criteria for the target population groups for which each property has been developed. To be considered for Preference Points, you must check the appropriate box(s) on the application. Preference Points will be awarded to you only if you have provided supportive documentation.

Supportive documentation can come from an independent agency or entity authorized by law to determine disability as depicted in federal guidelines. Section 423, of the Social Security Act, defines disability as an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to last continuously for at least 12 months. Or for a blind person at least 55 years old, unable because of blindness, to engage in any substantial gainful activity comparable to those in which the person was previously engaged with some regularity, and over a substantial period of time. Verification of disability, as defined above, must be submitted to receive preference points. Points can be granted at anytime that you are on the wait list and have provided the proper proof. You will be responsible for providing necessary documentation supporting eligibility and qualification for preference points.

In instances where housing is constructed and/or managed for the aged, those meeting the age threshold will be given preference over those who have not achieved the minimum target age. For the purpose of elderly housing, the threshold shall be considered 55 years of age.

Eligibility for preference points must be updated if your name comes up more than six months after your name is placed on the wait list. Listed in the Appendices Section for each property will be each of the foregoing preference or priority factors:

a) Psychiatric Disabilities
b) Blind and/or Deaf
c) All other disabilities
d) Other eligible persons in compliance with the Affirmative Fair Housing Marketing Plan

4. **SELECTION**

You will be verbally notified when your name is next up on the wait list and a unit becomes available. If you choose to pursue tenancy, you will be required to pay a non-refundable screening charge that will cover the cost of the Rental History Verification; Landlord Reference, Criminal History and Credit History screenings. Applicants must also meet the requirements below:

1. Gross annual income for the household shall not exceed the HOME income eligibility requirements specific to each property. A copy of the limits is available from the manager.
2. You must have the demonstrated ability to afford, and pay, the rent. The policy of the manager is to consider all income and assets. In most cases you should not spend more than 40% of your resources on rent. We require a household to earn a minimum of one times the rent for the type of apartment they are applying for. Those who cannot afford rent will be denied.
3. All members of your household over the age of 18 will be required to provide two pieces of identification. One must be positive picture identification, such as a Driver’s License or State Identification Card or Passport, and the other can be a Social Security Card or Medical Card. All
households must provide positive identifications for all persons who will be part of the household. For Adoptions, or other Custody-in-Process members, written documentation must be provided.

4. You and all members of the household over the age of 18 years must sign a Release of Information Authorization allowing third-party verification of the assets and income declared on the application.

5. Applicants who do not share the same credit report are required to submit individual applications. Each of you must qualify individually. Credit ratings must be consistent with the standard adopted by the organization and uniformly applied to each of you. Special situations, such as divorce and medical bankruptcy, will be taken into consideration. Sponsorship and co-signage will also be considered for qualification.

6. You are required to provide current, and at least one previous, landlord reference if applicable.

7. Evictions or the presence of a Forced Entry Detainer (FED) within the last seven (7) years may result in disqualification.

8. Unpaid judgments or collection accounts within the last seven (7) years may result in your disqualification. You may be allowed to achieve eligibility by providing a co-signer who is eligible and will assume liability for you.

9. If you are currently involved with illegal drug activities or convicted of the illegal manufacture or distribution of a controlled substance you will be denied residency. However, if you are presently involved in, or have successfully completed a recovery program and are no longer involved with illegal drug activities, residency will be considered.

10. If your residency would constitute a direct threat to the health and/or safety of others, or us, or would result in substantial physical damage to the property of others, you may be denied residency.

11. Information about the conduct of the applicant in present and prior housing will be sought. Selection as a tenant may be denied based on information about behaviors that would adversely affect the health, safety or welfare of other residents, or physical environment, or the financial stability of the project.

When a unit of appropriate size is not available, you may be admitted to a unit for which your household composition would make you otherwise ineligible provided the lease states you must move to a unit of adequate size when it becomes available, and you pay the cost for such a move, as well as the rent for the new unit. Your refusal to move within a reasonable time period as established by the Owner, may result in eviction.

NOTE: SPECIFIC INCOME, OCCUPANCY, HOME, AND PROJECT ELIGIBILITY, FOR EACH INDIVIDUALLY MANAGED PROPERTY APPEARS IN THE APPENDICES SECTION TO THIS CRITERIA.

5. **NUMBER OF OCCUPANTS**

Normally two persons per bedroom are allowed. However, the exact number will be determined based on the number of persons in the household, the size of the bedrooms, and the size of the unit. Notwithstanding, the above Owner/Manager shall have the right to make reasonable accommodations for individuals with disabilities and may adjust occupancy limits to further the goal of reasonable accommodation.

6. **MOVE-IN PROCESS**

If your application is approved and you accept the apartment, you will be required to:

1. Sign a Rental Agreement in which you agree to abide by all rules and regulations of tenancy.
2. Pay a security deposit equal to one month’s rent.
3. Pay the first month’s rent in advance.
4. Have all applicable utilities placed in your name immediately upon acquiring the unit.
5. Sign, along with management, a Move-In Inspection form, verifying the condition of the property at the time of occupation.
7. **REJECTION**

As previously stated, any application which is incomplete will not be processed. If your application is rejected, you will be notified in writing of the reason for the rejection and of your rights under the grievance procedure. Such notice will be given to you within 10 days of receipt of your application. Reasons for rejection include but are not limited to:

a) You do not meet income limits for a property;

b) You exceed the maximum allowable occupancy standards for a property;

c) You are found to have provided false answers on the application or at the interview;

d) You have a chronic history of late payment or non-payment of rent;

e) You have a history of eviction;

f) You have a history of non-payment of other financial obligations;

g) You have caused intentional damage;

h) You violated the terms of current or previous lease agreements including failure to maintain the unit in a sanitary condition;

i) You currently use illegal drugs or have a conviction for drug manufacture, sale or distribution;

j) You pose a direct threat to the health and safety of others or property.

8. **HANDICAPPED ACCESSIBILITY**

Section 504 of the Rehabilitation Act of 1973, and the subsequent American with Disabilities Act (ADA) requires a “program accessibility” standard under which all federally assisted programs, when viewed in their entirety, must be accessible to and usable by persons with disabilities. Therefore, we will make reasonable accommodations in rules, policies, practices, occupation and services, when such accommodations are necessary to afford a handicapped person equal opportunity to use and enjoy a dwelling unit; including public and common use areas. If you need a change in our policies or procedures, a repair or change in your apartment unit, a repair or change to part of the property, or a change in the way we communicate with you, you may request this change by completing the *Request for Reasonable Accommodation form*. These changes will be made at the landlord’s expense, so long as they do not cause undue financial or administrative burden to the landlord.

In the event the change does cause undue financial burden to the landlord, the existing premises may be modified at the full and complete expense of the handicapped person if said person agrees to restore the premises, at their own expense, to the pre-modification condition.

To avoid prolonged vacancy and loss of revenue, management may permit temporary occupancy of specially designed handicapped accessible units by households not needing such specially designed features, under the following conditions:

a) No household needing the specially designed features of a handicapped accessible unit is available to occupy the unit and management has made a diligent effort to reach tenants who qualify for the specially designed unit;

b) The tenant agrees to transfer to an appropriate unit if and when it becomes available in the project once an applicant with handicaps needing the features of the handicapped accessible unit is on the waiting list and ready to move in;

c) The tenant agrees to pay all costs associated with the subsequent move to the appropriate unit; and the following lease clause is incorporated in the tenant’s lease:

“I understand that I am occupying a designated handicapped accessible unit. I understand that priority for such units is given to those needing special physical design features. I understand that I am permitted to occupy the unit until management issues a notice that a priority applicant is on the waiting list and that I must move to another suitably sized vacant unit in the project. Upon receiving this notice, I agree to move at my own expense within 30 days to the suitably sized vacant unit within the project, if one is available. I further understand that my rental rate will change, when appropriate, to the rental rate for the unit I move to and that this lease will be modified accordingly.”
9. **GRIEVANCE PROCEDURE**

If your application has been denied and you feel that you qualify as a resident, you have the right to respond to the denial of your application. You must request a Grievance Hearing orally or in writing no later than seven (7) days from the date of the denial letter. Either the Housing/Development Manager or ACCESS Executive Director or both, will hear your grievance.

In your request you may choose to have a hearing in person, in writing or via telephone. Your request should explain why you feel you were rejected, and why you feel that you qualify as a resident. For written hearings, please attach a copy of the rejection letter you received.

If you choose to have a hearing in person or by telephone, an appointment will be scheduled within seven (7) working days of the date Management receives the request for the hearing.

Your original application, your response letter and any other pertinent information will be reviewed and you will be notified of the outcome of the review within 30 days of the receipt of your hearing. The decision of the Housing/Development Manager or ACCESS Executive Director will be final.

Please mail your letter to:
ACCESS Attn: Manager, Housing Department
P.O. Box 4666
Medford, OR 97501
I. PROPERTY DESCRIPTIONS

**Birch Corners: 1 & 3 Summit Avenue Medford, OR 97501**
Birch Corners is a single-story apartment complex located at 1 and 3 Summit Avenue, on the corner of Main and Summit Streets in Medford, Oregon. Newly constructed in the spring of 1994, Birch Corners consists of two, four-plex buildings containing a total of 6, one-bedroom units and 2, two-bedroom units. The complex has on-site laundry facilities. ACCESS as a manager of the complex and under the auspices of its Social Services Coordinator, will either provide or coordinate various services specific to the targeted populations.

**Holly Court: 240 N. Holly Street Medford, OR 97501**
Holly Court Apartments is located at 240 North Holly, on the corner of Holly and Fourth Streets in Medford, Oregon. Newly constructed in the summer of 1998, Holly Court Apartments is a two-story complex consisting of eight units, four, two-bedroom units and four, one-bedroom units. All lower level units are handicapped-accessible. The complex also has on-site laundry facilities. Various services and recreational activities will be available at the Southern Oregon Lion’s Sight and Hearing Center located next door. ACCESS, as a manager of the complex and under the auspices of its Social Services Coordinator, will either provide or coordinate other services specific to the targeted populations. There will be two separate wait lists kept for Holly Court Apartments. One will be comprised of applicants wishing to occupy apartments reserved for the mentally ill. The other wait list will address vacancies in all other units.

**Four Oaks: 428 W. 4th Street Medford, OR 97501**
Four Oaks Apartments is located at 428 W. Fourth Street, on the corner of Fourth and Oakdale Streets in Medford, Oregon. ACCESS purchased and remodeled Four Oaks in the fall of 1999. Four Oaks Apartments is a two-story complex, consisting of seven units, six, one-bedroom units and a two-bedroom unit. The complex also has on-site laundry facilities.

**Lions Cottage: 205 N. Holly Street Medford, OR 97501**
Lions Cottage is located at 205 N. Holly Street, directly across from Southern Oregon Lions Sight and Hearing Center. This is a two-story four-plex, newly constructed building and contains two, 1-bedroom units and two, 2-bedroom units. All units have laundry hook-ups, though appliances are not provided. Ground floor units are handicap accessible. Various services and recreational activities will be available at the Lions Sight and Hearing Center. ACCESS, as a manager of the complex and under the auspices of its Social Services Coordinator, will provide or coordinate other services specific to the targeted populations.
APPENDIX

II. INCOME LIMITS AND RENTS

The 2019 income limits for each property are the same and are listed, along with the rent scale, below:

50% Median Income Limits

<table>
<thead>
<tr>
<th></th>
<th>1 person</th>
<th>2 persons</th>
<th>3 persons</th>
<th>4 persons</th>
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<tr>
<td>1 person</td>
<td>$22,700</td>
<td></td>
<td></td>
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<tr>
<td>2 persons</td>
<td>$25,950</td>
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RENT SCALE

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<tr>
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<th>Rent</th>
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<tbody>
<tr>
<td>Birch Corners</td>
<td>1 Bedroom</td>
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<tr>
<td></td>
<td>2 Bedroom</td>
<td>$540</td>
</tr>
<tr>
<td>Holly Court</td>
<td>1 Bedroom</td>
<td>$405</td>
</tr>
<tr>
<td></td>
<td>2 Bedroom</td>
<td>$540</td>
</tr>
<tr>
<td>Four Oaks</td>
<td>1 Bedroom</td>
<td>$405</td>
</tr>
<tr>
<td></td>
<td>2 Bedroom</td>
<td>$530</td>
</tr>
<tr>
<td>Lions Cottage</td>
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<td>$405</td>
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<tr>
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<td>2 Bedroom</td>
<td>$540</td>
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III. PREFERENCE/PRIORITY FACTORS BY PROPERTY

<table>
<thead>
<tr>
<th>Property</th>
<th>Points</th>
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<td>Birch Corners</td>
<td>Psychiatric Disabilities</td>
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<td></td>
<td>Holly Court Points</td>
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<tr>
<td></td>
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<tr>
<td></td>
<td>Blind and/or Deaf (Units E &amp; G only)</td>
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<tr>
<td></td>
<td>Senior/Disable (Units E &amp; G only)</td>
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<tr>
<td></td>
<td>Other Disabilities (Units E &amp; G only)</td>
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<tr>
<td></td>
<td>Blind and/or Deaf (Units A, B, C, D, F &amp; H only)</td>
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<tr>
<td></td>
<td>Senior/Disable (Units A, B, C, D, F &amp; H only)</td>
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<tr>
<td></td>
<td>Other Disabilities (Units A, B, C, D, F &amp; H only)</td>
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<tr>
<td>Four Oaks</td>
<td>Psychiatric Disabilities</td>
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<td>Lions Cottage Points</td>
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<td></td>
<td>Other Disabilities</td>
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NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

To All Tenants and Prospective Tenants:

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking, regardless of sex, gender identity, sexual orientation, or age. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that ACCESS’ HOME programs is in compliance with VAWA. This notice explains your rights under VAWA. Attached to this notice is a copy of HUD’s VAWA regulations. Also attached is a HUD-approved certification form for documenting an incident of domestic violence, dating violence, sexual assault, or stalking for a tenant who seeks the protections of VAWA as provided in this notice of occupancy rights and in HUD’s regulations.

**Protections for Prospective Tenants**
If you are eligible for rental assistance under ACCESS’ HOME program, you may not be denied admission or denied assistance on the basis that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, if you otherwise qualify for admission, assistance, participation, or occupancy.

**Protections for Victims as Tenants**
If you are receiving rental assistance under ACCESS’ HOME program, you may not be denied rental assistance, terminated from participation, or be evicted from your rental housing on the basis that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, if you otherwise qualify for admission, assistance, participation, or occupancy.

Also, if a tenant or an affiliated individual of the tenant is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of the tenant’s household or any guest, rental assistance under ACCESS’ HOME program may not be restricted solely on the basis of criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking engaged in by the member of the tenant’s household or any guest.

Affiliated individual means a spouse, parent, brother, sister, or child of that individual, or a person to whom that individual stands in the place of a parent (for example, the affiliated individual is in the care, custody, or control of that individual); or any individual, tenant, or lawful occupant living in the household of that individual.

**Removing the Abuser From the Household**
ACCESS may divide your lease in order to evict the individual or terminate the rental assistance of the individual who has engaged in criminal activity (the abuser) directly relating to domestic violence, dating violence, sexual assault or stalking.

If ACCESS chooses to remove the abuser, ACCESS may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the tenant evicted was the sole tenant to have established eligibility for rental assistance under the program, ACCESS must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or find alternative housing.

In removing the abuser from the household, ACCESS must follow Federal, State, and local eviction procedures. In order to divide a lease, ACCESS may ask you to provide proof of incidences of domestic violence, dating violence, sexual assault or stalking.
Moving to Another Unit
Upon your request, ACCESS may permit you to move to another unit, subject to the availability of other units, and still keep your rental assistance. In order to approve a request, ACCESS may ask you to provide proof that you are requesting to move because of incidences of domestic violence, dating violence, sexual assault or stalking. If the request is a request for emergency transfer, the request must be made in accordance with ACCESS’ emergency transfer plan.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking
ACCESS can ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault or stalking. Such request from ACCESS must be in writing, and ACCESS must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) to provide the documentation. ACCESS may extend the deadline for the submission of proof upon your request. You can provide one of the following to ACCESS as documentation:

- A complete HUD-approved certification form given to you by ACCESS with this notice, that documents an incident of domestic violence, dating violence, sexual assault or stalking. The form will ask you for your name, the date, time, and location of the incident of domestic violence, and a description of the incident. The certification form provides for the name of the abuser if the name of the abuser is known and is safe to provide.

- A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency that documents the abuse.

- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault or stalking are grounds for protection.

- Any other statement or evidence that ACCESS has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, ACCESS does not have to provide you with the protections contained in this notice.

If ACCESS receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser), ACCESS has the right to request that you provide third-party documentation in order to resolve the conflict. If you fail or refuse to provide third-party documentation, ACCESS does not have to provide you with the protections contained in this notice.

Confidentiality
ACCESS must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.
ACCESS must not allow any individual administering rental assistance or other services on behalf of ACCESS (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

ACCESS must not enter your information into any shared database or disclose your information to any other entity or individual. ACCESS, however, may disclose the information provided if:

- You give written permission to ACCESS to release the information.
- ACCESS needs to use the information in an eviction or termination proceeding, such as to evict your abuser or terminate your abuser from rental assistance under this program.
A law requires ACCESS or your landlord to release the information. VAWA does not limit ACCESS’ duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

**Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Rental Assistance May Be Terminated**

You can be evicted and your rental assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, ACCESS cannot hold you, as a tenant eligible for occupancy rights under VAWA (one who is or has been a victim), to a more demanding set of rules than it applies to tenants who are not eligible for tenancy rights under VAWA.

**Other Domestic Violence Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking.

**For Additional Information**

For questions regarding VAWA, please contact ACCESS Housing Department. For help and advice on escaping an abusive relationship, call the National Domestic Violence Hotline at: 1 (800) 799–7233 or, for persons with hearing impairments, 1 (800) 787–3224 (TTY).
APPLICATION FOR ADMISSION

Please check the property or properties you are applying for

☐ LIONS COTTAGE  ☐ BIRCH CORNERS  ☐ HOLLY COURT  ☐ FOUR OAKS

Please check the unit size you require:

☐ 1 Bedroom  ☐ 2 Bedroom

Preference Point Documentation Attached (as described in the tenant selection): ☐ Yes  ☐ No

All blanks must be filled in for this application to be considered complete. Please write N/A if the information requested does not apply. Incomplete applications will be rejected immediately. Unless joint applicants are married, each applicant must submit an individual application. If you need additional space, please attach a separate sheet of paper.

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Application Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Address</td>
<td>Mailing Address</td>
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<tr>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Work/Message Phone</td>
</tr>
<tr>
<td></td>
<td>Email:</td>
</tr>
</tbody>
</table>

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.

<table>
<thead>
<tr>
<th>Members Full Name</th>
<th>Relationship</th>
<th>Birth Date</th>
<th>Age</th>
<th>Sex</th>
<th>SS#</th>
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</thead>
<tbody>
<tr>
<td>Head of Household</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
2. Race of Head of Household (check one for statistical purposes only).

☐ American Indian or Alaska Native  ☐ Asian  ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander  ☐ American Indian or Alaska Native and White
☐ Asian and White  ☐ Black or African American and White  ☐ White
☐ American Indian or Alaska Native and Black or African American  ☐ Other multiple race combinations greater than one percent (please list): __________________________

3. Ethnicity of Head of Household (for statistical purposes only).

☐ Hispanic  ☐ Non-Hispanic

4. Does anyone live with you now that is not listed above?

☐ Yes  ☐ No

5. Do you expect a change in your household composition?

☐ Yes  ☐ No

Explain if you answered yes to either question #4 or #5:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

HEAD OF HOUSEHOLD – INCOME AND ASSET INFORMATION. Please answer each of the following questions:

For each “yes”, provide details in the charts below.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
9. Have entitlement to alimony that is not currently being received?

10. Now receive or expect to receive public assistance (TANF)?

11. Now receive or expect to receive Social Security or disability benefits?

12. Now receive or expect to receive income from a pension or annuity?

13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?

14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?

15. Own real estate or any asset for which you receive no income (checking account, cash)?

16. Have you sold or given away real property or other assets (including cash) in the past two years?

**CO-HEAD and/or SPOUSE – INCOME AND ASSET INFORMATION**

Please answer each of the following questions. For each “yes”, provide details in the charts below.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Work full-time, part-time or seasonally?</td>
</tr>
<tr>
<td></td>
<td>Expect to work for any period of time during the next year?</td>
</tr>
<tr>
<td></td>
<td>Work for someone who pays him or her in cash?</td>
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<td></td>
<td>Expect a leave of absence from work due to lay-off, medical, maternity or military leave?</td>
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<tr>
<td></td>
<td>Now receive or expect to receive unemployment benefits?</td>
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<tr>
<td></td>
<td>Now receive or expect to receive child support?</td>
</tr>
<tr>
<td></td>
<td>Entitled to child support that he/she is not now receiving?</td>
</tr>
<tr>
<td></td>
<td>Now receive or expect to receive alimony?</td>
</tr>
<tr>
<td></td>
<td>Have entitlement to alimony that is not currently being received?</td>
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<tr>
<td></td>
<td>Now receive or expect to receive public assistance (TANF)?</td>
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<tr>
<td></td>
<td>Now receive or expect to receive Social Security or disability benefits?</td>
</tr>
<tr>
<td></td>
<td>Now receive or expect to receive income from a pension or annuity?</td>
</tr>
<tr>
<td></td>
<td>Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?</td>
</tr>
<tr>
<td></td>
<td>Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?</td>
</tr>
<tr>
<td></td>
<td>Own real estate or any assets for which you receive no income (checking account, cash)?</td>
</tr>
</tbody>
</table>
Have you sold or given away real property or other assets (including cash) in the past two years?

List all income received by every member of the household.

<table>
<thead>
<tr>
<th>Members Full Name</th>
<th>Source of Income/Type of Income</th>
<th>Annual Income</th>
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</tbody>
</table>

List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

<table>
<thead>
<tr>
<th>Members Full Name</th>
<th>Bank Name</th>
<th>Type of Account</th>
<th>Account Number</th>
<th>Balance</th>
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</table>

List all stocks, bonds, trusts, pensions or other assets, and their value, owned by any household member

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

List any assets disposed of for less than their fair market value during the past two years for all household members

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
PREVIOUS RENTAL HISTORY

A minimum of 12 months rental history is required in order for the application to be considered complete. Additional rental history may be attached if necessary.

1. Present Landlord/Property Management Company
   Address
   City, State, Zip
   Phone
   Length of Tenancy
   Reason for Leaving?

2. Previous Landlord/Property Management Company
   Address
   City, State, Zip
   Phone
   Length of Tenancy
   Reason for Leaving?

3. Previous Landlord/Property Management Company
   Address
   City, State, Zip
   Phone
   Length of Tenancy
   Reason for Leaving?

EMPLOYMENT HISTORY – Additional employment history may be attached if necessary.

1. Head of Household Present Employer
   Address
   City, State, Zip
   Phone
   Length of Employment
   Reason for Leaving?
2.

<table>
<thead>
<tr>
<th>Spouse/Co-head Present Employer</th>
<th>Address</th>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip</th>
<th>Phone</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of Employment</th>
<th>Reason for Leaving?</th>
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</thead>
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</table>

How did you hear about ACCESS Housing?

- [ ] Radio
- [ ] Social Service Agency: ___________________
- [ ] Classified Ad
- [ ] Word of mouth
- [ ] Other: ___________________

APPLICANT CERTIFICATION

I/we certify that if selected, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signature of Head of Household | Date
--- | ---
Signature of Spouse/Co-Head of Household | Date
Signature of Owner or Owner’s Agent | Date
Disability/Handicapped Verification

NAME & ADDRESS OF CERTIFYING PROFESSIONAL: ACCESS
3630 Aviation Way
Medford, OR 97504
Phone #: 541-779-6691 or Fax to: 541-774-4306

REQUESTING AGENCY:

DISABILITY/HANDICAPPED STATUS VERIFICATION for Applicant/Resident:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Social Security #:</th>
</tr>
</thead>
</table>

PERMISSION FOR RELEASE OF INFORMATION: Information obtained under this consent is limited to information no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

I (the applicant) authorize the release of the information requested:

<table>
<thead>
<tr>
<th>Applicant’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

APPLICANT – DO NOT WRITE BELOW THIS LINE

Time is of the essence and we thank you for your cooperation. All information is confidential. Please return this form in the addressed, stamped envelope provided. If you have any questions, please feel free to contact ACCESS, Inc.

TO THE APPLICANT’S / RESIDENT’S CERTIFYING PROFESSIONAL*: Please read the following description of Disability;

Disability as defined in 42 U.S.C. 423, is the (a) Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or (b) in the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

CERTIFICATION:
I hereby certify that the above named individual has a physical disability - Check [ ] Yes or [ ] No as defined above and that this form is completed in response to a direct and explicit request of the patient.

and / Or
I hereby certify that the above named individual has a mental disability - Check [ ] Yes or [ ] No as defined above and that this form is completed in response to a direct and explicit request of the patient.

PREPARED BY:

<table>
<thead>
<tr>
<th>Print Your Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Telephone #:</td>
</tr>
<tr>
<td>Title (if applicable):</td>
<td>Organization:</td>
</tr>
</tbody>
</table>

WARNING: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements to any department of the United States Government. HUD, the PHA and any owner or agent thereof, may be subject to penalties for unauthorized disclosures or improper use of information collected based on this consent form. Use of the information collected, based on this verification form, is restricted to the purposes cited above. Any person, who knowingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant/participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, or the Owner responsible for the unauthorized disclosure or improper use of the above information.

ACCESS 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.
* A Certifying Professional can be a doctor or other medical professional, a peer support group, a non-medical service agency, a caseworker, a vocational/rehab specialist, counselor, or a reliable third party who is in a position to know about the individual’s disability.