



GRAND RONDE HOUSING DEPARTMENT

28450 Tyee Road – Grand Ronde, Oregon 97347 – (503)879-2401 – Fax (503)879-5973 [www.grtha.org](http://www.grtha.org)

RENTAL HOUSING APPLICATION
Low-Income - Market-Rate - Elder - Grand Family

Dear GRHD Housing Applicant:

Thank you for your interest in our Rental Housing. Please complete all pages of the attached application, including the Authorization(s) for Release of Information, initial the Drug Screening acknowledgement, and fill out the ORCA screening application entirely. Incomplete applications will not be accepted and will be returned for completion. Please provide the following verification for all household members:

- 1. INCOME – All sources of income earned or received (social security, disability payments, workman's compensation, wages, retirement benefits, self-employment, monthly child support, TANF (welfare) payments excluding food stamps). Include proof of CURRENT, and previous month's wages minimum. Bank statements that show the source of direct deposit is acceptable, check stubs, CURRENT year Benefit letter(s) (for Social Security, Veteran's Pay, Disability, etc.), and per capita statements are some of the documentation accepted.
2. ASSETS – All real estate (income from rental payments and home ownership), investments, retirement accounts, mobile homes, recreation vehicles, money market accounts, savings bonds, CDs etc. must be listed in the "Assets" section of the application.
3. SOCIAL SECURITY CARDS – a copy is required for every household member who is two (2) years of age and older.
4. PHOTO I.D. – Photo identification is required for every household member age eighteen (18) and older. Tribal ID is an acceptable, preferred identification for the primary applicant (Tribal member(s)), Driver's License, Veteran ID, School ID.
5. BACKGROUND/TENANT SCREENING – A separate ORCA Screening Application is required for each adult household member (18+). You may make copies or request additional screening applications from GRHD. Make sure you fill out each section and sign and date each section that requires that you do so.

\*NOTE: You can only be placed on ONE low-income housing waiting list for which you qualify for.

\*NOTE: To qualify for a Market-Rate Unit your monthly gross income must be at least 2 x the amount of the rent, in addition to waitlist approval.

Income Limits Effective April 1, 2018

These are HUD's low-income limits. Families /individuals must be at or below (gross income) to be eligible for Low-income housing.

Table with 2 columns: Family Size, Limits (80% of Median). Rows 1-8 with corresponding income limits.

MARKET RATE HOUSING INFORMATION

Table with 3 columns: Bedroom Size, Market Unit (Standard), Market Unit (Premium). Rows 1-5 with unit counts and prices.

Income limits may change annually. A link to the current Income limits can be found on our webpage.



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RENTAL HOUSING APPLICATION

When completing the application include full names, address and phone numbers for housing references and professional references and sign and date the application and authorization for release of information where indicated.

CHECK ONE (WHAT TYPE HOUSING YOU ARE APPLYING FOR)

Low Income – Chxi Musam Illihi (Income-based housing)

(you can only be placed on one qualifying bedroom size low-income waitlist) example: not both the 2, and 3 Bedroom.

Elder – Ilip Tilixam (Income-based for elders age 55+) Grand Family

Market Rate – Chxi Musam Illihi (Gross income must be at least twice the amount of the rent)

\*Market Rate Only: If applying for Market Rate Housing do you prefer Premium Unit Standard Unit No Preference

Bedrooms: How many bedrooms are you applying for (You will only be on one qualifying bedroom size Low-Income Housing list)

(Please mark all preferences) 1 Bedroom 2 Bedrooms 3 Bedrooms 4 Bedroom 5 Bedrooms

APPLICANT/DESIGNATED CONTACT:1 Enter primary applicant’s contact information. If there are multiple applicants, enter contact information for the designated Head of Household.

Name: Last First Middle

Address: Street

City State Zip County

Phone: ( ) Home Cell Alternate #: ( )

Email: Work #: ( )

\*Best way to contact you: Best time to contact:

Emergency Contact: Relationship to Applicant:

Emergency Contact Phone:

Person authorized to give/receive information regarding this application if other than applicant (spouse, girlfriend, boyfriend etc.):

Name: Relationship to Applicant:

Applicant’s Initials (by initialing I, the Applicant, understand and authorize the person mentioned above to give/receive information regarding my application. You may revoke this authorization by coming in to GRHD and changing it)

Please be sure to inform us if your phone number, mailing address, income, etc. changes so we can update your information.

1 All adult (18+) household members are applicants and information for each adult must be included for application to be considered complete. Incomplete applications will not be processed. GRHD requires that all applicants sign an Authorization for Release of Information so that information contained herein can be verified by third party sources.

**HOUSEHOLD INFORMATION:**<sup>2</sup> List all persons who will be living in the residence on a permanent basis. List the designated contact first (SELF), then list all other household members. Please list names as they appear on each person’s Social Security card. Only children who reside in the unit more than 50% of the time will be considered members of the household. Applicants may be required to complete a Declaration of Dependency.

Legal Name	Relationship to Applicant	Date of Birth	Social Security Number <sup>3</sup>	Full Time Student <sup>4</sup>	Gender	Tribal Roll # <sup>5</sup>
	SELF			Y N	M F	
				Y N	M F	
				Y N	M F	
				Y N	M F	
				Y N	M F	
				Y N	M F	
				Y N	M F	

Does any household member have a disability?  No  Yes *(Your answer to this question is provided strictly on a voluntary basis, is being collected to comply with civil rights record keeping requirements and does not affect your eligibility.)*

**NOTICE OF RIGHT TO REASONABLE ACCOMMODATION AND REASONABLE MODIFICATION:** GRHD understands and recognizes the need to facilitate reasonable accommodations and reasonable modifications to eligible and qualified individuals with disabilities, such as a change in GRHD’s policies, practices, or services, which are necessary for an individual with a disability to benefit from or participate in GRHD’s rental assistance or housing services programs. For more information including instructions of filing for a Reasonable Accommodation or Reasonable Modification, please review GRHD’s Reasonable Accommodation and Reasonable Modification Policy available at [www.grtha.org](http://www.grtha.org), GRHD’s office, or by contacting GRHD at (503) 879-2401 or (800) 422-0232 (ext. 2401).

If any household member requires a reasonable accommodation or reasonable modification in conjunction with this application, please describe requested accommodation/modification here. **Please indicate if an accessible unit or auxiliary aids would be beneficial to accommodate a household member’s disability.** Additional information may be required prior to authorization for accommodation/modification.

\_\_\_\_\_

**ASSETS:** Check assets here:    Own a Home    Retirement Account(s), Investment Account(s), Stocks/Bonds, CDs  
    Recreational Vehicles    Receive Income From Rent    Own Property    Other Assets Not Listed

**Use this area to describe you or your household member's assets:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<sup>2</sup> Include each household members name, the relationship to the applicant/designated contact, date of birth, Social Security number, and Tribal roll number if Grand Ronde Tribal member.  
<sup>3</sup> Social Security number verification must be provided for all household members over the age of two (i.e. copy of Social Security card).  
<sup>4</sup> Verification of school enrollment must be provided for all students over the age of 18.  
<sup>5</sup> Tribal enrollment verification must be provided for all Tribal members.

## INCOME QUESTIONNAIRE

Do **YOU** or **ANYONE** in your household receive **OR expect to receive** income from:

*(The dollar amounts will be listed in the appropriate section(s) below)*

**YES / NO**

1. **Employment, wages or salaries?** *(Include Employer contact info & paystubs if you have them)*----- Amount \$ \_\_\_\_\_
2. **Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash)*----- Amount \$ \_\_\_\_\_
3. **Regular pay as a member of the Armed Forces/Military?** If yes ----- Amount \$ \_\_\_\_\_
4. **Unemployment benefits or workman's compensation?** If yes ----- Amount \$ \_\_\_\_\_
5. **Public Assistance, Tribal GA or Temporary Assistance for Needy Families (TANF)?** If yes ----- Amount \$ \_\_\_\_\_
6. **(a) Child Support or Alimony?** *(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather received directly from payer. Payments received in a lump sum will also be counted).* ----- Amount \$ \_\_\_\_\_ / mo.
 

**(b) How is the support received?** *(Check all that apply).*

Child Support Enforcement Agency ----- *Name of Agency:*  
*Case No.*

Court of Law ----- *Name of Court:*  
*Case No.*

Directly from Individual ----- *Name of Person paying support:*

Other ----- *Explain:*
7. **(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?**  
Explanation:
8. **(d) Have you received repayment(s) of past due child support?** *(If so, obtain third party documentation of amounts, source, and dates.)*
9. **Non-Tribal Social Security, SSI /SSD or any other payments from the Social Security Administration?** ---- Amount \$ \_\_\_\_\_  
**REQUIRED:** *Please provide a copy of current year SSI/SSD award benefit letter or bank statement showing direct deposit*
10. **Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?** ----- Amount \$ \_\_\_\_\_
11. **Regular payments from a severance package?** ----- Amount \$ \_\_\_\_\_
12. **Regular payments from any type of settlement?** *(For example, insurance settlements)* ----- Amount \$ \_\_\_\_\_
13. **Tribal payments (per capita, elder pension, SSI/SSD, Tribal Veterans benefits?)** ----- Amount \$ \_\_\_\_\_  
Other household members receiving this income list who/amounts here \_\_\_\_\_
14. **Educational grants, scholarships, or other student benefits?** ----- Amount \$ \_\_\_\_\_
15. **Regular gifts or payments from anyone outside the household?** *(This includes anyone supplementing your income or paying any of your bills)* ----- Amount \$ \_\_\_\_\_
16. **Regular payments from lottery winnings or inheritances?** ----- Amount \$ \_\_\_\_\_
17. **Regular payments from rental property, trust, or other types of real estate transactions?** ----- Amount \$ \_\_\_\_\_
18. **Any other income sources or types not listed?** ----- Amount \$ \_\_\_\_\_  
Who receives the income and what is it? \_\_\_\_\_
19. **Do you or any other household member expect any changes to your income in the next 12 months?**  
Explanation:

**EXPENSES:**

Do you pay childcare expenses?

YES / NO

*\*If yes, please provide verification of this expense.*

Do you or any household member pay any out-of-pocket medical expenses?

*\*If yes, please provide verification of this expense.*

**GENERAL INFORMATION:**

Has any applicant ever received **any** type of local, state, or federal housing assistance or grant?

If yes, which applicant?

Please explain.

Has any applicant ever received any type of housing assistance or grant from **GRHD**?

If yes, which applicant?

Please explain.

Does any applicant or any household members currently owe money to **either** the **Confederated Tribes of Grand Ronde or GRHD**?

If yes, which applicant?

Please explain.

Has any applicant ever been denied assistance or been required to repay money for knowingly misrepresenting information to a federally assisted housing program?

If yes, which applicant?

Please explain.

Has any household member ever used any name(s) or Social Security number(s) other than the one listed on your Social Security card?

If yes, who?

Please explain.

Are any members of the household related by blood or marriage to any of the following Tribal officials or employees: **Tribal Council**, members of **GRHD Grievance Committee or GRHD employee**?

If yes, please list name(s) of household member(s), name of related official(s)/employee(s), and relationship to them.

Household member(s)

Related official/employee

Relationship

**BACKGROUND INFORMATION**

**YES / NO**

**1. Do you expect any additions to the household within the next twelve months?**

Name & Relationship:

**2. Is there anyone living with you now who won't be living with you at this property?**

Name & Relationship:

**3. Do you have full, legal custody of your child(ren)?** *(If no, obtain proof of amount of time child(ren) will be living in unit)*

Explanation:

**4. Are there any absent household members who under normal conditions would live with you?** *(For example, a spouse away in the military.)*

**5. Does your household have or anticipate having any pets other than those used as service animals?**

Explanation:

**6. Have you or anyone else named on this application filed for bankruptcy?**

Explanation:

**7. Do you owe any money to a utility company?**

Explanation:

**8. Have you or anyone else named on this application been convicted of a felony?**

Explanation:

**9. Have you or anyone else named on this application been convicted for selling or manufacturing illegal drugs?**

Explanation:

**10. Have you or anyone else named on this application been convicted of property damage?**

Explanation:

**11. Have you or anyone else named on this application been evicted from a rental unit of any type, including a home, apartment, mobile home, etc?**

Explanation:

Use this area to explain any circumstances or give additional information regarding the Criminal History section of this application. \_\_\_\_\_

**\*\*Please read the Drug Screening Policy (pages 7 -10) and initial below indicating you have read and understand the process\*\***

**I acknowledge I have read and understand the Drug Screening Policy \_\_\_\_\_ (initials)**



## GRAND RONDE HOUSING DEPARTMENT

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### DRUG SCREENING POLICY

September 14, 2016

Dear Applicant,

This notice is to inform you of a newly-implemented drug screening policy that the Grand Ronde Housing Department has started. Prior to moving in to a unit and before a voluntary transfer, the applicant/tenant and any adult household members age eighteen (18+) or older that will be living in the household will be required to submit to a drug screening. A copy of the Drug Screening Policy is included with this notice and should answer any questions you may have regarding the process.

*The Grand Ronde Housing Department*



## Section 4: DRUG SCREENING POLICY

### A. Purpose.

1. The purpose of this Drug Screening Policy is to assure a healthy, safe, and peaceful environment for all persons residing and working in housing owned by GRHD. Drug related criminal activity poses serious safety risks to GRHD residents and the Tribal community.
2. A secondary purpose of this Drug Screening Policy is to reduce (1) the administrative burden on GRHD from problems created by tenants who use illegal drugs within Tribal housing, and (2) the repair and the remediation costs associated with units where it is determined that illegal drug use has occurred.

B. Policy. It is the intent of this policy to bar participation in GRHD's on-reservation residential housing programs to all persons engaged in drug-related criminal activity, whether on or off GRHD premises.

### C. Definitions.

1. "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use, or possession of a controlled substance, whether on or off GRHD premises, and includes offenses for which only a civil penalty may be assessed. "Drug-related criminal activity" includes, but is not limited to: the illegal manufacture, sale, distribution, use, or possession of a controlled substance by a resident, visitor, or guest on GRHD premises or such an individual being under the influence of a controlled substance while on GRHD premises.
2. "Controlled substance" is a substance included in Schedules I, II, III, IV or V of the Controlled Substance Act, 21 U.S.C., 801, *et seq.* These controlled substances included but are not limited to: marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). This policy relies on the then-current forms of the federal schedules of controlled substances. Any modifications to such schedules shall be automatically incorporated into this policy. GRHD recognizes that Oregon law has removed criminal penalties for holders of medical marijuana cards who use the drug to ease discomfort caused by certain conditions and diseases. GRHD also recognizes that use, possession, and sale of marijuana will no longer be illegal, within certain parameters, under Oregon law as of July 2015. However, Federal law still regards marijuana as a dangerous and illegal drug. The Tribe has chosen to adopt the Federal Government's position with regard to possession and use of marijuana. Accordingly,





the possession, use, or sale of marijuana (whether recreational or medicinal) is drug-related criminal activity.

3. “GRHD premises” includes all housing units, all common areas, all administrative areas and all lands, buildings, and grounds owned by or leased to GRHD.
4. “Medical Review Officer” (MRO) means a licensed physician responsible for receiving laboratory results generated by a drug testing program who has knowledge of substance abuse disorders, possesses a certification of completion or certification from an approved MRO program, and has appropriate medical training to interpret and evaluate an individual’s confirmed positive test result together with his or her medical history and any other relevant biomedical information.

**D. Mandatory Drug Screening.**

1. New Resident Applicants. Drug screening is required of the following persons:
  - (a) Every applicant for a GRHD rental housing unit;
  - (b) Every individual who is eighteen (18) years of age or older who wishes to live with the new resident; and
  - (c) Every individual who is eighteen (18) years of age or older and who wishes to join an established household living in a GRHD unit.
2. Transfer Applicants. Transfer Applicants will be required to submit to the same Drug Screening as described above, upon filing a voluntary application for Transfer to a different GRHD unit.
3. Caregiver Applicants. Drug Screening is required to determine eligibility of a Caregiver.

**E. Testing Protocol.** All drug testing of individuals will be in compliance with federal laws and confidentiality of drug testing and criminal records shall be strictly enforced.

1. Only qualified certified medical or laboratory trained personnel will conduct urine specimen collections and laboratory analyses. Specimens will be sealed in a container with both being sent to a SAMHSA certified laboratory for testing.
2. If a specimen is discovered to be insufficient (amount) or diluted (specific gravity less than 1.003 and creatinine less than .2g/l), the tested individual will be required to remain at the collection site to give another sample within three (3) hours on that same day. The individual will be directed to refrain from



consuming excessive amounts of fluids prior to taking the second test. If the sample is still diluted or insufficient or if the individual does not stay to provide another sample, the test will be considered a Refused Drug Test.

3. Urinalysis will be conducted to detect the presence of the following controlled substances: Marijuana (THC), Cocaine, Opiates, Amphetamines, and Phencyclidine (PCP).
4. Detection levels requiring a determination of a positive result shall be in accordance with the guidelines adopted by the Department of Transportation (DOT). An individual's confirmed positive test result will be evaluated by a MRO.

**F. Ineligibility for Housing Programs.** The following persons shall be ineligible for admission to, or occupancy of, a GRHD housing unit for a one (1) year period:

1. Failed GRHD Required Drug Test. Any person with a positive test result for a controlled substance (other than a result from a legally prescribed medication).
2. Refused Drug Test. Any person who is required to take a drug test under this policy and who refuses or fails to take any such test or tests is ineligible for housing programs for one (1) year. It shall be considered a refused test if a person is scheduled to take a drug test and fails to appear. The ineligibility period, under this subsection, shall begin on the date that the drug test was taken.
3. Prior Drug-Related Eviction or Rental Agreement Termination. Any person who was evicted by any Tribe, Tribally Designated Housing Entity, or public housing authority, or terminated from any Section 8 or other housing voucher or rental assistance program, or whose lease agreement, Section 8 agreement, or rental assistance agreement with any Tribe, Tribally Designated Housing Entity, or any any public housing authority has been terminated because of a drug-related activity. The one (1) year ineligibility period under this subsection shall begin on the date of the eviction or termination.

**G. Grievance.** If an individual is determined to be ineligible for GRHD housing programs under this section, they have the right to grieve that decision as outlined in the Grievance Board's Policy.



**PETS:**

Do you own any pets?  
YES / NO

If yes please list:           Type \_\_\_\_\_ Type \_\_\_\_\_

**If yes, please refer to GRHD’s pet requirements for directions on obtaining consent for the pet.**

**\*PLEASE NOTE: Aggressive breeds of dogs are not allowed in the Grand Ronde Housing Community. The definitions of Aggressive Dog Breeds include (but are not limited to): Rottweiler, Pit Bulls, Doberman Pincers, German Shepherds, wolf mixes, and any other canine that GRHD determines to be a threat to the community. These definitions may be referenced to in the Admissions and Occupancy Policy. A copy of these policies is available for review in the GRHD office.**

If your pet(s) does not comply with the pet requirements the pet will not be allowed to reside at any GRHD properties.

Service animals and companion animals are not considered pets and do not require a deposit and/or associated fees. However, you are responsible for any damage caused by your pet regardless of its service/companion status. Verification that the animal is a service or companion animal must be provided and an application for Reasonable Accommodation must be submitted and approved.

**APPLICANT DECLARATION:** I certify all information provided on this form and supplied as supporting documentation, is accurate and complete to the best of my knowledge. I understand that the information I am providing will be used for the purpose of verifying my eligibility. I understand that I must report any changes to the information contained herein to GRHD in accordance with applicable policy. **Further, I understand that if I provide false, incomplete or inaccurate information I may be subject to penalty under federal, state or tribal law; may be denied assistance; and may be required to repay any assistance received.**

_____	_____
<b>Primary Applicant</b>	<b>Date</b>
_____	_____
Applicant	Date
_____	_____
Applicant	Date

***Return completed applications with all supporting/verifying documentation and signed Authorization for Release of Information to:***

**Grand Ronde Housing Department  
28450 Tye Road  
Grand Ronde, Oregon 97347**

**FAX: (503) 879-5973**

*Assistance is subject to current eligibility requirements, availability of funding, and vacancy.*



**GRAND RONDE HOUSING DEPARTMENT**

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**Authorization for Release of Information**

I, the undersigned, hereby authorize and direct any agencies, offices, groups, organizations, businesses or individuals to furnish information concerning myself and/or my household to the Grand Ronde Housing Department (GRHD), its duly authorized representative and/or its contracted agent for purposes of verifying my eligibility to receive benefits from GRHD.

Those that may be asked to release the information include, but are not limited to: the Confederated Tribes of Grand Ronde, background screening agencies, the U.S. Social Security Administration, the U.S. Department of Veterans Affairs, the United States Postal Service, medical professionals and facilities, current and previous employers, childcare providers, unemployment and employment agencies, banks and other financial institutions, social service and welfare agencies, support and alimony providers, retirement systems, informal support providers, credit providers and credit bureaus, courts and law enforcement agencies, current and previous landlords, public housing agencies, utility companies, schools and colleges, and scholarship providers.

I understand that, depending on program policies and requirements, verifications and inquiries that may be requested include but are not limited to: identity, employment, marital status, household composition, medical or health issues, income, assets, debts, credit history, criminal activity and legal issues, rental history, school enrollment verification and/or transcripts, Federal benefits, State benefits, Tribal benefits and local benefits.

I understand I have a right to review any information received in accordance with my release, and have a right to correct any information that I can prove is incorrect.

I acknowledge that a photocopy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 15 months from the date signed.

I understand that if I, or any adult household member, fail to sign this authorization, or revoke this authorization prior to completion of necessary verifications and inquiries, it may constitute grounds for denial or termination of assistance or tenancy, or both.

Applicant

(Printed Name)

Date

Co-Applicant or Adult Household Member

(Printed Name)

Date

Co-Applicant or Adult Household Member

(Printed Name)

Date

Co-Applicant or Adult Household Member

(Printed Name)

Date



## *A Message To Our Applicants*

- Use INK when filling out the application.
- Print boldly and clearly.
- One applicant per application and signature page.
- Fill out **all** of the questions on the application. **Do not leave any blanks.**
- Make sure you have listed **correct daytime phone numbers for both yourself, your landlords (current & previous) and your employer.**
- Sign and date the application** or we will be unable to process the report.
- Social Security Number.
- Photocopy of Social Security card and Driver's License and/or valid ID provided to GRHD.
- All Rental information** has been listed
- All Employment** Information has been listed
- All telephone numbers have been provided (contact # for applicant, landlord's #, employer's #).

*Incomplete and/or applications we cannot read could result in a delay or denial of tenancy. We appreciate the time you have taken to fill out our application as we have requested.*



Killer Whale:

RESIDENTIAL RENTAL APPLICATION/A SEPARATE APPLICATION MUST BE FILLED OUT FOR EACH ADULT 18+

Self-Run POD Reports ran on: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

National Registry Check/Landlord-Tenant Data ONLY SENT TO ORCA Date: \_\_\_/\_\_\_/\_\_\_ Initials \_\_\_\_\_

Applicant's Complete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN# \_\_\_\_\_ DL#/State issued: \_\_\_\_\_

Tel# \_\_\_\_\_ Email Address: \_\_\_\_\_

Other Occupant's Name, Age & Relationship: \_\_\_\_\_

Complete Every Item on Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

CURRENT ADDRESS (Required Entry)
Street
City State Zip
Apt # Name of Apts
How Long (Mo/Da/Yr) From To
Pymts / Rent Pd To Amt
Landlord/Mgmt Co.
Address
Tel# Rent/Own/Lease

PRIOR ADDRESS (Required Entry)
Street
City State Zip
Apt # Name of Apts
How Long (Mo/Da/Yr) From To
Pymts / Rent Pd To Amt
Landlord/Mgmt Co.
Address
Tel# Rent/Own/Lease

Current Employer Tel# Supervisor

Dept / Attached to Occupation Rank

Hire Date Monthly Salary Full Time Part Time

Address Suite City State/Zip

Prior Employer Tel#

Dept / Attached to Occupation Rank

Hire Date Monthly Salary Full Time Part Time

Address Suite City State/Zip

Additional Income (Interest, Child Support, Etc)

Bank Acct# Branch Tel#

Pets? Yes No If yes, number, size, and type(s)

Disability status and require special accommodations?

Are you a fulltime student? Yes No

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever been evicted or refused to pay rent? Yes No Ever been Charged or Convicted of a Crime? Yes No

If yes to any of the above, give details: What is the nature of the offense? What County(ies) and State(s)?

When?

Ever used any other name(s)? Yes No If yes, list name(s)

Are you or any other household member a Registered or Unregistered Sex Offender? Yes No

Ever had bedbugs or any other infestation? Yes No If yes, what type of infestation:

Do you or any other household member smoke? Yes No

Have you or any other household member filed bankruptcy? Yes No

Auto/Year/Make/Lic#: 1.) 2.)

Local Contact Address Tel#

Nearest Relative Address Tel#

Emergency Contact Address Tel#

THE DECISION TO LEASE/RENT REMAINS WITH THE PROPERTY MANAGER

Phone: (503) 879-2401

Fax: (503) 879-5973

Grand Ronde Housing Department

Orca Information, Inc.
Phone: 360-588-1633 / 800-341-0022
Fax: 360-588-1189 / 800-522-6722



