



Hawks View Estates Cover Page

Head of Household: _____ Cell: _____

Cohead: _____ Cell: _____

Other: _____ Cell: _____

Email(s): _____

Mailing Address: _____

What size apartment would you like to apply for? **(circle all that apply)**

1 Bedroom

2 Bedroom

3 Bedroom

Do you **require** an ADA unit or other reasonable accommodation? YES NO

If yes, please explain:

TO BE COMPLETED BY EPIC STAFF

Desired MI Date: _____ All Full time Students? _____ Exception? _____

Application for specific set aside unit: _____

Desired Bedroom Count: _____ ADA Required

Pets? _____ Other Requirements: _____

Preferences: _____

Total Household Occupancy: _____ # Over 18: _____ Total combined income: _____



MULTIFAMILY NW
The Association Promoting Quality Rental Housing

**OREGON—TAX CREDIT
RENTAL APPLICATION**
TO BE COMPLETED BY EACH ADULT APPLICANT

ALL UNITS
SUBJECT TO
AVAILABILITY



OFFICE USE ONLY

NEW MOVE-IN OCCUPANT TURNING 18 ADD/REMOVE ROOMMATE TRANSFER

PROPERTY NAME / NUMBER Hawks View Estates

UNIT NUMBER _____ ADDRESS 51750 Little Deschutes Lane, La Pine OR 97739

DATE UNIT WANTED _____ UNIT RENT \$ _____ NON-REFUNDABLE SCREENING CHARGE \$ 40.00

OWNER / AGENT EPIC Property Management PHONE 458-206-9883

OWNER / AGENT ADDRESS 51750 Little Deschutes Lane, La Pine OR 97739

SMOKING POLICY: ALLOWED - ENTIRE PREMISES PROHIBITED - ENTIRE PREMISES ALLOWED IN LIMITED AREAS (ASK MANAGEMENT FOR DETAILS)

APPLICANT

PLEASE DO NOT LEAVE ANYTHING BLANK. IF NOT APPLICABLE, WRITE "N/A."

APPLICANT FULL LEGAL NAME _____ EMAIL _____

PREVIOUS NAMES, ALIASES OR NICKNAMES USED _____

DATE OF BIRTH _____ SOC. SECURITY # _____ APPLICANT PHONE (_____) _____

GOVERNMENT ISSUED PHOTO I.D. TYPE _____ # _____ / STATE _____ EXP. DATE _____

CURRENT STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ DATE YOU MOVED IN _____

CURRENT LANDLORD NAME _____ LANDLORD PHONE (_____) _____

LANDLORD EMAIL _____ LANDLORD FAX (_____) _____

STREET ADDRESS (OR APT NAME) _____ CITY _____ STATE _____ ZIP _____

APPLICANT FORMER STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ FROM _____ TO _____

FORMER LANDLORD NAME _____ LANDLORD PHONE (_____) _____

LANDLORD EMAIL _____ LANDLORD FAX (_____) _____

STREET ADDRESS (OR APT NAME) _____ CITY _____ STATE _____ ZIP _____

OTHER STATES AND COUNTIES YOU HAVE LIVED IN DURING THE PAST 5 YEARS _____

INCOME

ARE YOU SELF-EMPLOYED? YES NO ARE YOU A FULL-TIME STUDENT? YES NO

CURRENT EMPLOYER _____ PHONE (_____) _____

HR EMAIL _____ HR FAX (_____) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ DATE HIRED _____ GROSS MONTHLY INCOME \$ _____

ADDITIONAL CURRENT EMPLOYER _____ PHONE (_____) _____

HR EMAIL _____ HR FAX (_____) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ DATE HIRED _____ GROSS MONTHLY INCOME \$ _____

OTHER MONTHLY INCOME: THIS INCLUDES, BUT IS NOT LIMITED TO, WELFARE ASSISTANCE, SOCIAL SECURITY, PENSIONS, DISABILITY, MILITARY PAY/BENEFITS, UNEMPLOYMENT, CHILD SUPPORT, ALIMONY, STUDENT GRANTS/LOANS, SELF-EMPLOYMENT, LOTTERY INCOME, INCOME FROM THE SALE OF PROPERTY, INCOME FROM TRUSTS AND ANY OTHER INCOME RECEIVED FROM PEOPLE NOT RESIDING WITH YOU.

SOURCE _____ \$ _____ SOURCE _____ \$ _____

ASSETS

ASSETS: THIS INCLUDES, BUT IS NOT LIMITED TO, CHECKING/SAVINGS ACCOUNTS, 401K, MONEY MARKET ACCOUNTS, IRA, STOCKS/BONDS, CD'S, TRUSTS, WHOLE OR UNIVERSAL LIFE INSURANCE POLICIES, CASH HELD IN SAFETY DEPOSIT BOXES, ITEMS HELD AS INVESTMENTS, ETC.

ASSET TYPE	FINANCIAL INSTITUTION	ASSET TYPE	FINANCIAL INSTITUTION
_____	_____	_____	_____
_____	_____	_____	_____

OTHER OCCUPANTS

NAME	DATE OF BIRTH	SOCIAL SECURITY #	FULL-TIME STUDENT?
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

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VEHICLES	MAKE	MODEL	COLOR	STATE	LICENSE PLATE #	OWNER
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

IF CHECKED, PETS ARE NOT ALLOWED AT THIS PROPERTY.

IF CHECKED, PETS ARE ALLOWED SUBJECT TO MANAGEMENT APPROVAL. HOW MANY PETS WILL BE RESIDING IN THIS UNIT? _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

EMERGENCY CONTACT _____ PHONE (____) _____

ADDRESS _____

CONTACT IN CASE OF DEATH _____ PHONE (____) _____

ADDRESS _____

DO YOU INTEND TO USE: WATERBED AQUARIUM MUSICAL INSTRUMENT _____

HAVE YOU EVER BEEN EVICTED, OR ARE YOU CURRENTLY IN THE EVICTION PROCESS? YES NO IF YES, DATE _____

HAVE YOU EVER FILED FOR BANKRUPTCY, OR ARE YOU CURRENTLY IN THE BANKRUPTCY PROCESS? YES NO IF YES, DATE _____

HAVE YOU EVER HAD A HOME FORECLOSED ON, OR ARE YOU CURRENTLY IN THE FORECLOSURE PROCESS? YES NO IF YES, DATE _____

HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT EVER BEEN CONVICTED OF, OR PLED GUILTY OR NO CONTEST TO, ANY FELONY OR MISDEMEANOR? YES NO IF YES, WHO _____ WHERE _____ WHEN _____

WHAT _____

WHY ARE YOU VACATING YOUR PRESENT PLACE OF RESIDENCE? _____

HOW DID YOU HEAR ABOUT OUR PROPERTY? _____

Owner/Agent has charged a screening charge as set forth above. Owner/Agent may obtain a consumer credit report and/or an Investigative Consumer Report which may include the checking of the applicant's credit, income, employment, rental history, and criminal court records and may include information as to his/her character, general reputation, personal characteristics, and mode of living. You have the right to request additional disclosures provided under Section 606 (b) of the Fair Credit Reporting Act, and a written summary of your rights pursuant to Section 609(c). You have the right to dispute the accuracy of the information provided to the Owner/Agent by the screening company or the credit reporting agency as well as complete and accurate disclosure of the nature and scope of the investigation.

SCREENING COMPANY OR CREDIT REPORTING AGENCY

COMPANY NAME Pacific Screening Inc. PHONE 1-503-297-1941

ADDRESS PO Box 25582, Portland OR 97298

EMAIL Service @ pacificscreening.com

If the application is approved, applicant will have 48 hours from the time of notification to either, at Owner/Agent's option, execute a rental agreement and make all deposits required thereunder or make a deposit to hold the unit and execute an agreement to execute a rental agreement which will provide for the forfeiture of the deposit if applicant fails to occupy the unit. If applicant fails to timely take the steps required above, he/she will be deemed to have refused the unit and the next application for the unit will be processed.

THE FOLLOWING INFORMATION IS SUBJECT TO CHANGE PRIOR TO EXECUTION OF RENTAL AGREEMENT.

RENT	THE FOLLOWING ARE MAXIMUM AMOUNTS. THE ACTUAL AMOUNT CHARGED WILL DEPEND ON UNIT SIZE, SCREENING RESULTS, AND OTHER FACTORS.	DEPOSITS	SECURITY DEP. MINIMUM	\$ <u>400.00</u>	GOOD FAITH ESTIMATE	Approximate number of units currently available, or which will in the foreseeable future be available, of the size and in the area requested by applicant: <u>42</u> unit(s).	
	SECURITY DEP. MAXIMUM (DEPENDS ON SCREENING RESULTS AND UNIT SIZE)		\$ <u>827.00</u>	Approximate number of applications previously accepted and currently under consideration for those units: <u>42</u> application(s).			
	MAXIMUM POTENTIAL RENT		\$ <u>827.00</u>	Pet Deposit		\$ <u>300.00</u>	If the blanks above are not filled in, then there is at least one unit available and there are no applications ahead of yours currently under consideration.
	<u>1 bdrm</u>		\$ <u>596.00</u>	<u>1 bdrm max</u>		\$ <u>596.00</u>	
	<u>2 bdrm</u>		\$ <u>718.00</u>	<u>2 bdrm max</u>		\$ <u>718.00</u>	
<u>3 bdrm</u>	\$ <u>827.00</u>	<u>3 bdrm max</u>	\$ <u>827.00</u>				
	\$ _____		\$ _____				

I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I understand that giving incomplete or false information is grounds for rejection of this application. I understand that if any information supplied on this application is later found to be false, this is grounds for termination of tenancy. I have received and read the Owner/Agent's rental criteria and I understand that failure to meet any of the criteria may result in denial of my application.

APPLICANT X _____ DATE _____ PHOTO I.D. VERIFIED BY _____ (INITIALS)

OWNER/AGENT X _____ DATE RECEIVED _____ TIME RECEIVED _____

OWNER/AGENT NOTES _____

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RENTAL CRITERIA FOR RESIDENCY

Property: Hawks View Estates

Program: Tax Credit/PB8

EPIC Property Management, LLC would like to thank you for your interest and applying at one of our communities. We want each resident's stay to be a positive experience for themselves and the community. Keeping our apartments safe and livable begins with our application and screening process. This fact sheet describes the application process and the criteria we use to screen your application. Overall, chances are good that you will find a home in one of our communities unless members of your household have engaged in serious criminal behavior, disturbed the peace at past residences, or otherwise not respected rental rules. Please ask questions if you believe you do not meet the requirements listed below. We can't promise a solution, but we definitely cannot help unless you ask.

EPIC is an Equal Housing Opportunity provider and complies with all Fair Housing rules and regulations.

Income/ Rent Restrictions:

This property was subsidized with multiple funding sources that require income and rent restrictions for this apartment community. The apartments are restricted to households earning less than 60% of the area median income(AMI). Your household income must not be more than the AMI for your household size. Additionally, a 60% rent set aside is in place for each home, excluding units with Project Based Section 8.

Set Aside/ Waiting List Preference:

Hawks View Estates gives preference to families referred through an established agreement with community partners for providing service-enriched housing. Hawks View has the following preferences:

- 9 apartment homes strictly for clients referred by Oregon Department of Human Services (DHS) in their Child Welfare and Family Self Sufficiency programs. 8 of these homes will receive Project Based Section 8.

Applicants meeting the criteria for these units will receive a priority on the waitlist and will be contacted prior to applicants that do not meet the criteria for those 9 apartments only. Once the 9 units are filled, all applicants will be contacted in order of date and time their application was received.

Applicants requesting an accessible unit will be placed on the accessible unit list

General Requirements:

1. Government issued photo identification is required for all applicants and co-signers.
2. Each applicant will be required to qualify individually.
3. If at any time it is found that false or fraudulent statements were made during the application process, it is grounds for immediate denial of the application or termination of tenancy.
4. Applications must be completed individually for all adult applicants at least 18 years of age, married, emancipated or (in Oregon) under the age of 18 and (a and/or b)
 - a) Pregnant and expecting the birth of a child who will live in the primary applicant's physical custody.
 - b) The parent of a child or unborn child living in the physical custody of the person.

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).
2. Two persons are allowed per bedroom, plus one additional occupant in the unit.
3. A household must comprise of a minimum of 3 persons to be eligible for a three-bedroom apartment.

Application Process:

1. Review all sections of the Criteria for Residency.
2. Submit the Non-Refundable Application fee of \$40.00 in the form of cashier's check or money order (personal checks and cash cannot be accepted during this process).

Income Requirements:

1. Monthly income requirement is a minimum of 2 times the tenant's monthly rent portion and must be from a verifiable source. The following sources of income will be considered including but not limited to:
 - Employment, Unemployment, Child Support, Alimony, TANF, Social Security Benefits, Pensions, Food Stamps, Section 8 Voucher, Rental Assistance, Income from Assets, Rental Income and Periodic Monetary Assistance.
2. Voucher holders with Zero income must provide proof of the income source that will pay the Utility Allowance set for the unit size at the property.
3. All Income and Assets must be reported and will be verified.
4. Third party verifications may be required based on the community that you're applying for.

Employment Criteria:

1. Twelve months of verifiable employment will be required if used as source of income.
2. Self-Employed applicants will be required to submit the previous year's tax returns

Rental Criteria:

1. Less than twelve months of verifiable contractual rental history from a current or previous third-party landlord or home ownership will result in a deposit equal to one month's total rent.
2. Three years of eviction-free history is required.
3. Five or more 72-Hour notices within one year will result in a denial of the application.
4. Three or more dishonorable checks within one year will result in a denial of the application.
5. Rental history reflecting past due and unpaid rent will result in denial of the application.
6. Negative rental references within two years will result in denial of the application.

Credit Criteria:

1. Negative or adverse debt showing on consumer credit report may require additional security deposit.
2. Ten or more unpaid collections (not related to medical, child support and student loans) may result in denial of the application.
3. Unpaid collections related to utility services will result in denial of the application.

Criminal Conviction Policy:

Upon receipt of the rental application and screening fee, Owner/Agent will conduct a search of public records to determine whether the applicant or any proposed tenant has been convicted of, or pled guilty or no contest to, any: drug-related crime; person crime; sex offense; crime involving financial fraud, including identity theft and forgery; or 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 tenant or the health, safety or right of peaceful enjoyment of the premises of residents, the landlord or the landlord's agent.

A single conviction, guilty plea, no contest plea or pending charge for any of the following shall be grounds for denial of the rental 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.

- a) Admission will be denied for anyone that is subject to a state sex offender lifetime registration requirement,
- b) Murder, manslaughter, class A felonies involving arson, rape, kidnapping, child sex crimes, where the date of disposition, release or parole has occurred in the last 20 years.
- c) Criminally negligent homicide, aggravated vehicular manslaughter and Class A felonies not included in the above for drug-related crimes, person crimes, sex offenses, financial fraud crimes, burglary, where the date of disposition, release or parole has occurred in the last 10 years.
- d) Class B felony for drug-related crimes, person crimes, sex offenses, financial fraud crimes, aggravated theft, where the date of disposition, release or parole has occurred in the last 7 years.
- e) Class C felony for drug-related crimes, person crimes, sex offenses, financial fraud crimes, burglary, theft, criminal mischief, coercion, animal abuse, where the date of disposition, release or parole has occurred in the last 5 years.
- f) Class A misdemeanor for drug-related crimes, person crimes, sex offenses, financial fraud crimes, criminal impersonation, violation of a restraining order, criminal mischief, stalking, disorderly conduct, unlawful possession of a firearm, possession of burglary tools, where the date of disposition, release or parole has occurred in the last 3 years.
- g) Class B misdemeanor for drug-related crimes, person crimes, sex offenses, financial fraud crimes, disorderly conduct, where the date of disposition, release or parole has occurred within the last 18 months.

Reasonable Accommodations/Modifications Policy:

1. The applicant must submit a written request for any accommodation/modification request for review and approval in advance.
2. Any modifications to a home will be at the expense of the resident and the work must be completed by a licensed contractor.
3. Written documentation must be provided to management prior to work being performed to include: name of contractor, required licenses/permits and proof of insurance for approval.
4. EPIC Property Management will not approve requests for Medical Marijuana.

Documentation of Domestic Violence:

EPIC Property Management LLC. will not deny admission if the only negative information we find is directly related to your past as a victim of domestic violence, dating violence, sexual assault, or stalking. Please submit documentation by either 1) requesting and submitting a self-certification form, or 2) submitting a police report or court record, or 3) submitting a letter from a qualifying professional who helped you address issues related to your domestic violence situation.

Rejection Policy:

If your application has been denied due to negative or adverse information being reported, you may:

1. Contact the company that supplied the information to discuss your application.
2. Contact the credit reporting agency to identify who is reporting unfavorable information.
3. Correct any incorrect information through the credit reporting agent per their policy.
4. Request the credit-reporting agency to submit a corrected credit check to the screening company.
5. Ready to Rent Graduates may submit a certificate for review for a possible consideration to waive the credit, eviction and/or landlord history. The review will consist of the entire background check.
6. Upon receipt of the corrected information your application will be reevaluated for the next available unit.

Co-Signer Option- If an applicant is declined, or there is reason to believe they will be declined due to credit or income, they have the option of submitting a co-signer application. With a qualified co-signer, the application will be reviewed and may qualify the applicant. A co-signer is not eligible to overturn denials based on Rental History, Property Debt or Criminal Records.

Community Smoking Policy

Smoking is only allowed in the designated smoking areas. Smoking inside your apartment home is strictly prohibited. EPIC Property Management adheres to all Federal, State and Local smoking laws.

If your application was denied and you feel you qualify based on the above criteria; you have the right to submit a written request to appeal the denial, including documentation supporting the reasons for appeal, within 5 business days. Once your written appeal is received it will be sent to the corporate office for review and if all required documents are submitted a final review will be completed within 5 business days. The available apartment will not be held during this time. If your denial is overturned, you will be eligible for the next available unit. Screening results are good for 30 days following the date of completion.

Applicant's Initials _____



APPLICANT/TENANT QUESTIONNAIRE

Each household member 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate Questionnaire.

This form to be completed by the Applicant/Tenant - Answer each statement below by checking "Yes" or "No" and complete all additional information as it applies to you.

Applicant/Tenant Name: _____ Unit #: _____

YES NO

I filed a tax return last year for myself, jointly with my spouse/partner, and/or for my business. Property: _____
 I am married and file a joint tax return.
 I am a Student: Part-Time Full-Time School Name: _____

INCOME

Applicant/Tenant Estimated Gross Monthly Income from all sources: \$ _____

YES NO

I am employed and receive wages. I am employed at more than one job? Yes # _____ No
 I receive income from: (Tips: \$_____/Week) – (Commissions: \$_____/Month) – (Bonuses: \$_____/Year)
 I am Self-employed or own a business. Type of business: _____
 I have secured new employment and will begin working on: _____
 I am on a leave of absence from work. If "Yes", for how long: Start date: _____ End date: _____
 I receive income from Unemployment Worker's Compensation Disability Compensation Severance
 I receive/ am entitled to receive Child Support and/or Alimony payments.
 I receive Veteran's Benefits (VA).
 I receive Social Security (SS) Supplemental Security (SSI) Social Security Disability (SSD)
 I receive rental assistance such as Section 8, RD Other: _____
 I receive welfare/public assistance such as TANF, AFDC (exclude food stamps) or Other: _____
 I receive income from a household member/s temporarily absent from the unit.
 I receive income from a Pension, Annuity, IRA, 401K, Trust or Other: _____
 I receive periodic payments from family, friends or Other: _____
 I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me.
 I receive periodic income from Long-Term Care insurance, Disability, and/or Death benefits.
 I have other forms of income not specified above. Source: _____ \$ _____ Per month.

ASSETS

YES NO

I have # _____ Checking account(s): List Bank(s): _____
 I have # _____ Savings account (s): List Bank(s): _____
 I have # _____ Money Market account(s) List Bank(s): _____
 I own # _____ Certificate (s) of Deposit: List Bank(s): _____
 I hold assets in a safe deposit box or other safe location. Amount/Value: \$ _____
 I have investments in Stocks, Bonds, Treasury bills and/or mutual funds.
 I have a Pension, Annuity, IRA, 401K or other form of retirement; I do NOT draw/receive income from them.
 I own Real Estate. I owe/pay a mortgage on this property: No Yes Owe: \$ _____
 I own Real Estate and I am currently renting the property to others. Monthly rent amount: \$ _____
 I own Real Estate and I am in the process of selling the property. Or, I have a reverse mortgage.
 I own Real Estate and I hold a mortgage or Deed of Trust (I'm selling the property on contract).
 I have a Life Insurance Policy (exclude Term Life).
 I hold personal property as an investment (Coin collections, gems, antique cars, etc.).
 I have other forms of assets not specified above. Source: _____ Amount: \$ _____
 I have disposed of assets for more than \$1,000 less than Fair Market Value (FMV) during the past 2 years.
 I have cash-on-hand. The amount is: \$ _____

➤ Total household assets are: Over \$5,000 -OR- Under \$5,000.

Under penalty of perjury, I certify that the information provided in this certification is true and correct to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant _____

Date _____

NOTE: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. OHCS Programs Applicant/Tenant Questionnaire (5/2017)