



Riverside Terrace
 200 SE Riverside Drive
 Sheridan, OR 97378
 503-843-3807



HAYC RD RENTAL APPLICATION

**PLEASE COMPLETE ALL AREAS OF THIS APPLICATION.
 IF ANY QUESTION DOES NOT APPLY TO YOU, PLEASE WRITE "N/A" IN THAT SPACE.
 ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.
 IF IT IS NOT COMPLETE, WE CANNOT PROCESS IT OR PUT YOU ON OUR WAITING LIST.
 YOU MUST SIGN AND DATE THE LAST PAGE.**

GENERAL INFORMATION:

Date: _____

Name of Head of Household: _____

Mailing Address: _____

Home Phone: _____ Message Phone: _____

Business Phone: _____ Annual Income: _____

Present Employer: _____

HOUSEHOLD COMPOSITION

List each person who would live with you. Start with the head of household.

Name Last/First/M.I.	Relationship To Head	Sex	Date Of Birth	Age	Occupation	Social Security Number
	HEAD					

For Management Use Only

Application Received	
Date: _____ Time: _____	
Contact: _____	Contact Date & Time: _____

RENTAL HISTORY:

Number of bedrooms in current unit: _____ Do you _____ Rent? _____ Own?

Amount of current \$ _____ Rental Payment \$ _____ Mortgage Payment

If you own – Do you receive rental income from property? _____ Yes _____ No

Are you living with a relative/friends? _____ Yes _____ No

Please certify that the unit will serve as your households' primary residence:

Yes _____ No _____

Number of Bedrooms requested: _____ 1 _____ 2

Please indicate if a need exist for a handicap accessible unit and or handicap:

Yes _____ No _____

Please list all addresses where you lived within the last five years.

Current address _____
Street Number/Name Apt. # City State Zip Code

Landlord Name/Address: _____

Dates Rented: From: _____ To: _____ Phone Number: _____

Fax Number: _____ Monthly Rent Amount: \$ _____

Previous address _____
Street Number/Name Apt. # City State Zip Code

Landlord Name/Address: _____

Dates Rented: From: _____ To: _____ Phone Number: _____

Fax Number: _____ Monthly Rent Amount: \$ _____

Previous address _____
Street Number/Name Apt. # City State Zip Code

Landlord Name/Address: _____

Dates Rented: From: _____ To: _____ Phone Number: _____

Fax Number: _____ Monthly Rent Amount: \$ _____

ADDITIONAL INFORMATION:

Are you or any member of your household using an illegal substance? _____ Yes _____ No

Have you or any member of your household ever been convicted of any crime, other than traffic violations?
_____ Yes _____ No If yes, please explain:

Is any member of your household on probation? _____ Yes _____ No If yes, please list the name
and phone number of the Probation Officer: _____

Has any household member used alcohol or drugs within the last 3 years to the degree that it has caused a
problem? _____ Yes _____ No If yes, please list the household member's name:

Have you or any member of your household ever been convicted of drug use, manufacture of drugs, or any
other felony? _____ Yes _____ No If yes, please list the household member's name and describe:

Have you or any member of your household ever been evicted from any housing? _____ Yes _____ No
If yes, please list the household member's name and describe the circumstances: _____

Have you ever filed for bankruptcy? _____ Yes _____ No If yes, please describe:

Are any household members temporarily or permanently absent? _____ Yes _____ No If yes,
please explain: _____

Do you have any regular overnight guests who spend more than 2 nights a month? _____ Yes _____ No
If yes, please list guest's names and explain: _____

Is any household member in need of a unit with special features to accommodate the special needs of
his/her disability? Yes _____ No If yes, please explain: _____

Briefly describe your reasons for applying for an apartment in this complex: _____

PETS:

Do you have any pets? _____ Yes _____ No If you do, please list the breed, color, name, sex, and age of the pet, and whether or not it has been neutered.

Credit References:

Name:	Address:	Phone Number:	Account Number:

Personal Non-related references:

Name:	Address:	Phone Number:	Relationship:

Emergency Contact Information:

Name:	Address:	Phone Number:	Relationship:

Vehicle Information:

Type of Vehicle	Year/ Make:	Color:	License Plate Number

HOUSEHOLD INCOME: Give the gross amount – the amount BEFORE any taxes are taken out.

Income for all household members: Fill in **ALL** spaces. If not applicable, write "N/A".

Social Security (Self)	\$_____ per month	Unemployment benefits	\$_____ per week
Social Security (Other)	\$_____ per month	Child Support	\$_____ per month
SSI	\$_____ per month	Educational Grant	\$_____ per quarter
V.A. Pension	\$_____ per month	Self-Employment	\$_____ per month
Other Pension	\$_____ per month	Public Assistance	\$_____ per month
Wages	\$_____ per month	Other _____	\$_____ per month

Is any household member participating in a training program? _____ Yes _____ No

Is any household member working through JOBS+ program? _____ Yes _____ No

Name of household member _____

Date program will be completed: _____

Does any household member regularly receive monetary or non-cash contributions from persons outside the household? _____ Yes _____ No If yes, please check the type of contribution made and list the name of the contributor:

_____ Rent _____

_____ Utilities _____

_____ Groceries _____

_____ Clothing _____

_____ Household Supplies _____

_____ Other _____

EMPLOYMENT:

Family Member: _____ Employer: _____

Employer's Address: _____ Employer's Phone: _____

_____ Hours per week: _____

City/State/Zip Gross Income \$ _____ Hour / Week / Month

Family Member: _____ Employer: _____

Employer's Address: _____ Employer's Phone: _____

_____ Hours per week: _____

City/State/Zip Gross Income \$ _____ Hour / Week / Month

HOUSEHOLD ASSETS: List all Assets held by any household member:

Type of Asset	Value/Balance	Name of Bank/Broker/Company	Income from Asset
Savings Account			\$_____ per month/qtr/year
Checking Account			\$_____ per month/qtr/year
Money Market Account			\$_____ per month/qtr/year
Stocks/Bonds/Annuities			\$_____ per month/qtr/year
Real Estate/Rental Property			\$_____ per month/qtr/year
IRA/KEOGH/Retirement			\$_____ per month/qtr/year
Trust (Is trust irrevocable?)			\$_____ per month/qtr/year
Life Insurance (cash value)			\$_____ per month/qtr/year
Other _____			\$_____ per month/qtr/year

Have you sold or disposed of any property in the last 2 years? Yes _____ No: _____

If yes, type of property: _____ Market Value: _____

Amount sold/disposed for: \$ _____ Date of Transaction: _____

Have you disposed of any other assets in the last 2 years? (For example: Given away money to relatives or set up Irrevocable Trust Accounts.) Yes _____ No: _____

If yes, describe asset: _____

Amount disposed of: \$ _____ Date of Disposition: _____

MEDICAL EXPENSES:

Do you have any medical insurance policies?

Yes _____

No: _____

Do you have Medicare coverage?

Yes _____

No: _____

Please list them below:

Insurance Company	Address	Policy #	Monthly/Qtrly/ Annual Prem.

Are you making regular payments to any doctor/dentist or medical/dental facility? _____ Yes No: _____

Please list them below:

Doctor/Dentist Medical/Dental Facility	Address	Phone #	Amount of Monthly Pmt.

If you need more space, please list additional expenses on a separate piece of paper and submit with this packet.

Prescriptions:

Pharmacy Name and Address: _____

Average Spent \$ _____ per Week/Month/Year

OR - Provide a computer printout from your pharmacy showing the past 12 months' expenses.

Do you anticipate any expenses for auxiliary equipment or attendant care? _____ Yes _____ No

If yes, how much? \$ _____

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

AUTHORIZATION

I/We do hereby authorize the Housing Authority of Yamhill County (HAYC) and its staff or authorized representative to contact any agencies, local police departments, offices, groups, or organizations, to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by HAYC.

Signatures

Applicant

Date

Co-Applicant

Date

Co-Applicant

Date

Resident Manager

Date

"If you wish to file a Civil Rights program complaint of discrimination, complete the USDA program Discrimination Complaint Form (PDF), 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"

STATISTICAL INFORMATION

The information regarding race, ethnicity, and sex designation solicited on this application is requested 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; however, you 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.

ETHNICITY:

_____ Hispanic/Latino
_____ Not Hispanic/Latino

RACE:

- 1. _____ American Indian / Alaska Native

- 2. _____ Asian

- 3. _____ Black / African American

- 4. _____ Native Hawaiian / Pacific Islander

- 5. _____ White

GENDER: Male _____ Female _____