

Columbia Cascade Housing Corporation

900 Vey Way Office
 The Dalles, OR 97058
 (541) 296-3810
 FAX: (541) 296-3892



Equal Housing Opportunity.

“This institution is an Equal Opportunity Provider”

CASA LOMAS RENTAL APPLICATION

Type Unit Requested: _____ Bedrooms <input type="checkbox"/> Upstairs <input type="checkbox"/> Downstairs <input type="checkbox"/> Handicap	<i>Office Use Only</i>
All blanks must be filled in for this application to be considered complete and processed for eligibility. Write N/A if the information requested does not apply. If additional space is needed, please attach separate sheet(s). Return this application to the manager of the apartment complex you wish to reside in.	Date _____ Time _____ AM / PM

Applicant Information			
Full Legal Name	Social Security No.	Date of Birth	Driver's Lic. No.
Primary Applicant:			
Co-Applicant:			
Co-Applicant or Household Member:			
Co-Applicant or Household Member:			
Household Member:			
Household Member:			

Check items to be moved into the unit (insurance required for each item): Waterbed Aquarium

1. Have you ever lived in an RD, HUD or other federal housing program project? Yes No
 If yes, where? _____ Vacate Date: _____
2. Have you ever been evicted from private housing, public housing or any other federal housing program? Yes No
 If yes, where, when and why? _____
3. Would a household member benefit from a wheelchair/other special handicap accessible unit? Yes No
 If yes, are you applying for these features? Yes No
4. Do you have pets or service animals? Yes No
 If yes, please specify: _____
5. Are you or a household member a current illegal user/distributor of a controlled substance? Yes No
6. Have you or a household member been convicted of the illegal use of a controlled substance? Yes No
7. Have you or a household member been convicted of the illegal manufacture or distribution of a controlled substance? Yes No
8. If questions 5, 6 or 7 were answered yes, has the person successfully completed a controlled substance abuse recovery program or is the person presently enrolled in such a program? Yes No
9. Have you or any member of your household been convicted of a misdemeanor or felony? Yes No
10. Do you or any member of your household have a history of violence of any kind? Yes No
11. Are any applicants currently Full Time Students?
 (Defined as 5 months per year and usually 12 credit hours per semester) Yes No

Applicant Current/Previous Residence Information

Applicant Phones: (home) _____ (work) _____ Current Landlord Phone: _____
 Current Address: _____
 City: _____ State: _____ ZIP: _____ Move-in Date: _____ Length of Tenancy: _____
 Current Landlord/Address: _____
 Monthly Rent: \$ _____ Reason for Moving: _____
 Previous Address: _____ Residency From: ____________ To: ____________
 City: _____ State: _____ ZIP: _____ Length of Tenancy: _____
 Previous Landlord/Address: _____ Previous Landlord Phone: _____
 Reason for Moving: _____
 Previous Address: _____ Residency From: ____________ To: ____________
 City: _____ State: _____ ZIP: _____ Length of Tenancy: _____
 Previous Landlord/Address: _____ Previous Landlord Phone: _____
 Reason for Moving: _____

Applicant Current Bank Information

Type	Account Number	Bank Name	Interest Rate %	Balance
Checking Account				
Checking Account				
Savings Account				
Certificate				
Other				

Applicant Current Investments

Savings Bond: Yes No
 No. _____ Maturity Date _____ Cash Value \$ _____
 Life Insurance: Yes No
 Name: _____ Policy No. _____ Cash Value \$ _____
 Bonds or Stocks: Yes No
 If yes, note Current Value \$ _____
 Real Property: Yes No
 If yes, Type: _____ Appraised Market Value \$ _____
 Location: _____
 Have you sold/disposed of any property/assets in the last 2 years? Yes No
 If property/asset sold, list type of property/asset: _____
 Date property/asset sold: _____ Amount received from asset \$ _____
 List other assets not listed above (excluding household goods): _____

Applicant Income From Assets, Employment and Other Sources

List all income sources including, but not limited to income from sale of property, interest on assets, dividends, and annuities, full or part-time employment, pension, SS, SSI, welfare agencies, food stamps, disability, armed forces reserves, unemployment, alimony, child care, child support, student grants, regular contributions from people not residing with you. Please show sources of income for at least the last 12 months for Primary Applicant.

Source of Income	Address of Income Source	Begin Date	End Date	Length	Annual <u>Gross</u> Income

Deductions

1. Other than applicant and co-applicant, is any household member a full-time student and 18 years of age or older? (Student must carry a "full-time" subject load as defined by the attended college/school.) Yes No
2. Do you request an adjustment to income due to payment of child care which enables you or a member of your household to work? (Note: Only non-reimbursed amounts for child care of minors under 13 years of age may be deducted and is permitted only when such care is necessary to enable a household member to further his/her education or to be gainfully employed.) Yes No

If Yes, Expected Annual Expense: \$ _____

Care Provider Name, Address and Phone: _____

3. Do you or any household member request a handicap/disability adjustment to income? Yes No
 (Note: This deduction is allowed only if applicant or co-applicant is **62 years of age or older or disabled or handicapped**. *DO NOT INCLUDE EXPENSES COVERED BY MEDICARE OR INSURANCE.*)

If yes, complete the following (attach additional sheet to this application if needed):

Anticipated Expense for Prescriptions and Non-Prescription Items
as Prescribed by a Physician for the Next 12 Months

<u>Pharmacy Name</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

Anticipated Expense for Hospital, Medical, Dental, Optical and
Medical Insurance Premium for the Next 12 Months

<u>Name/Policy #</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

Anticipated Expense for Hospital, Medical, Dental or Optical

<u>Provider</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Co-Applicant Information

Name: _____ Driver's License No.: _____
Social Security No.: _____ Date of Birth: _____

1. Have you ever lived in an RD, HUD or other federal housing program project? Yes No
If yes, where? _____ Vacate Date: _____
2. Have you ever been evicted from private housing, public housing or any other federal housing program? Yes No
If yes, where, when and why? _____
3. Would a household member benefit from a wheelchair/other special handicap accessible unit? Yes No
If yes, are you applying for these features? Yes No
4. Do you have pets or service animals? Yes No
If yes, please specify: _____
5. Are you or a household member a current illegal user/distributor of a controlled substance? Yes No
6. Have you or a household member been convicted of the illegal use of a controlled substance? Yes No
7. Have you or a household member been convicted of the illegal manufacture or distribution of a controlled substance? Yes No
9. If questions 5, 6 or 7 were answered yes, has the person successfully completed a controlled substance abuse recovery program or is the person presently enrolled in such a program? Yes No
9. Have you or any member of your household been convicted of a misdemeanor or felony? Yes No
10. Do you or any member of your household have a history of violence of any kind? Yes No

Co-Applicant Current/Previous Residence Information

here if your current/previous residence information is the same as the primary applicant's and do not complete this section.

Applicant Phones: (home) _____ (work) _____ Current Landlord Phone: _____
Current Address: _____
City: _____ State: _____ ZIP: _____ Move-in Date: _____ Length of Tenancy _____
Current Landlord/Address: _____
Monthly Rent: \$ _____ Reason for Moving: _____

Previous Address: _____ Residency From: ____________ To: ____________
City: _____ State: _____ ZIP: _____ Length of Tenancy: _____
Previous Landlord/Address: _____ Previous Landlord Phone: _____
Reason for Moving: _____

Previous Address: _____ Residency From: ____________ To: ____________
City: _____ State: _____ ZIP: _____ Length of Tenancy: _____
Previous Landlord/Address: _____ Previous Landlord Phone: _____
Reason for Moving: _____

Co-Applicant Debt & Credit Information

here if your debt & credit information is the same as the primary applicant's and do not complete this section.

Please provide all information on your current debt history as requested below, complete and accurate information is required. Include auto loans, equipment and furniture loans, credit cards, revolving accounts (i.e. department store accounts), student loans, personal loans and any other debts that you and/or any member of your household owe.

Credit Source/ Company's Name	Address of Credit Source	Account Number	Current Balance	Minimum Monthly Payment	Current on Payments Yes or No

Co-Applicant Applicant Current Bank Information

✓ here if your debt & credit information is the same as the primary applicant's and do not complete this section.

Type	Account Number	Bank Name	Interest Rate %	Balance
Checking Account				
Checking Account				
Savings Account				
Certificate				
Other				

Co-Applicant Current Investments

✓ here if your current investment information is the same as the primary applicant's and do not complete this section.

Savings Bond: Yes No
 No. _____ Maturity Date _____ Cash Value \$ _____
 Life Insurance: Yes No
 Name: _____ Policy No. _____ Cash Value \$ _____
 Bonds or Stocks: Yes No
 If yes, note Current Value \$ _____
 Real Property: Yes No
 If yes, Type: _____ Appraised Market Value \$ _____
 Location: _____
 Have you sold/disposed of any property/assets in the last 2 years? Yes No
 If property/asset sold, list type of property/asset: _____
 Date property/asset sold: _____ Amount received from asset \$ _____
 List other assets not listed above (excluding household goods): _____

Co-Applicant Income From Assets, Employment and Other Sources

List all income sources including, but not limited to income from sale of property, interest on assets, dividends, and annuities, full or part-time employment, pension, SS, SSI, welfare agencies, food stamps, disability, armed forces reserves, unemployment, alimony. child care, child support, student grants, regular contributions from people not

residing with you. Please show sources of income for at least the last 12 months.

Source of Income	Address of Income Source	Begin Date	End Date	Length	Annual <u>Gross</u> Income