



ROSE SCHNITZER TOWER

Rose Schnitzer Tower
1430 S.W. 12th Ave., Portland OR 97201
(503)222-7467

Section 8 HUD/Low Income Housing Tax Credit, HUD –subsidized housing for low-income seniors and disabled persons

---Tenant Selection Plan and Screening Criteria---

I. Occupancy Policy

1. Occupancy is based on the number of bedrooms in a unit. A bedroom is defined as a space within the premises that is used primarily for sleeping, with at least one window and a closet for clothing. Two persons are allowed per bedroom.

II. Project Eligibility Requirements:

1. ***Project specific Requirements:*** The head of household must be sixty-two (62) years of age or older. Residents may be under sixty-two (62) years of age if they are disabled.
2. ***Citizenship Requirement:*** HUD restricts assistance to non-citizens with ineligible immigration status and requires applicants to complete citizenship declaration forms and submit evidence of citizenship or eligible immigration status at the time of application.
3. ***Social Security Number Requirements:*** All household members must disclose and document Social Security numbers. Those who have not been assigned a Social Security number must sign a certification stating that no SSN has been assigned. Documentation of the SSN must be provided once an SSN has been assigned.
4. ***Student Eligibility Requirements:*** Households comprised entirely of full-time students are not eligible, with four exemptions.
 - All of the students are entitled to file a joint federal income tax return
 - The household consists of a single parent (with custody) of school age child or children
 - The household receives assistance under the TANF program as such program activities and participation are related to families with dependent children
 - The tenant(s) in the household are enrolled in and receiving assistance under the Workforce Investment Act (WIA) or similar governmental job-training program.

III. Income Limits:

1. Rent at Rose Schnitzer Tower is approximately 30% of the applicant's adjusted gross monthly income.
2. Employment or other source of income will be verified through a third party. Employment of self-employed applicants will be verified through state and/or federal documents. A recorded business name or corporate filing will be sufficient to meet employment requirements.
3. At Rose Schnitzer Tower we accept applicants who meet the Very-Low and Extremely-Low Income requirements for Multnomah County. Annual Income Limits should not exceed :
 - a. \$29,580 for an individual
 - b. \$33,780 for a family of two



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IV. Procedures for Accepting Applications and Pre-applications:

1. An applicant must submit a completed Application for Admission & Rental Assistance. Included in a complete application is an accurate listing of the applicant's current rental/residential reference and last five (5) years of rental/residential history, with phone numbers. If the application is incomplete, the applicant will be notified in writing and his/her name will not be placed on our waiting list. If an applicant needs help filling out the application please notify our office and we will assist the applicant with the application process.
2. A positive identification in the form of picture identification stating the date of birth will be required in order for us to accept the application.
3. Each applicant will be required to qualify individually. (Individuals intending to occupy the same apartment, whose credit is not combined, must submit separate applications.)
4. Rose Schnitzer Tower maintains two separate waiting lists; one is for applicants over the age of 62 and the other is for applicants under the age of 62 and disabled. All vacancies are filled from these two lists. Applicants are not screened until the applicant approaches the top of the waiting list.
5. The Applicant's position on the waiting list is determined by preference (*see section V. Procedures for Applying Preferences*) and the date/time on which all application materials are received at the office. The applicant should contact the Rose Schnitzer Tower office in writing if any of the information on their application changes. **If we are unable to contact the applicant due to an unreported change, they will be dropped from the waiting list.**
6. We require all applicants to contact us at least once during every six (6) month period that their name is on our waitlist. The applicant must contact us during business hours which are Monday through Friday 10 am to 4 pm. If the cutoff date for the six (6) month period falls on a weekend or holiday then we expect to be contacted no later than 4 pm on the following business day. **If the applicant fails to contact us during the six (6) month period, their name will be removed from the waitlist without any further notification.**
7. Apartments are rented to eligible persons in the order of receipt. If the applicant refuses the apartment they are offered, they can choose to be removed from the waitlist or moved to the bottom of the waitlist. An applicant can request to be moved to the bottom of the waitlist one time. If they wish to be moved to the bottom of the list again they will be asked to fill out a new application and it will only be accepted if the waitlist for which they qualify is open.
8. If the application is approved and the applicant accepts the available unit, they will be required to sign a rental agreement in which they will agree to abide by all of Rose Schnitzer Tower's rules and regulations. The applicant is encouraged to read the rental agreement at the time of application. The applicant will also be required to pay a security deposit equal to one month's rent and utilities.

V. Procedures for Applying Preferences:

1. Rose Schnitzer Tower Apartments population is comprised of 90% elderly over the age of 62 and 10% under the age of 62 with a disability. If less than 10% of our population is disabled and under the age of 62, then we will fill vacancies from the waitlist for applicants under the age of 62 and disabled. Once we have met our 10% requirement we will fill vacancies from the waitlist for applicants over the age of 62.
2. HUD requires that no less than 40% of the admissions to any project assisted through the project-based section-8 program in any fiscal year must be Extremely Low-Income households. Income targeting will be analyzed semi-annually to ensure the 40% target is met. In keeping with HUD's Income Targeting Policies, applicants whose incomes are below the Extremely Low-Income limit (30% of the area median income) may receive preference over another applicant in a higher position on the waitlist when a unit becomes available. To implement this preference the first Extremely Low-Income applicant on the waiting list will be selected for the available unit (which means "skipping over" some applicants with higher incomes). Once we have met our 40% Extremely Low-



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Income requirement we will select the next eligible applicant currently at the top of the waiting list, regardless of income level, for the next available unit.

VI. Applicant Screening Criteria:

1. **Rental Requirements:** Five (5) years of eviction-free rental/residential history will be required. Rental History reflecting more than \$500.00 in damages will result in denial, regardless of settled debt. Rental history demonstrating documented noise, disturbances, or other complaints will result in denial when the manager would not re-rent. Rental history reflecting past-due rent will result in denial (unless the debt has been settled and the manager would re-rent).
2. **Credit Requirements:** Good credit will be required for an unconditional approval. If negative or adverse credit is reported, the following criteria will be used:
 - a. Outstanding bad debt of more than \$3,000 reported on the credit file will result in denial, unless the debt is a verifiable medical expense, or the debt is a bankruptcy and no negative information has been reported since the bankruptcy.
 - b. Ten or more past-due accounts on the credit file will result in denial.
3. **Criminal Convictions:** When an applicant's name approaches the top of the waiting list, a search of public records will be conducted to determine whether the applicant or any proposed tenant has been convicted of, or pled guilty to or no-contest to, any crime. The following shall be grounds for denial of the rental application:
 - a. A conviction, guilty plea or no-contest plea, ever, for any felony involving serious injury, kidnapping, death, arson, rape, sex crimes including child sex crimes, extensive property damage or drug-related offenses (sale, manufacture, delivery or possession with intent to sell), class A/Felony burglary or Class A/Felony robbery;
 - b. A conviction, guilty plea or no-contest plea, where the date of disposition, release or parole has occurred within the last seven years for any other felony charges;
 - c. A conviction, guilty plea or no-contest plea, where the date of disposition, release or parole has occurred within the last seven years for any Class A misdemeanor or gross misdemeanor involving assault, intimidation, sex related, drug related (including sale, manufacture, delivery or possession), property damage or weapons charge;
 - d. A conviction, guilty plea or no-contest plea, where the date of disposition, release or parole has occurred within the last three years for any Class B or C misdemeanor in the above categories or any misdemeanor involving criminal trespass I, theft, dishonesty, or prostitution.

Pending charges or outstanding warrants for any of the above will result in a suspension of the application process until the charges are resolved. Upon resolution, if an appropriate unit is still available, the processing of the application will be completed. No unit will be held awaiting resolution of pending charges.
4. **Alcohol Abuse:** Any applicant whose abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents will result in denial of the rental application.

VII. Live-in Aide Screening Criteria:

1. Your current rental/residential reference and your last five years of rental/residential history will be verified.
2. Five years of eviction-free rental/residential history will be required. Evictions due solely to nonpayment of rent will not result in denial as live-in aids are not responsible for rental payments.
3. Rental history reflecting more than \$500.00 in damages will result in denial, regardless of settled debt.



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4. Rental history demonstrating documented noise, disturbances, or other complaints will result in denial when the manager would not re-rent.

VIII. Rejection Policy

1. Incomplete, inaccurate, or falsified information will be grounds for denial.
2. Any applicant currently using illegal drugs or reporting a conviction for the illegal manufacture or distribution of a controlled substance shall be denied.
3. Any individual who may constitute a direct threat to the health and safety of an individual, the complex, or the property of others will be denied.
4. If the application is rejected due to unfavorable information received on the applicant's background investigation, they will receive a letter from Pacific Screening detailing the reason(s) they were rejected. After they receive the letter from Pacific Screening, they may:
 - a) Contact Pacific Screening to discuss their application. PO Box 25582, Portland OR 97298. (503) 297-1941
 - b) Contact Pacific Screening to find out the name of the credit reporting agency which is reporting the unfavorable information.
 - c) Correct any incorrect information through the credit reporting agency as per their policy.
 - d) Request that the credit reporting agency submit a corrected credit check to Pacific Screening. Upon receipt of the correct and satisfactory information, the application will be reevaluated for the next available unit.
5. If, after the applicant has contacted Pacific Screening, they continue to feel that they qualify as a resident under the criteria set out above and they wish to discuss the rejection of their application, wish to request a reasonable accommodation, or if they wish to make a discrimination complaint they should write a letter to:

Rose Schnitzer Apartments
Equal Housing Opportunity
1430 SW 12th Avenue
Portland, OR 97201

In the letter, please explain the reasons the applicant believes their application should be approved and request a review of their file. If they are requesting a reasonable accommodation, please include that in the letter. The applicant has 14 days from the date of rejection to respond in writing or to request a meeting to discuss the rejection of your application. Within five working days of receipt of the applicant's letter, their application will be reviewed and they will be notified in writing of the outcome of the review.

IX. Transfer Policy:

1. Transfers from one apartment to another will only be granted for medically necessary reasons in conjunction with a reasonable accommodation.
2. If a non-disabled resident is in an apartment that would enable a currently disabled resident to fully use and enjoy the premises as any non-disabled resident would, then the resident agrees to transfer to another apartment with 30-days written notice from Management at either the Management's expense or the accommodated disabled Resident's expense, depending on the requirements of federal and state law.



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X. Policies to comply with Section 504 of the Rehabilitation Act of 1973 and Fair Housing Act Amendments of 1988:

1. Section 504 prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance.

Rose Schnitzer Tower 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).

Name of Coordinator: Pamela Washington
Address: 731 SW Salmon St., Portland OR 97205

2. The Fair Housing Act prohibits discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, disability and familial status. It applies to housing, regardless of federal financial assistance.
3. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from HUD.
4. Rose Schnitzer Tower is willing to make and allow reasonable accommodations for reasonable changes to the units and common areas that will provide accessibility to all residents. The applicant or tenant must seek the landlord's written approval before making any modifications. Each request will be evaluated under state and federal law to determine who will be responsible for the cost. Requirements for modifications include:
 - a. Written approval from the landlord before modifications are made,
 - b. Written assurances that the work will be performed in a professional manner,
 - c. Written proposals detailing the extent of the work to be done,
 - d. Documents identifying the names and qualifications of the contractors to be hired,
 - e. Furnishing of all appropriate building permits and required licenses for landlord inspection.
5. Rose Schnitzer Tower can provide language services upon request.

XI. Policy for Opening and Closing the Waiting List:

1. Rose Schnitzer Tower will close the waitlist under two circumstances, which are:
 - a. When there are more than 200 applicants on the list; or
 - b. When the waiting period is longer than two years.
2. Rose Schnitzer Tower will open the waitlist:
 - a. When there are 50 or fewer applicants on the list; or
 - b. When the waiting period is less than 6 months.

Income and Asset Information

Please answer each of the following questions. For each “yes,” provide details in the chart below. Does/is any member of your household:

YES **NO**

- ___ ___ 1. Work full-time, part-time or seasonally?
- ___ ___ 2. Expect to work for any period during the next year?
- ___ ___ 3. Work for someone who pays them cash?
- ___ ___ 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
- ___ ___ 5. Now receive or expect to receive unemployment benefits?
- ___ ___ 6. Now receive or expect to receive child support?
- ___ ___ 7. Entitled to child support that he/she is not now receiving?
- ___ ___ 8. Now receive or expect to receive alimony?
- ___ ___ 9. Have an entitlement to receive 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 assets 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?

Member No.	Source of Income/Type of Income	Monthly Income	Annual Income

Assets

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

Member No.	Bank Name	Type of Account	Account No.	Balance

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

3. List any assets disposed of for less than their fair market value during the past two years:

Expenses

YES NO

___ ___ 1. Do you pay for a care attendant or for any equipment, for any handicapped or disabled household member(s), necessary to permit that person or someone else in the household to work?
If you pay a care attendant, provide their name, address and telephone number:

What is the cost to you for the care attendant and/or their equipment? _____

___ ___ 2. Do you have medicare? If yes, what is your monthly premium? _____

___ ___ 3. Do you have any other kind of medical insurance? If yes, provide the name and address of the carrier, the policy number, and the premium amount:

___ ___ 4. Do you have outstanding medical bills? If yes, list them below:

What medical expenses do you expect to incur in the next twelve months? List below:

If you use the same pharmacy regularly, please provide the name and address:

Rental/Residential History

We require you to document the **LAST FIVE YEARS** of your rental/residential history. Please account for any gaps.

1. Current Address: _____
Street City State Zip

Building name: _____

Landlord/Manager's name (full): _____ Phone No.: (_____) _____
Area Code Number

How long have you lived there? From _____ to _____
Month/Year Month/Year

Reason for leaving? _____

2. Previous Address: _____
Street City State Zip

Building name: _____

Landlord/Manager's name (full): _____ Phone No.: (_____) _____
Area Code Number

How long did you live there? From _____ to _____
Month/Year Month/Year

Reason for leaving? _____

3. Previous Address: _____
Street City State Zip

Building name: _____

Landlord/Manager's name (full): _____ Phone No.: (_____) _____
Area Code Number

How long did you live there? From _____ to _____
Month/Year Month/Year

Reason for leaving? _____

If you require more space to document the last five years of your rental/residential history, please write the rest of your history on a separate sheet of paper and attach it to the application. Also account for any gaps in your rental/residential history on a separate sheet of paper.

Have you ever been evicted? Yes _____ No _____ If yes, list the date: _____
Month/Year

Employment History

Head of Household's Current Employer: _____

Employer's

Address: _____
Street City State Zip

Supervisor's Name (full): _____ Phone #: (_____) _____
Area Code Number

Spouse/Co-head's Current Employer: _____

Employer's

Address: _____
Street City State Zip

Supervisor's Name (full): _____ Phone #: (_____) _____
Area Code Number

Criminal History

Have you or your spouse/co-head been convicted of or pled guilty to any felony or misdemeanor (other than a traffic offense) ?

Yes _____ No _____ If yes, please provide the following information:

1. Who (Head or Spouse/Co-head)? _____ State: _____ Date of Conviction: _____
Month/Year

Crime _____ Sentence: _____

2. Who (Head or Spouse/Co-head)? _____ State: _____ Date of Conviction: _____
Month/Year

Crime _____ Sentence: _____

Penalties for Misusing this Consent:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

Credit Statement

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your character, general reputation, and mode of living is verified. You, as the prospective tenant, agree that a complete investigation of everything on this application will not constitute an invasion of your privacy. The applicant has the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit reporting agency. The name and address of the screening service or credit reporting agency will be provided at the request of the applicant.

I/We certify that all information in this application is true and complete to the best of my/our knowledge and you are hereby authorized to make any inquiries you feel necessary to evaluate my/our tenancy and credit standing. I/We understand a criminal history search will be conducted and authorize you to do so. I/We am/are aware of, and extend the privilege to, the tenant screening service to obtain the credit reports and/or character reports as necessary. I/We understand that the above information is being collected to determine my/our eligibility.

I/We understand that inaccurate or falsified information will be grounds for the denial of the application or eviction from the premises. I/We understand that false statements or information are punishable under Federal law.

I/We understand that a security deposit will be required before I/we move into an apartment and that pets are allowed only after a pet application has been processed and approved.

I/We certify that if selected to receive assistance, the unit I/We occupy will be my/our only residence.

I/We agree to all of the above and sign this of my/our own volition.

Applicant's Signature

Date

Spouse's Signature

Date

Federal Social Security Disclosure Regulations

1. This rule does not require anyone to get a Social Security number if they do not have one; however, **each family member applying for housing must supply either:**

- Their Social Security Number and verification of it, OR
- A certification that they have no number (certification available at the Social Security office).

2. An applicant **cannot** become a participant until they have submitted either:

- A Social Security Number and verification, OR
- A certification that they do not have one.

3. Acceptable Social Security Number verifications are as follows:

- A valid Social Security card issued by the Social Security Administration, or
- one of the following documents that display your Social Security Number:
 - A Driver's License
 - An Identification Card issued by a Federal, State, or Local agency
 - An Identification Card issued by an employer or trade union
 - Earnings statements or payroll stubs
 - Bond statements
 - IRS Form 1099
 - Benefit Award Letter from government agencies
 - Unemployment Benefit Letter
 - Retirement Benefit Letter
 - Life Insurance policies
 - Court records such as real estate, tax notices, marriage and divorce, judgment or bankruptcy records
 - Other documents that the processing entity determines as adequate evidence
 - If the entity verifies Social Security benefits with the Social Security Administration, the acceptance of the SSN by SSA may be considered documentation of its validity

To complete your application, we also require proof of your birthdate and a copy of a valid piece of photo identification.