



200 East Main Street • PO Box 490 • Enterprise, OR 97828
541.426.3820 • Fax: 541.426.5978

Dear Interested Party,

Included in this mailing you will find an application to apply for Nesika Illahee Apartments, located in Portland, Oregon. If you remain interested in this affordable housing opportunity, please fill out the application and return by mail to one of the two addresses listed below:

By United States Postal Service

Nesika Illahee c/o Viridian Management
PO Box 490
Enterprise, OR 97828

By United Parcel Service (UPS) or FedEx

Nesika Illahee c/o Viridian Management
200 East Main Street
Enterprise, OR 97828

Please ensure that each adult in the household fills out a separate application and each section is filled out in entirety. If any area does not apply to you, please write "N/A" to indicate that the information is non-applicable. Please use a blue pen to fill out the application, do NOT use white out, and initial any corrections you make if you cross out an error. Please be sure to sign and date the application in the appropriate section. Applications submitted with incomplete information may be ineligible for entry onto the waitlist until all information is provided.

We will process the applications first based on the property's preferences and then in the order that we receive them. Units will be assigned in numerical order as applications are approved. Applicants that have been selected to begin the screening and eligibility process will be notified that a unit is available and when they can expect to meet with the site manager to begin the paperwork. Please note that selection from the waitlist does not guarantee a unit as the household is still required to meet all property and funding program criteria. Applicants not selected will be notified that they have been placed on a waiting list. We are planning for the notification process to occur during the month of _____.

To review the Tenant Selection Criteria or another blank application for this property, you may either stop by _____ or email _____ to request an electronic copy.

Thank you for your interest in Nesika Illahee. We look forward to hearing from you.

Sincerely,

Viridian Management

**NESIKA ILLAHEE PREFERENCE IDENTIFICATION {PER STATUTE 25 USC 4103 (10)}
ADDENDUM TO APPLICATION**



THIS PROPERTY HAS FUNDS PROVIDED FROM THE INDIAN HOUSING BLOCK GRANT, MENTAL HEALTH HOUSING FUND, AND THE LOW INCOME HOUSING TAX CREDIT PROGRAM. THROUGH THESE AGREEMENTS THE PROPERTY HAS PREFERENCE REQUIREMENTS. QUESTIONS BELOW WILL HELP DETERMINE THAT PREFERENCES SET ASIDE FOR PROPERTY ARE BEING MET. WHILE SERVICES ARE DESIGNED TO MEET THE CULTURAL NEEDS OF THE PROPERTY, NO APPLICANT WILL BE DENIED BASED ON RACE/ETHNICITY OR ANY OTHER PROTECTED CLASS.

Are you, or any household member, a member of the Confederated Tribes of Siletz Indians?

YES NO

If yes, please list who: _____

Is at least (1) member of your household an enrolled member of another federally recognized tribe, Alaska Native, or a state recognized tribe as defined in Section 4 of the Native American Housing Assistance and Self Determination Act? {Per Statute 25 USC 4103 (10)} The state recognized tribes per NAHASDA include: MOWA Band of Choctaw, Coharie, Haliwa-Saponi Tribe, Lumbee Tribe, and the Waccamaw Siouan Tribe.

YES NO

If yes, please list who: _____

Have you, or your household, been designated as an “essential family” by the Confederated Tribes of Siletz Indians pursuant to Section 201(b)(3) of NAHASDA and 24 CFR 1000.106(b)?

YES NO

Do you or another member of your household currently engage in, or are seeking to engage in, substance use disorder treatment?

YES NO

If yes, please list who: _____

Please note that providing answers to the questions on this form is voluntary and will be used solely for the purpose of determining whether or not applicants might be eligible for the preferences designated for this property per statute 25 USC 4103 (10). Information provided will not be used to deny applications.

I hereby state that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties and/or lease termination, or if I am an applicant, I may be denied housing for failure to provide accurate and complete information as required by the federal housing programs of this property.

Applicant’s Signature _____ Date _____

Manager’s Signature _____ Date _____



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HOUSING APPLICATION FOR:



Office Use Only

Date Received:		Time Received:	
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EACH ADULT MEMBER OF THE PROSPECTIVE HOUSEHOLD MUST FILL OUT A SEPARATE APPLICATION BUT WILL ALSO NEED TO LIST ALL OTHER MEMBERS OF THE HOUSEHOLD.

Applicant Name _____ Telephone No. _____

Physical Address _____

Mailing Address, if different _____

Please list additional states in which you've lived. _____

What size (no. of bedrooms) housing unit are you applying for? _____

Would you take a smaller unit size if available? YES NO

Do you have a disability which requires a unit with special features or auxiliary aid? YES NO

If yes, what features do you require? _____

Occupants (First, Middle and Last)	Relationship (HOH, Co-Head, Dependent)	Social Security Number	Birth Date Mo/Day/Yr	Sex M/F	Full-time Student (Y/N)	Part-time Student (Y/N)
APPLICANT LISTED ON TOP ROW						
OTHER MEMBERS OF THE HOUSEHOLD						

Have you or any member of your household been convicted of a felony? YES NO
 If yes, please list who was convicted and the nature of the felony. _____

Are you or any member of your household currently using an illegal controlled substance? YES NO

If yes, have you or any other household member successfully completed a controlled substance abuse recovery program or are presently enrolled in such a program? YES NO

Present Landlord _____ Telephone No. _____

Landlord's Address _____

Monthly Housing Cost (including utilities) \$ _____ Length of Residency _____ (years) _____ (months)

Former Landlord _____ Telephone No. _____

Landlord's Address _____

Monthly Housing Cost (including utilities) \$ _____ Length of Residency _____ (years) _____ (months)

Applicant's Employer _____ Telephone No. _____

Employer's Address _____

Position _____ Gross Income \$ _____ per month / week / year
 (CIRCLE ONE)

INCOME

FOR EACH TYPE OF INCOME THAT YOUR HOUSEHOLD RECEIVES, LIST THE SOURCE AND AMOUNT OF INCOME THAT CAN BE EXPECTED FROM THAT SOURCE DURING THE NEXT 12 MONTHS (I.E., WAGES, TANF, SOCIAL SECURITY, CHILD SUPPORT, ALIMONY, FINANCIAL AID, ETC.).

Family Member	Source/Income	Annual Income

PLEASE LIST ANY INCOME CONSIDERED FEDERALLY EXEMPT BELOW (I.E., FOOD STAMPS, ADOPTION ASSISTANCE IN EXCESS OF \$480 PER CHILD, FOSTER PAYMENTS, ETC.).

ASSETS

LIST ALL ASSETS (CHECKING, SAVINGS, RETIREMENT ACCOUNTS, ETC.)			
Financial Institution	Account Number	Balance	Interest Earned in the Past 6 Months

Do you own any real estate? YES NO

Physical Address: _____

Is it rented? _____ Annual Rental Income _____ Annual Expenses _____

Do you have any pets or assistance animals? YES NO

If yes, please provide the number of animals, whether it is an assistive animal or pet and a description of each.

Vehicle (Make, Model) _____ Year _____ License Plate No. & State of Issue _____

If attempts to contact you are not successful, is there someone else we can contact in order to reach you? If so, please list their name here. _____

Telephone No. _____ Relationship _____

How did you learn about this project? Craigslist Website Newspaper/Publication/Poster
 Referral by Friend Referral by Current Resident Walk-in Other (please specify) _____

I certify that this dwelling unit will be the primary residence for all occupants listed on this application and that the statements contained herein are true and correct. I give consent to Management and Owner to verify the information. I also certify that the unit applied for will be my permanent residence. I do not and will not maintain a separate rental unit in a different location. Giving false information on this application may result in eviction after occupancy.

Applicant's Signature _____ Date _____

Manager's Signature _____ Date _____

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the federal government, acting through federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of observation or surname.

ETHNICITY	RACE	
<input type="checkbox"/> Hispanic or Latino (A) <input type="checkbox"/> Not Hispanic or Latino (B)	<input type="checkbox"/> American Indian/Alaska Native (1) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Black or African American (3)	<input type="checkbox"/> Islander (4) <input type="checkbox"/> White (5)

VAWA-VIOLENCE AGAINST WOMEN ACT

That an applicant is or has been a victim of domestic violence, dating violence, or stalking is not an appropriate basis for denial of program assistance or for denial of admission, if the applicant otherwise qualifies for admission.

In determining eligibility for housing in cases where the Agent, acting on behalf of the Project Owners, has become aware that the household includes a victim of domestic violence, and when screening reveals negative and potentially disqualifying information, such as poor credit history, previous damage to an apartment, or a prior arrest, inquiries will be made regarding the circumstances contributing to this negative history, to ascertain whether these past events were the consequence of domestic violence against a member of the applicant household.

All denial of housing letters will notify applicants of VAWA’s protections and that they may seek an informal review if they believe that the denial of assistance was related to acts of domestic violence, dating violence, or stalking committed against the applicant.

If because of safety concerns a victim of domestic violence, dating violence, or stalking is unwilling or unable to provide information or identification ordinarily required to confirm eligibility, efforts will be made to otherwise establish eligibility and alternative sources and methods of verification will be accepted.

If you would like more information about your rights under the Violence Against Women act, please see the attachment to the Resident Selection Criteria.



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