

YA PO AH TERRACE

APPLICATION FORMS

FORMS TO READ

- PROSPECTIVE RESIDENT LETTER
- CRITERIA FOR RESIDENCY
- NOTIFICATION OF NONDISCRIMINATION ON BASIS OF HANDICAPPED STATUS
- REASONABLE ACCOMMODATION NOTIFICATION
- APPLICATION ATT - CHANGE OF ADDRESS NOTIFICATION
- CURRENT RENT SCHEDULE

FORMS TO COMPLETE

- APPLICATION FOR RESIDENCY
- QUALIFICATION - PREFERENCE CERTIFICATION
- APPLICATION ATT - INCOME & ASSETS
- APPLICATION ATT - HEAD OF HOUSEHOLD
(2 PERSON APPLICATION ONLY)
- RACE AND ETHNIC DATA REPORTING FORM
(2 PERSON APPLICATION - EACH APPLICANT NEEDS TO COMPLETE THEIR OWN)
- HANDICAP/DISABLED STATUS INFO REQUEST
(2 PERSON APPLICATION - EACH APPLICANT NEEDS TO COMPLETE THEIR OWN)
- SMOKING POLICY DISCLOSURE
- SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
(2 PERSON APPLICATION - EACH APPLICANT NEEDS TO COMPLETE THEIR OWN)
- NOTIFICATION AND ACKNOWLEDGEMENT
- TENANT DATA
- REFERENCE CHECKLIST
- OWNER'S NOTICE No. 1 FOR AN APPLICANT FAMILY
- SUMMARY SHEET
- APPLICANT DECLARATION FORMAT
(2 PERSON APPLICATION - EACH APPLICANT NEEDS TO COMPLETE THEIR OWN)
- APPLICANT VERIFICATION CONSENT FORMAT
(2 PERSON APPLICATION - EACH APPLICANT NEEDS TO COMPLETE THEIR OWN)

WHEN THE ABOVE FORMS ARE COMPLETED MAIL TO:

YA PO AH TERRACE

350 PEARL STREET
EUGENE, OR 97401

INCLUDE A PHOTOCOPY OF: PICTURE I.D. & SOCIAL SECURITY CARD

ALL REQUIRED PAPERWORK MUST BE RECEIVED BEFORE YOUR APPLICATION CAN BE REVIEWED.

Please Call If You Have Any Questions 541-342-5329

YA-PO-AH TERRACE RETIREMENT APARTMENTS

350 Pearl Street – Eugene, OR 97401
Telephone: (541)342-5329 TTY:711
Fax: (541) 342-4534

Dear Prospective Resident:

Thank you for your inquiry regarding residency at Ya-Po-Ah Terrace. Ya-Po-Ah is a non-profit apartment complex located 3.5 acres at the edge of the downtown. Applicants eligible for admission need to meet the following criteria: family of two or less – one of whom is age sixty-two or older, meet income guidelines set forth by HUD, comply with tenant selection criteria, and meet the terms of the lease.

You must complete and sign all pages of the Application packet including the Application Declaration Format. In addition, you must sign the enclosed Reference Checklist and Authorization to Release Credit Information, where indicated. After receipt of these completed forms, your application will be reviewed. If your application is not accepted, you will be notified and given 14 days to appeal that decision. Otherwise, your name will be placed on our waiting list.

We offer comfort in three styles of spacious apartments: Studio (3 styles), Alcove and One Bedroom apartments. All apartments have full kitchens and varied beautiful views. Our friendly community offers security, comfort and socialization. Further, we have numerous extra amenities to help you remain independent or just pamper yourself, as often as you like.

In September of 2011, our building became a non-smoking community. No tenant, relative or guest shall be permitted to smoke anywhere on the property except in the designated smoking area at the east side of our building, in our gazebo. Smoking is not allowed anywhere on the property, including apartments, common areas, elevators, stairwells, landing, gardens, sidewalks or parking lots.


Rent is very affordable and for those who qualify, Federal Rent Subsidies are available, please see rental rate information included or check our web page: www.yapoah.com. All utilities are included except for telephone, cable and internet. YA-PO-AH Terrace is an Equal Housing Opportunity senior living community.

Due to the length of our Wait List, at the present time, there is no method to determine an exact waiting time. We suggest you contact our office periodically regarding your status on the Wait List. This keeps you informed, as well as helping us keep our Wait List updated. If any information on your application changes such as address and/or telephone number, we ask that you notify us immediately in order to keep your application information current. A Change of Address Notification form has been included for this purpose.

Sincerely,

Ashley Greer
Administrator

YaPoAh Terrace does not discriminate on the basis of handicapped status in the admission or access to, or treatment of employment in, its federally assisted programs or activities. The person named below has been designate to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Developments regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Greg Franks, 12901 SE 97th Ave, Suite 220, Clackamas, OR 97015-7904, Phone 503.231.4922. Fax 503.235.5915 TTY 711 

Ya Po Ah Terrace 4 Percent LP & Ya Po Ah Terrace 9 Percent LP

Criteria for Residency Tenant Selection Plan

Ya Po Ah Terrace houses elderly persons without regard to race, creed, color, familial status, religion, handicap, disability, national origin, gender, sexual orientation, gender identity or marital status. Rent subsidies are available to those who qualify.

The guidelines stated below are intended to be used for determining who can be accepted and who can continue to reside after admission.

Eligibility

1. The head of household, co-head or spouse must be sixty-two (62) years of age or older.
2. An applicant must meet income guidelines for Very-low income or Extremely-low income as set forth by HUD, where applicable and the Low Income Housing Tax Credit (LIHTC) guidelines under Section 42 of the Internal Revenue Service Code. The minimum LIHTC Set-Aside requires at least 40% of the available rental units must be rent restricted and occupied by households whose income is 60% or less of area median income as adjusted for family size. For current income limits contact the office.
3. An applicant must conduct himself/herself in a manner which does not threaten the health and safety of residents, staff, guests or the facility itself.
4. Applicants must disclose social security numbers for all household members and must provide HUD acceptable documentation of social security number as outlined in SSN Requirements in this Plan.
5. All adults in each family must sign an Authorization for Release of Information prior to receiving assistance and annually thereafter.
6. The unit for which the household is applying must be the household's only residence.
7. Applicant(s) agrees to pay the rent required under the program.

8. Only U.S. citizens, U.S. nationals or eligible non-citizens may receive assistance.
9. Applicants must provide acceptable documentation for the following: proof of age; U.S. naturalization, U.S. citizenship or eligible immigration status; and photo identification (these items will be photocopied and retained as a part of this application).
10. Noncitizens must sign a Verification Consent Form and submit documentation of their status or sign a declaration that they do not claim to have eligible status.
11. U.S. citizens or U.S. nationals must sign a declaration of citizenship.
12. A mixed household – a household whose members include those with citizenship or eligible immigration status and those without citizenship or eligible immigration status – may receive prorated assistance, continued assistance, or a temporary deferral of termination of assistance. All information reported is subject to verification prior to acceptance to the wait list, prior to the unit offer, prior to completion of the lease, and during tenancy.
13. Circumstances of temporary deferment of assistance - none.

Student Eligibility Rule

A student who is otherwise eligible and meets screening requirements is eligible for assistance if the student meets the criteria indicated below. Section 8 assistance shall be provided to any individual who is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential; when the student:

- 1) is classified a Vulnerable Youth; A student meets HUD's definition of a vulnerable youth when:
 - a. will be 24 years of age or older by December 31st of the award year;
 - b. The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
 - c. The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;
 - d. is a veteran of the Armed Forces of the United States or is currently serving on active duty in the Armed Forces for other than training purposes;
 - e. is a graduate or professional student;
 - f. is a married individual
 - g. has legal dependents other than a spouse;

h. The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) (42 U.S.C. 11431 et seq.), or as unaccompanied, at risk of homelessness, and self-supporting, by

- i) A local educational agency homeless liaison designated pursuant to the McKinney-Vento Homeless Assistance Act;

- ii) The director of a program funded under the Runaway and Homeless Youth Act or a designee of the director;

- iii) The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act (relating to emergency shelter grants) or a designee of the director;

or

- iv) A financial aid administrator; or

2) The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances.

Any financial assistance a student receives (1) under the Higher Education Act of 1965, (2) from private sources, or (3) from an institution of higher education that is in excess of amounts received for tuition and other fees is included in annual income, except:

1. If the student is over the age of 23 with dependent children or

2. If the student is living with his or her parents who are receiving section 8 assistance

Financial assistance that is provided by persons not living in the unit is not part of annual income if the student meets the Department of Education's definition of "vulnerable youth".

If any applicant or existing household member meets the definition of independent student (full-time or part-time) as defined by the U.S. Department of Education, the Owner must determine student's eligibility for Section 8 assistance.

Section 8 assistance cannot be provided to any individual who:

- a.) is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential; and

- b.) is under the age of 24 by December 31 of the award year; and

- c.) is not married; and

- d.) is not a veteran of the United States Military; and

- e.) does not have a dependent child; and

- f.) is not a person with disabilities, as such term is defined in 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was not receiving section 8 assistance as of November 30, 2005). and

- g.) is not living with his or her parents who are receiving Section 8 assistance; and

h.) is not individually eligible to receive Section 8 assistance or has parents (individually or jointly) who are not income eligible to receive Section 8 assistance.

If an ineligible student is a member of an applicant household or an existing household receiving Section 8 assistance, the assistance will be denied or terminated.

Eligibility for Section 8 assistance for a student independent of parents requires demonstration of independence from parents that will include verification from the student that he or she: a.) is of legal age to contract and b.) review and verify previous address information to determine evidence of a separate household or verifying the student meets the U.S. Department of Education's definition of "independent student" and c.) review of prior year income tax return to verify if a parent or guardian has claimed the student as a dependent, except if the student meets the U.S. Department of Education's definition of "independent student" and d.) obtain written certification by a parent of the amount of financial support that parent provides to the student, or written certification that the parent provides no financial support to the student.

Unless the student is determined independent as described above, the eligibility for Section 8 assistance will be based on both the student and parents being determined income eligible for Section 8 assistance. Both the student's income and parent's income must be separately assessed for income. Additionally, any financial assistance of the student in excess of tuition will be included in annual income for determination of Section 8 eligibility unless the student is over the age of 23 with dependent children.

For LIHTC: A household comprised entirely of full time students (adults and minors) is not eligible to reside in this project unless the household meets one of the five exceptions listed below.

1. Students are married and entitled to file a joint federal married and entitled to file a joint federal income tax return. (A married couple who has not filed a joint tax return but is eligible to do so will still qualify, but will need to submit a copy of their marriage certificate.); or
2. The household consists of an independent single parent and his/her children, all of whom are not dependents of a third party other than the absent parent; or
3. At least one household member receives welfare assistance under Title IV of the Social Security Act (AFDC/TANF); or
4. At least one household member is enrolled in and receiving assistance under the Workforce Investment Act (WIA-formerly the Job Training Partnership Act) or similar programs operating under Federal, State or local laws; or
5. At least one household member previously received Foster Care Assistance under part B or E of the Title IV of the Social Security Act (H.R. 3221, effective 07/30/08 forward).

Protections Under The Violence Against Women Reauthorization Act of 2013 (VAWA)

The Violence Against Women Act (VAWA) provides protections to women or men who are the victims of domestic violence, dating violence, sexual assault and/or stalking – collectively referred to as VAWA crimes. Ya Po Ah 4 Percent LP/Ya Po Ah 9 Percent LP dba Ya Po Ah Terrace Condo A & B understands that, regardless of whether state or local laws protect victims of VAWA crimes, people who have been victims of violence have certain rights under federal fair housing regulation.

An applicant's status as a victim of domestic violence, dating violence, sexual assault, or stalking is not a basis for denial of admission, if the applicant otherwise qualifies for assistance or admission.

It is the policy of management to support or assist victims of VAWA crimes and protect victims from being denied housing or from losing their HUD-assisted housing as a consequence of domestic violence, dating violence, sexual assault or stalking. If you feel you are a victim, you are encouraged to contact management. You are entitled to a Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, form HUD-5382. Your information will be kept confidential.

Occupancy Standards

0 bedroom units (studios) and alcoves will be offered to single applicants only.

1 bedroom units will be limited to two persons maximum.

Head Of Household Designation

Households with **2 adult members**, must designate one adult as Head of Household. Additional adults must be designated a status, **based on their relationship to the Head**. All adults will be defined under the following relationship codes, which are required by HUD for subsidy tracking:

- H** - Head
- S** - Spouse (There either can be a spouse or co-head, but not both.)*
- K** - Co-head
- D** - Dependent
 - 18 or older and disabled or a full-time student.
 - Full-time student (regardless of age) away at school but lives with family during school breaks
- O** - Other Adult Member
 - Adult who is not the head, spouse or co-head and whose income is counted in determining the family's annual income.

Please select S, K, D, or O for all adults.

* Couples in a spousal relationship, regardless of legal marital status or gender, should designate a Head and Spouse.

Application Processing

1.) A completed and signed Application for Residency packet including completed declaration of citizenship or eligible immigration status; social security card or other acceptable documentation of Social Security Number (see SSN Requirements) and photo identification as required which will be photocopied and retained as a part of the application must be submitted.

2.) Authorization(s) for release of information.

Once all materials have been received, the application will be evaluated and inquiries made which include but not limited to any and/or all of the following: Prior Tenant History, References, Criminal History, Public Records, Verification of Information and Credit History. The final decision as to an applicant's eligibility will be made by the

Administration. In the event that an applicant is rejected, the applicant shall have fourteen (14) days to respond in writing or to request a meeting to discuss the rejection. Responses may be directed to Greg Franks, 12901 SE 97th Ave, Suite 220, Clackamas, Oregon 97015-7904 or to Multifamily West Region, Branch Chief Asset Management, US Dept of HUD, One Sansome Street Suite 1200, San Francisco, CA 94104-4430. Within five (5) business days of the owner's response or meeting, the owner must notify in writing of the final decision of eligibility. When an applicant is rejected, more detailed information concerning these appeal rights will be furnished at the time of rejection.

The application process is as follows:

1. Application issued to anyone requesting one. They can be picked up or mailed.
2. Application completed, signed by applicant(s) and returned. Completed application is dated (date and time) when received.
3. Wait list review is performed, including but not limited to the following;
 - a. Age of applicant(s) (elderly status)
 - b. References
 - c. Prior tenant history (landlord reference)
 - d. Criminal history
4. Accepted to wait list or rejected (see Screening Criteria)
 - a. **Acceptance to the wait list does not guarantee tenancy or unit offer.**
 - b. Rejected application to legal for review and rejection letter with appeal rights included.

5. When application advances to top of list according to date/time and preferences
 - a. Occupancy review/assessment is done.
 - b. Criminal and credit ordered and received (not to exceed 90 days of occupancy)
 - c. Applicant approved or rejected for unit offer (See Screening Criteria)
6. Contact applicant
 - a. Phone contact – at least 1 attempt on 3 separate days at varied times and
 - b. Written notification if phone contact is not made – allow seven days for response.
 - c. NOTE: If applicant fails to respond to contact, they will be removed from the wait list.
7. Acceptance by applicant: move-in date and interview scheduled.

Waiting List Policy

Due to the demand of subsidized housing Ya Po Ah Terrace (YPA) maintains a Wait List(s). An applicant's name(s) are placed on the Wait List for the apartment size (studio, alcove or 1 bedroom) for which they qualify based on the number of people in the household: Single or Double Occupancy. Additionally, a list is kept for those applicants who require a specifically designed mobility impaired unit.

The first list is for non-accessible units and includes those families in which the head of household, co-head or spouse is age sixty-two (62) or older. The second list is for mobility-accessible units and includes families in which the head of household, co-head or spouse is age sixty-two (62) or older. YPA attempts to ensure that accessible units are occupied by persons who will benefit from their specific design. Further, YPA maintains a waitlist for non-subsidized units on our Third Floor.

When no mobility-impaired persons, or families in which at least one person is mobility-impaired, are on the wait list for an accessible unit, families on the wait list in which head of household, co-head or spouse is age sixty-two (62) or older, will be offered a mobility impaired, accessible unit.

In general, one's place on the wait list is determined by the date and time on which all completed application materials are received at the Office **(See Application Process)**; however, acceptance to the wait list does not automatically guarantee eligibility for residency. Apartments are rented to eligible persons in the order of receipt; however, occupancy standards and preferential treatment are applied to certain persons who meet one or more of the criteria set forth under our **Preferences**.

Preferences are applied only after a determination of initial eligibility under the admissions criteria.

When an apartment is available the wait list will be utilized. Office staff will attempt to contact an applicant(s) via telephone. If necessary, office staff will attempt to contact three (3) times via telephone, on three (3) different days. A person who is advised of an available apartment has 48 hours from receipt of the phone call to notify the office of their intention to accept or refuse the available apartment. If three (3) phone call attempts have not been successful, a letter will be sent via US Postal Service notifying the applicant(s) of the available apartment. If no response is received seven (7) days from the date of the mailing the applicant(s) will be removed from the wait list. It is the applicant(s) responsibility to update their Application For Residency, contact information; telephone number and address, if they move or a change is made.

Any eligible person(s) who are advised either by telephone or US Postal Service of an available apartment and refuses (does not accept) a third time, for any reason, will be removed from the wait list. The applicant(s) may reapply at any time. However, their position on the wait list will be determined by the date and time their most recent application has been accepted.

We would not consider it to be multiple refusals if several apartments were available and the applicant refused all of them at the same time. If an apartment became available later, even if it's the next day, that would be considered a second refusal.

For example: Apartments 101, 102 and 103 are available. Office staff calls an applicant on the wait list on May 1st, to inquire if the applicant is interested in any of these apartments. The applicant cannot move. This is one refusal.

The next day, the office staff gets notice that unit 104 is moving out. On July 2nd a call is made to the applicant in the above scenario and say another apartment, besides what was referenced the previous day, is now coming open. The applicant again cannot move. This is the second refusal.

If applicants call to cancel, reschedule or do not show for their initial interview for a third time their name(s) will be removed from the wait list and will need to reapply. If applicants scheduled for a move-in appointment do not show they will be removed from the wait list and will need to re-apply.

Wait list closure: The owner reserves the right to close the wait list when the owner's estimate the wait time exceeds sixty (60) months. If the owner closes the wait list, the owner will inform potential applicants that the waiting list is closed, will refuse to accept additional applications, and will publish a notice to that effect in the most prominent publication serving local seniors. The owner would reopen the list when placement estimates fall below thirty-six (36) months. The owner will inform potential applicants the waiting list is open by

publishing a notice to that effect in the same prominent publication serving local seniors as when they closed the list. The notice will include information of where and when to apply, rules for applying, and the order in which applications will be processed.

Preferences

- 1.) Two (2) person households receive preference for one-bedroom units. If familial status is altered after initial application, waiting list status may change; i.e. bedroom to studio or alcove.
- 2.) Very-low income eligible persons per HUD guidelines receive preference;
- 3.) Extremely-low income eligible persons per HUD guidelines will only receive preference if the owner determines that the 40% income targeting requirement will not be met. (See Income Targeting Policy on page10).
- 4.) Unit Transfers (see Unit Transfers next section).
- 5.) Applicants providing documentation they have been displaced by a Presidential declared disaster are given priority on the waitlist ahead of other applicants.

Preferences can be cumulative and will supersede date and time placement on the wait list. Preferences for very low income or extremely low income will not supersede occupancy standards except in cases where the two person/one bedroom waitlist has no Income Preference households. Single Income preference will supersede Two Person Non-Preference.

Unit Transfers

We allow for unit transfers for the following reasons:

- 1.) As an accommodation to an individual needing the benefit of an accessible unit designed for handicap/disability if applicable. A non-disabled person occupying that unit will sign an acknowledgement upon move-in and will be required to transfer to the next available unit should another resident or applicant request that accommodation.
- 2.) As a reasonable accommodation (See Reasonable Accommodation below). This request should be issued in writing. If you are unable to provide the request in writing, please notify management for assistance as possible.
- 3.) As a reasonable accommodation for an individual with a medical reason for a transfer (See Reasonable Accommodation below).

4.) The resident has requested and qualifies for a VAWA Imminent Threat Emergency Transfer.

5.) If a tenant reports an increase in household composition and is living in a studio (0) bedroom unit.

6.) As an accommodation to a household requiring a deeper subsidy not available in their current unit.

Tenants awaiting a transfer for any of the reasons above will be given priority above all applicants currently on the waiting list for the first unit to come available that will meet their request.

Reasonable accommodation requests must demonstrate: a.) an identifiable relationship, or nexus, between the requested accommodation and the individual's disability and b.) a benefit to the applicant to participate in the program, live in a dwelling, or to take advantage of the program services. Also it must not present an undue financial and/or administrative burden nor result in a fundamental alteration of the nature of the program.

Upon approval of a transfer request, those individuals in residence shall be given a preference to the next applicable available unit over non-resident applicants and in applicable chronological order with other residents requesting the same reasonable accommodations.

Reasonable Accommodations

A Reasonable Accommodation is a change, exception, or adjustment to a program, service, building, dwelling unit, or workplace that will allow a person with disability to participate in the program, to live in a dwelling unit, to take advantage of the program services, or to perform a job.

A Reasonable Accommodation request should be issued in writing. If you are unable to provide the request in writing, please notify management for assistance as possible.

A reasonable accommodation request must demonstrate: a.) a identifiable relationship, or nexus, between the requested accommodation and the individual's disability and b.) a benefit to the applicant to participate in the program, live in a dwelling, or to take advantage of the program services. Management does not provide reasonable accommodations when the request is a matter of convenience or preference only.

Management may reject a Reasonable Accommodation request if it presents an undue

financial and/or administrative burden or results in a fundamental alteration of the nature of the program. Management reserves the right to propose alternative accommodations based upon availability.

We maintain a Reasonable Accommodation Policy. We will be happy to supply a copy upon request.

Income Targeting Policy

Requirement

Federal law sets the minimum percent of Section 8 units that must be rented to extremely low income persons each year. Of the dwelling units assisted under the Section 8 project-based program that become available in any fiscal year, owners must target forty percent (40%) of admissions to extremely low income (ELI) persons – defined as families whose incomes do not exceed the higher of:

- The Federal Poverty Level or
- 30 percent of Area Median Income

Compliance

Ya Po Ah Terrace has determined that the property's current waiting list enables the owner to achieve the income targeting requirement by following the standard wait list order with no additional procedures.

Should the owner determine that the standard procedure may not achieve the income-targeting requirement, then the owner will immediately implement procedures to insure compliance by offering alternating between the first extremely low-income applicant on the wait list for the available unit, and then select the next eligible applicant from the top of the wait list (regardless of income level) for the next available unit. Available subsequent units selection will continue on an alternating basis until the forty percent (40%) target is reached.

Electronic Income Verification (EIV) Screening

HUD provides the owner/agent with information about an applicant's current status as a HUD housing assistance recipient. The owner/agent will use the Enterprise Income Verification System (EIV) Existing Tenant Report to determine if the applicant or any member of the applicant household is currently receiving HUD assistance. Nothing prohibits a HUD housing assistance recipient from applying to this property. The applicant must move out of the current property and/or forfeit any voucher before HUD assistance on this property will begin.

If the applicant or any member of the applicant household fails to fully and accurately disclose rental history, the application may be denied based on the applicant's "misrepresentation" of information.

This information will be reviewed on an annual basis, at each annual certification. If any household member receives or attempts to receive assistance in another HUD assisted unit while receiving assistance on this property, the household member will be required to reimburse HUD for assistance paid in error. This is considered a material lease violation and may result in penalties up to and including eviction and pursuit of fraud charges. The owner/agent will also review EIV Income Reports no more than 90 days after move in certifications are submitted to TRACS.

Social Security Number (SSN) Requirements

Effective January 31, 2010, all household members must provide:

1. The complete and accurate SSN assigned to each member of the applicant's household and
2. Documentation necessary to prove that the Social Security Number is accurate (verification)

For eligibility purposes, the requirement to disclose a Social Security Number is waived if no Social Security Number has been assigned and:

- A household member is 62 or older as of January 31, 2010 and eligibility determination started before January 31, 2010.
- A household member is an ineligible non-citizen. This household member does not qualify for assistance therefore household assistance will be prorated.
- A child under the age of 6 years added to the applicant household within the 6-month period prior to the household's date of admission. The household will have a maximum of 90-days after the date of admission to provide the Social Security Number and adequate documentation that the Social Security Number is valid. An additional 90 days may be granted under certain circumstances. If the household does not provide the Social Security Number and adequate documentation to verify the Social Security Number within the prescribed timeframe, HUD requires that the owner/agent terminate tenancy.

Failure to provide a Social Security Number at application will not preclude placement to the waiting list provided all other wait list review items can be completed. If offered a unit, non-exempt applicants must provide a SSN to proceed. Applicants not providing a SSN at that time will have 90 days to provide a SSN or they will be removed from the wait list. Residency cannot be obtained by non-exempt applicants without providing a SSN.

The owner/agent must deny and/or terminate HUD assistance, in accordance with the provisions governing the program, if the assistance applicant does not meet the applicable SSN disclosure, documentation, and verification requirements.

The Social Security Number provided will be compared to the information recorded in the Social Security Administration database (through HUD's Enterprise Income Verification (EIV) System) to ensure that the Social Security Number, birth date and last name match. If EIV returns an error that cannot be explained or resolved, assistance and/or tenancy may be terminated and any assistance paid in error must be returned to HUD.

If the applicant/resident deliberately provides an inaccurate Social Security Number, the owner/agent and/or HUD may pursue additional penalties due to attempted fraud.

General Policies And Prohibitions Against Discrimination

We comply with Section 504 of the Rehabilitation Act of 1973 and the Fair Housing Act and other relevant civil rights laws and statutes.

We are an equal opportunity housing provider. We do not allow nor will we allow discriminatory practices to take place concerning properties under our ownership or management. We support the Fair Housing Equal Opportunity policy.

Equal housing will be provided for all persons. Owners and management will provide equal access to housing and will not discriminate in the rental of housing.

- There will be no discrimination based upon race, creed, color, familial status, religion, handicap, gender, disability, national origin, gender identity, sexual orientation or marital status.
- There will be no assignment of minorities to designated units or sections of a project.
- There will be no discrimination against females or males because of disproportionate mixture of sexes.
- There will be no maximum age for elderly tenants who otherwise qualify for residency.
- There will be no discrimination against socio-economic classes.
- There will be no priority to members of any organization sponsoring our housing. There will be no discrimination against non-members of any such organization.
- Local residency may not be made a prerequisite of admission.

This facility does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs or activities. The person named below has been designated to coordinate with the nondiscrimination requirements contained in the U.S. Department of Housing and Urban Development's regulations implementing Section 504 (24 DCFR part 8 dated June 2, 1988):

Greg Franks
12901 SE 97th Ave, Suite 220
Clackamas, OR 97015-7904

Phone: 503-231-4922

Fax: 503-235-5915

TTY: 711

Email: Greg@manormangement.com

Screening Criteria

Ya Po Ah Terrace will review and screen applicants for admission to the wait lists and/or for tenancy.

Admission will be denied if any of the following are determined:

Drug Abuse And Other Criminal Activity

- Any household containing a member(s) who was evicted in the last five years from federally assisted housing for drug-related criminal activity.
- A household in which any member is currently determined to be illegally using a controlled substance, e.g. marijuana, or for which the owner has reasonable cause to believe that a member's illegal use or pattern of using a controlled substance may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents. (Under Federal Law, the Controlled Substance Act (CSA), marijuana is classified as a schedule 1 controlled substance. The CSA prohibits all forms of marijuana use which includes (medical marijuana). Federal Law supersedes Oregon State Law.
- Any household member if there is reasonable cause to believe that member's behavior, from abuse or a pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents.

A search of public records is done to determine whether the applicant or any household member has been convicted of, or pled guilty or no contest to any:

- drug related crime
- person crime
- sex offense
- crime involving fraud, including identity theft and forgery
- any other crime if the conduct for which the applicant was convicted or is charged is of a nature that would adversely affect property of the landlord or a tenant or the health, safety or right of peaceful enjoyment of the premises of residents, the landlord or the landlord's agent.

- owner may make an adverse housing decision based on the conduct underlying an arrest if the conduct indicates that the individual is not suitable for tenancy and the owner has sufficient evidence other than the fact of arrest that the individual engaged in the conduct. The conduct, not the arrest, is what is relevant for admissions and tenancy decisions.

A single conviction, guilty plea or no contest plea for any of the following shall be grounds for rejection of the application. If there are multiple convictions, guilty pleas or no contest pleas on the applicant's record, Owner/Agent may increase the number of years by adding together the years in each applicable category. Owner/ Agent will not consider expunged records.

- Any household member is subject to a state lifetime sex offender registration requirement.
- Felonies involving murder, manslaughter, criminally negligent homicide, aggravated vehicular manslaughter, arson, rape, kidnapping, child sex crimes, where the later of the date of disposition, release from incarceration or completion of parole has occurred in the last 20 years.
- Felonies not included above for drug-related crimes, person crimes, sex offenses, financial fraud crimes, burglary, forgery where the later of the date of disposition, release from incarceration or completion of parole has occurred in the last 10 years.
- Any felony not included above for theft, criminal mischief, coercion, animal abuse, where the later of the date of disposition, release from incarceration or completion of parole has occurred in the last 7 years.
- Misdemeanors involving drug-related crimes, person crimes, sex offenses, weapons, violation of a restraining order, criminal impersonation, criminal mischief, possession of burglary tools, financial fraud crimes, stalking where the later of the date of disposition, release from incarceration or completion of parole has occurred in the last 5 years.
- Misdemeanors not listed above involving theft, criminal trespass, property crimes or disorderly conduct where the later of the date of disposition, release from incarceration or completion of parole has occurred in the last 3 years.

Credit

- Any household member has a history of failure to pay utilities within the last 3 years and/or a history of failure to pay rent to previous landlords.
- Applicant has a credit history that indicates failure to pay creditors for a period of over 120 days from the date debts were due and if there are 5 or more such delinquencies during the last three (3) years, the applicant will be rejected.
- In calculating total delinquencies, owner may consider medical bills as an extenuating circumstance. Owner reserves the right to consider the failure to pay medical bills as an extenuating circumstance.

Rental History

- A judgment against an applicant in an eviction case in the last five (5) years.
- Any judgment against an applicant in an eviction case that is over five (5) years where the applicant continues to owe the landlord (or successors) any amounts related to the eviction.
- Note: Eviction proceedings dismissed without judgment will not bar admission.
- Prior landlord stating they would not rent again to the applicant.
- Prior landlord provides an unfavorable reference based on any of the following reasons:
 - Unpaid rent
 - Failure to maintain property
 - Failure to keep property in a clean and sanitary condition
 - Disputes with other tenants, complaints of noise or disturbances of other tenants
 - Abusive actions toward residents, employees or guests
 - Other violations that related to or constituted a significant violation of lease or rental agreement
 - Any actions that interfered with the health, safety or right to peaceful enjoyment of the premises by others

General

Admission will be barred if management determines reasonable cause exists that applicant's prior or current behavior may interfere with the management of the building, health, safety, or right to peaceful enjoyment by other residents, staff, or guests.

Admission will be barred if management determines that any information on the application or in the application material is found to be false. Application information found to be false after obtaining housing shall be grounds for eviction.

Owner representative reserves the right to review rejected applications for extenuating circumstances.

**EVERGREEN UNION RETIREMENT ASSOCIATION
NOTIFICATION OF NONDISCRIMINATION ON THE
BASIS OF HANDICAPPED STATUS**

Evergreen Union Retirement Association 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.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Greg Franks
12901 SE 97th Ave, Suite 220
Clackamas, OR 97015
Telephone: (503) 231-4922
Toll free: (800) 201-4922
TTY: 711
Email: greg@manormangement.com

EVERGREEN UNION RETIREMENT ASSOCIATION REASONABLE ACCOMMODATION NOTIFICATION

EURA complies with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968 as amended by the Community Development Act of 1974 and the Fair Housing Amendments Act of 1988, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act. EURA will further comply with any subsequently enacted legislation and implementing rules and regulations protecting the residents, applicants and/or staff.

Section 504 stipulates that “no otherwise qualified individual with handicaps in the United States...shall, solely by reason of his/her handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance...”. The Fair Housing Amendments Act regulations state “It shall be unlawful for any person to refuse to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford a handicapped person equal opportunity to use and enjoy a dwelling unit, including public and private areas.”

The requirement to provide reasonable accommodation is intended to provide persons with disabilities equal opportunity to participate in housing programs through modification of policies, procedures, or structures. The policy is not intended to provide greater program benefits to persons with disabilities than to non-disabled persons. However, it may at times mean that persons with disabilities will be treated differently in order to ensure equal access to the programs and services.

EURA is committed to providing reasonable accommodations to qualified persons with disabilities so that the choice of living arrangements is, as a whole, available and comparable to other persons eligible for assistance under the same program. EURA will work with applicants and residents to make a reasonable accommodation, giving priority to those methods that offer programs and activities to otherwise qualified individuals with disabilities in the most appropriate integrated setting. Reasonable accommodation does/will not cause undue burden(s) or cause fundamental alterations in the nature of the housing program.

If you feel you need a reasonable accommodation, please inquire at the office for a copy of the policy. If you need assistance/accommodation in reviewing the policy, staff will be happy to assist you at that time.

**APPLICATION ATTACHMENT
APPLICANT CHANGE OF ADDRESS
NOTIFICATION**

APPLICANT NAME: _____

DATE: _____

NEW ADDRESS : _____

STREET ADDRESS

CITY

STATE

ZIP

NEW PHONE #: _____

Please keep this form as a tool to keep us informed of any contact information changes

NOTICE: Management assumes no responsibility for inability to contact applicant. Applicant is responsible for notification to management of any change in address or status. Failure to do so may result in removal from the waiting list.

Current Rent Schedule

04/01/2024

Floors 4-18

Must Income Qualify to live on these floors. Income is based on your Gross Income (Includes all sources of income before any deductions).

HUD Annual Income Limits (As of 4/01/2024- updated yearly)

Single Occupancy: \$31,200 • Double Occupancy: \$35,650

If you Income Qualify to live on Floors 4-18, your Rent is based on 30% of your Adjusted Gross Income. Rent Includes All Utilities except phone, cable, and internet.

Floor 3

Market Rent Apartments with Amenities

- 2 meals per day: Breakfast & Lunch
- Weekly Housekeeping & Laundry Service
- Transportation to and from pre-scheduled physician appointments 24 hour
- Use of the Third Floor Lounge & Laundry Room after hours.

Please call our office 541-342-5329 for current Rental Rates.

*All Rents include utilities, except phone, cable, and internet.

APPLICATION FOR RESIDENCY

Ya Po Ah Terrace 4 Percent LP & Ya Po Ah Terrace 9 Percent LP

Ya Po Ah Terrace
350 Pearl Street
Eugene, OR 97401
(541) 342-5329 FAX: (541) 342-4534
TDD (541) 342-5329

Email: info@yapoah.com

YA PO AH TERRACE HAS ADMISSION REQUIREMENTS. APPLICANTS MUST MEET THE EVERGREEN UNION RETIREMENT ASSOCIATION ELDERLY CRITERIA.

PLEASE PRINT OR TYPE - ALL INFORMATION WILL BE KEPT CONFIDENTIAL

() Studio/Alcove Unit (one person) () Bedroom Unit (two person)

Applicant Information

1.) Applicant: _____ Age: _____ Date Of Birth: _____

Maiden Name/Other Names: _____ Phone: _____

Address: _____ City: _____

State/Zip: _____ Date Moved In: _____ Soc. Sec. No: _____

Are you a student? Yes () No ()

Are you a Military Veteran? Yes () No () If yes, what branch of service? _____

2.) Do you own your own home? Yes () No () If yes, how long? _____

3.) Name of Present Landlord: _____ Phone: _____

Address of Landlord: _____ City: _____

State/Zip: _____ Relationship: _____ Date Moved In: _____

4.) Name of Previous Landlord: _____ Phone: _____

Address of Landlord: _____ City: _____

State/Zip: _____ Relationship: _____ Moved In/Move-out Dates: _____

5.) Have you ever been evicted? Yes () No () If Yes When: _____

Where: _____

6.) Family Contact: _____ Relationship: _____ Phone: _____

Address of Contact: _____ City/State/Zip: _____

7.) Are you currently displaced due to a Presidential declared disaster? Yes () No ()

If Yes When: _____ Where: _____

8.) Has the Applicant ever applied to or lived in a Manor Management Services, Inc. housing facility before? Yes () No ()

If yes, when: _____ Which facility: _____

9.) Former/Current Occupation(s): _____

Employer Name(s): _____ Dates Employed: _____

Manor Management Services, Inc. (MMS) will be contacted prior to application being placed on the wait list to determine if the applicant was previously a resident at a MMS managed facility, and left in unfavorable standing having any outstanding balances due, damages caused, landlord terminated tenancy, eviction notices received, interfered with management, disturbances or complaints, etc., application may be rejected. If landlord references, credit background, or criminal background are not favorable (due to outstanding debt, evictions, etc.) application may be rejected. *MMS facilities include; Alberta Simmons Plaza, Chaucer Court, Kirkland Union Manors, Kirkland Union Plaza, Marshall Union Manor, Smith Tower, Summer Run, Westmoreland's Union Manor & Ya Po Ah Terrace.*

Continued on Back

Spouse/Co-Applicant Information

1.) Spouse / Co-Applicant: _____ Age: _____ Date Of Birth: _____
Maiden Name/Other Names: _____ Phone: _____
Address: _____ City: _____
State/Zip: _____ Date Moved In: _____ Soc. Sec. No: _____

Are you a student? Yes () No ()

Are you a Military Veteran? Yes () No () If yes, what branch of service? _____

2.) Do you own your own home? Yes () No () If yes, how long? _____

3.) Name of Present Landlord: _____ Phone: _____
Address of Landlord: _____ City: _____
State/Zip: _____ Relationship: _____ Date Moved In: _____

4.) Name of Previous Landlord: _____ Phone: _____
Address of Landlord: _____ City: _____
State/Zip: _____ Relationship: _____ Moved In/Move-out Dates: _____

5.) Have you ever been evicted? Yes () No () If Yes, When: _____
Where: _____

6.) Family Contact: _____ Relationship: _____ Phone: _____
Address of Contact: _____ City/State/Zip: _____

7.) Are you currently displaced due to a Presidential declared disaster? Yes () No ()
If Yes, When: _____ Where: _____

8.) Has the Spouse / Co-Applicant ever applied to or lived in a Manor Management Services, Inc. housing facility before? Yes () No ()
If yes, when: _____ Which facility: _____

Manor Management Services, Inc. (MMS) will be contacted prior to application being placed on the wait list to determine if the applicant was previously a resident at a MMS managed facility, and left in unfavorable standing having any outstanding balances due, damages caused, landlord terminated tenancy, eviction notices received, interfered with management, disturbances or complaints, etc., application may be rejected. If landlord references, credit background, or criminal background are not favorable (due to outstanding debt, evictions, etc.) application may be rejected. ***MMS facilities include; Alberta Simmons Plaza, Chaucer Court, Kirkland Union Manors, Kirkland Union Plaza, Marshall Union Manor, Smith Tower, Summer Run, Westmoreland's Union Manor & Ya Po Ah Terrace.***

Applicant Information/ Spouse/Co-Applicant Information

Note: We conduct criminal background checks on ALL adult members of the household.

1.) Total estimated gross annual household income from all sources (Soc. Sec., SSI, Pensions, Salary, Interest) \$ _____ per year.

2.) Please list all **states and counties** in which ALL of the members of the applying household have lived, (including years).

States _____, Counties _____

3.) Does applicant(s) have a pet? Yes () No () Type _____
Please contact the office for Pet Policy information.

4.) Have you or any person who will be occupying the unit ever been convicted, or pled guilty or no contest to any: Felony: Yes () No () If yes when _____, where _____
Misdemeanor: Yes () No () If yes when _____, where _____

5.) Are you or any person who will be occupying the unit subject to a Lifetime Sex Offender Registration Requirement in any State? Yes () No ()
If yes, when _____ and where _____

6.) Will you or anyone occupying the unit require an Accessible Unit because of physical handicap or mobility impairment? Yes () No ()

7.) How did you hear about Ya Po Ah Terrace? Friends() Family member()
Site sign() Newspaper ad() Brochure() Agency referral() Website()
Other: _____

8.) Personal Reference (cannot be family or landlord):

#1: Name _____ Phone _____

#2: Name _____ Phone _____

YOU MUST PROVIDE CERTIFICATION OF U.S. CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS, HUD ACCEPTABLE DOCUMENTATION OF SOCIAL SECURITY NUMBER AND PHOTO IDENTIFICATION (THESE ITEMS WILL BE PHOTOCOPIED AND RETAINED AS A PART OF THIS APPLICATION).

I certify that all of the information I have given on this Application and in the Application Material is correct and complete. I understand that if any of this information is found to be false it shall be grounds for rejecting my Application. Furthermore, I understand if any Application information is later found to be false after obtaining housing, it shall be grounds for eviction. I hereby authorize you to make any inquiries you feel necessary to evaluate my tenancy and credit standing. This will include, but is not limited to, any or all of the following:

1) Prior Tenant History 2) Public Records 3) Verification of Information 4) Credit History

Signature: _____ Date: _____

Signature: _____ Date: _____

Evergreen Union Retirement Association

QUALIFICATION - PREFERENCE CERTIFICATION

Qualified applicants for residency at Ya Po Ah Terrace will be preferenced according to Federal guidelines if they state and certify that they fall into one or more of the preferencing categories. Categories and their definitions follow. Check the appropriate block if you qualify for one of these categories:

NAME: _____ BIRTHDATE: _____

_____ VERY LOW INCOME - Per HUD regulations: 1-Person Household - Income not to exceed \$31,200 per year; 2-Person Household - Income not to exceed 35,650 per year.

_____ EXTREMELY LOW INCOME - Per HUD regulations: 1-Person Household - Income not to exceed \$18,750 per year; 2-Person Household - Income not to exceed \$21,400 per year.

I HEREBY CERTIFY that I qualify for one or more of the preferences as indicated above. I understand that the indicated preference will be verified prior to residency at Ya Po Ah Terrace. I further understand that it is my responsibility to notify the Office IN WRITING if my circumstances change. If this presents a hardship based on your disability, please contact the office for a reasonable accommodation. I further understand that if I qualify for residency by virtue of a preference and am offered the opportunity to move into Ya Po Ah Terrace and refuse that offer, my right under preferences may be forfeited.

Signed: _____ Date: _____

I DO NOT QUALIFY FOR A PREFERENCE AS DEFINED ABOVE

I HEREBY CERTIFY that I do not qualify for any of the preferences as indicated above. I further understand that it is my responsibility to notify the Ya Po Ah Terrace office IN WRITING if my circumstances change. If this presents a hardship based on your disability, please contact the office for a reasonable accommodation.

Signed: _____ Date: _____

SECURITY DEPOSIT /WAITING LIST STATEMENT

Upon residency a security deposit will be required which is equal to the resident's share of one month's rent and is non-interest bearing as far as the resident or prospective resident is concerned.

I agree to notify the Ya Po Ah Terrace Office every ninety days to remain on the waiting list. I understand that if I do not do so my name may be removed.

Signed: _____ Date: _____

SEE CRITERIA FOR RESIDENCY/TENANT SELECTION PLAN FOR ADDITIONAL DETAILS ON ELIGIBILITY, ACCURACY AND PREFERENCES.

APPLICATION ATTACHMENT – INCOME & ASSETS

Household Name: _____

INCOME:

Social Security	\$ _____	per _____
Pensions/Annuity	\$ _____	per _____
Employment Income	\$ _____	per _____
Unemployment	\$ _____	per _____
Family Contributions (ie. car insurance, phone, cable)	\$ _____	per _____
Other	\$ _____	per _____

ASSETS:

	Balance/Value	% Rate	Annual Income for Asset
Checking	\$ _____	_____	\$ _____
Savings/Money Market	\$ _____	_____	\$ _____
Stocks	\$ _____	_____	\$ _____
Bonds	\$ _____	_____	\$ _____
Real Property	\$ _____	_____	\$ _____
Trust Account	\$ _____	_____	\$ _____
IRA Account(s)	\$ _____	_____	\$ _____
CD	\$ _____	_____	\$ _____
Other	\$ _____	_____	\$ _____

Signature: _____ Date: _____

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. 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.

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

1. **American Indian or Alaska Native.** A person 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.

HANDICAP/DISABLED STATUS INFORMATION REQUEST

The U.S. Department of Housing and Urban Development has requested we ask the following information from all applicants. Mid Columbia Manor, Inc. (MCM) is obligated to collect such information under the programmatic requirements of Title VI of the Civil Rights Act of 1964. Completion of Handicap/Disabled Status information is voluntary and for reporting purposes only.

Provide Your Name:
(Last, First and MI)

Your Relationship to the Head Of Household (Select One)	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Co-Head	<input type="checkbox"/> Dependent
	<input type="checkbox"/> Foster Child/Adult	<input type="checkbox"/> Other Adult
	<input type="checkbox"/> Non-Member	

The definition of a disabled person includes a person who meets any one of the following criteria:

- Has a physical, mental, or emotional impairment that:
 1. Is expected to be of long-continued and indefinite duration;
 2. Substantially impedes his or her ability to live independently, and;
 3. Is of such a nature that ability to live independently could be improved by more suitable housing conditions.

- OR -

- Has a disability as defined in Sec. 223 of the Social Security Act (42 U.S.C. 423):

"Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months," or

"In the case of an individual who has attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills of ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."

Handicapped or Disabled Yes No

Your Signature and Date Signed

YA-PO-AH TERRACE Disclosure of Smoking Policy

Oregon's Landlord-Tenant Law (Oregon Revised Statutes Chapter 90) requires that landlords disclose "...the smoking policy for the premises ..."

Smoking is defined as inhaling, exhaling, breathing, carrying, or possessing any kind of lighted cigar, cigarette, pipe, other tobacco product or similar lighted product in any manner or in any form, including e-cigarettes.

This form provides written disclosure of the SMOKING POLICY for YA-PO-AH TERRACE Retirement Apartments located at: 350 Pearl Street, Eugene, OR 97401

Smoking policy for this property

Ya Po Ah Terrace is a smoke free facility and tenant(s) and all persons on the premises with the consent of the tenant(s) or under the tenant's control shall comply with the smoking policy as set forth below:

No tenant, staff or guest are allowed to smoke anywhere on the entire premises including, but not limited to apartments, the common areas, elevators, stairwells, hallways, landings, garden, sidewalks and parking lot except as noted below:

- In the designated marked smoking area at the east end of the building.

Please refer to the smoking portion of your HOUSE RULES.

Signatures:

I have read, understand and agree to comply with the YA-PO-AH TERRACE Smoking Policy.

Tenant Signature _____ Date _____

Tenant Signature _____ Date _____

Landlord/owner's agent Signature _____ Date _____

YaPoAh Terrace does not discriminate on the basis of handicapped status in the admission or access to, or treatment of employment in, it's federally assisted programs or activities. The person named below has been designate to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Developments regulations implementing Section 504 (24 CGR Part 8 dated June 2, 1988). Greg Franks, 12901 SE 97th Ave, Suite 220, Clackamas, OR 97015-7904, Phone 503.231.4922. Fax 503.235.5915 TTY 711



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law 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.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant 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.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

NOTIFICATION AND ACKNOWLEDGEMENT

U.S. Department of Housing and Urban Development (HUD) rules state that a household cannot receive subsidy on more than one unit at one time. Therefore, if you are currently moving from a subsidized unit to this facility, you need to notify us and to agree to pay market rent for those days you remain on subsidy at the previous facility.

I acknowledge and agree that I will only receive subsidy on one household at a time, will notify Ya Po Ah Terrace if I am receiving subsidy elsewhere, and will pay market rent for any days that I receive subsidy on the other contract.

Are you currently receiving subsidy at your current facility? ___Yes ___No

Name

Date



(800) 228-1837 * (541) 608-2832 * FAX (800) 604-2201
www.tenantdata.com

APPLICANT AUTHORIZATION TO RELEASE CREDIT INFORMATION

I understand that TENANT DATA, INC. (TDS, Inc.) will be processing my employment application & may access my credit information from the national repositories. I authorize my references and creditors to release, to TDS INC., all information necessary to complete said report. I further authorize my references and creditors to release said information telephonically and/or by fax, and request it be done in this manner whenever possible. Furthermore, I understand TDS INC. has my authorization to research all public records for my criminal history. I also authorize TDS INC. to research my driving history, and authorize the Dept. of Motor Vehicles to release any and all information to complete the report. I also understand that it may be necessary to verify my current employment. I authorize my current employer to release any and all information that may be required to complete the report. I further authorize TDS INC. to use a photocopy of this form when it is necessary to verify more than one of my references. I request that such a photocopy be fully honored.

Dated this _____ Day of _____ Year _____

Applicant: First _____ MI _____ Last _____

Applicant's Signature: _____

Applicant SS#: _____ Applicant Date of Birth: _____

Drivers License # _____ State of Issuance _____

Current Address: _____

City: _____ State: _____ Zip: _____

Business Requesting Report:

MANOR MGT.	(503)231-4922	503-325-5915	20120034
Ordered By	Phone Number	Fax Number/Email	Account Number

Please select the type of report you require by checking the appropriate box

- DMV Check
- Statewide Criminal Search
- Alias and Maiden Name Check
- National Criminal and Sex Offender Search

ADDITIONAL REPORT OPTIONS

- Social Trace
- Education Verification
- Additional State - Criminal
- Professional Licenses
- Employment Verification
- Personal References
- Federal Criminal Search
- County Level Search
- Military Verification

Other names used: _____

Other states lived: _____

**Ya Po Ah Terrace
Reference Checklist**

To:

From: Ashley Greer, Administrator
Ya Po Ah Terrace 541-342-5329 FAX: 541-484-4596
350 Pearl Street, Eugene, Oregon 97401-2359

Date: _____

_____ has applied for residency at Ya Po Ah Terrace. We are inquiring into the applicant's prior tenancy record. Please complete the following to the best of your knowledge and return at your earliest convenience in the enclosed, pre-paid envelope. Thank you for your cooperation - ALL INFORMATION WILL REMAIN CONFIDENTIAL.

1. Length of Tenancy: From: _____ To: _____
2. Relationship to Applicant: _____
3. Was rent paid on time: Yes No
4. Rent amount: \$ _____ Any outstanding money owed: \$ _____
5. Is the Applicant currently receiving subsidy: Yes No
6. Were there any disturbance problems related to Applicant: Yes No
If yes, please explain: _____

7. Were valid complaints lodged against them: Yes No
If yes, please explain: _____

8. Did you have reason to believe the Applicant to be:
A. Currently an illegal abuser or addict of a controlled substance
B. Convicted of the illegal manufacture or distribution of a controlled substance;
And / or
C. A direct threat to the health or safety of others.
Explanation: _____
9. If Applicant vacated your premises, was adequate notice given: Yes No
10. Was the unit kept in a safe and sanitary condition by tenant: Yes No
If no, please explain: _____
11. Was the unit damaged: Yes No
If yes, please explain: _____
12. Would you rent to Applicant again: Yes No
If No, please explain: _____
13. Comments: _____

Printed name of Landlord: _____ Signature: _____ Date: _____

To complete my application with the Ya Po Ah Terrace, I authorize you to release the above information:

Applicant Signature: _____ Date: _____

**OWNER'S NOTICE NO. 1
FOR AN APPLICANT FAMILY**

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible noncitizens in the following HUD programs:

- a. Section 8 Housing Assistance Payments Programs
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore, you **are required** to provide documentation and declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank to list all family members who will reside in the assisted unit.
2. Have a Declaration Format completed by each family member (including yourself) who is listed on the Family Summary Sheet. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence with your Application for Residency.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact Kathleen Cestero (541) 342-5329. She will be happy to assist you.

Also, if you are unable to provide the required documentation, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. **Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.**

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

SUMMARY SHEET

Family Summary					Owner' Summary				
Member No.	Last Name of Family Member	First Name	Relationship to Head Of Household	Date of Birth	Declaration*				
					1	2	3	Date Verified	4
Head									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

* Declaration Legend: 1- Citizen/National 2-Noncitizen tenant 62 or older 3-All other noncitizens 4-Not contending eligibility

**APPLICANT
DECLARATION FORMAT**

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____
RELATIONSHIP TO _____ DATE OF
HEAD OF HOUSEHOLD _____ BIRTH _____

SOCIAL _____ ALIEN _____
SECURITY NO. _____ REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable, (this is an 11-digit number found on
INS Form I-94, Departure Record)

NATIONALITY _____ (Enter the foreign nation or country to which you
owe legal allegiance. This is normally, but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1, 2 or 3:

DECLARATION

I, _____ hereby
(print or type first name, middle initial, last name)

declare, under penalty of perjury, that I am:

_____ **1. a citizen or national of the United States**

If you checked this block, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature _____ Date _____

Check here if adult signed for a child: _____

_____ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format and sign below:

If you checked this block and you are under age 62, you must submit a proof of age document together with acceptable documentation of eligible immigration status and sign below:

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

_____ **3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

ACCEPTABLE PROOF OF AGE DOCUMENTS

Documents Provided by Applicant

↑ Birth Certificate

↑ Baptismal Certificate

↑ Military Discharge papers

↑ Valid Passport

↑ Census document showing age

↑ Naturalization certificate

↑ Social Security Administration Benefits printout

**APPLICANT
VERIFICATION CONSENT FORMAT**

Instructions: Complete this format for each noncitizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby
(print or type first name, middle initial, last name)

consent to the following:

- 1. the use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and**
- 2. the release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:**
 - (i) HUD, as required by HUD; and**
 - (ii) the DHS for purposes of verification of the immigration status of the individual.**

NOTIFICATION TO TENANTS:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: _____