

WELCOME TO HAYU TILIXAM

YOUR AFFORDABLE HOUSING
OPTION IN PORTLAND, OR.

At Hayu Tilixam, you will find your new affordable home in a vibrant community, where people of all ages, abilities, and incomes can live, work, and create in the Cully neighborhood. Hayu Tilixam is the third project in CDP and Native American Youth and Family Center's (NAYA) joint ownership partnership, focused on providing culturally specific housing options for the Native community. Hayu Tilixam also features multiple community spaces for resident events and onsite service provision, and an elevated courtyard atop the ground floor podium.

Hayu Tilixam will provide housing and linkage to supportive and clinical services to the Native American community in Portland through a unique partnership with two culturally-specific providers who bring expertise in housing development, housing supportive services, education, social services, healthcare, dental and behavioral healthcare.



hayu.tilixam@viridianmgt.com
5825 NE Prescott Portland, OR 97218
971-337-4650



WAITLIST OPENING APRIL 2022

WE WANT TO WELCOME YOU HOME

Hayu Tilixam will bring 50 residential apartment homes to the Cully neighborhood in a variety of floor plan styles:

- Studio
- One-bedroom
- Two-bedroom
- Three-bedroom

Hayu Tilixam has been designed with the community in mind. Common areas will include:

- Community Room
- Ground floor Management and Resident Services offices
- Laundry Lounge
- Ground floor courtyard
- Outdoor play area
- Parking/Bicycle storage

Income restrictions apply. Apartment homes are available for residents making 30%, 50% and 60% or less of the area's median income levels.





MULTIFAMILY NW
The Association Promoting Quality Rental Housing

CITY OF PORTLAND, OREGON STANDARD FINANCIALLY RESPONSIBLE RENTAL APPLICATION

TO BE COMPLETED BY EACH FINANCIALLY RESPONSIBLE ADULT APPLICANT

ALL UNITS
SUBJECT TO
AVAILABILITY



OFFICE USE ONLY

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

PROPERTY NAME / NUMBER _____

UNIT NUMBER _____ ADDRESS _____

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

OWNER / AGENT _____ PHONE _____

OWNER / AGENT ADDRESS _____

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

☐ DWELLING UNIT QUALIFIES AS A "TYPE A UNIT" (ACCESSIBLE UNIT) PER OREGON STRUCTURAL BUILDING CODE AND ICC A117.1.

APPLICANT

CHECK ALL THAT APPLY:

☐ OPTIONAL: DISABLED (NOT MOBILITY RELATED)

☐ OPTIONAL: DISABLED AND MOBILITY DISABLED (meaning a person who has a disability that causes an ongoing limitation of independent, purposeful physical movement of the body or one or more extremities and requires a modifiable living space because of, but not limited to, the need for an assistive mobility device)

☐ APPLICANT HAS APPLIED TO OTHER LOCATIONS MANAGED BY OWNER/AGENT IN THE LAST 60 DAYS

WHERE? _____

Owner/Agent may refuse to process this application if Applicant has repeated and verifiable violations of a Rental Agreement with Owner/Agent within 365 days of submission of this application. Rental Agreement violations are repeated and verifiable when: i) at least 3 violations have occurred within a 1 year period, and the most recent violation occurred within 365 days before the submission of this application; ii) Resident received notice of each of the 3 violations in writing at the time each violation occurred; and iii) none of the 3 violations were cured (as provided in ORS 90.392) or resulted in a general judgment for the Applicant before the Applicant submitted the application. If Owner/Agent refuses to process this application for this reason, Owner/Agent shall provide Applicant with copies of the relevant notices considered.

APPLICANT FULL LEGAL NAME _____ EMAIL _____

PREVIOUS NAMES, ALIASES OR NICKNAMES USED _____

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

PHOTO I.D. TYPE _____ # _____ / STATE _____ EXP. DATE _____ MM/DD/YYYY

CURRENT STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ DATE YOU MOVED IN _____ MM/DD/YYYY

CURRENT LANDLORD NAME _____ LANDLORD PHONE (____) _____

LANDLORD EMAIL _____ LANDLORD FAX (____) _____

STREET ADDRESS (OR APARTMENT NAME) _____

CITY _____ STATE _____ ZIP _____

APPLICANT FORMER STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ FROM _____ MM/DD/YYYY TO _____ MM/DD/YYYY

FORMER LANDLORD NAME _____ LANDLORD PHONE (____) _____

LANDLORD EMAIL _____ LANDLORD FAX (____) _____

STREET ADDRESS (OR APARTMENT NAME) _____

CITY _____ STATE _____ ZIP _____

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

CURRENT EMPLOYER _____ PHONE (____) _____

HR EMAIL _____ HR FAX (____) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

POSITION _____ HOW LONG? _____ GROSS MONTHLY INCOME \$ _____

OTHER MONTHLY INCOME: SOURCE _____ \$ _____ / SOURCE _____ \$ _____

ARE YOU SELF-EMPLOYED? ☐ YES ☐ NO

☐ PREVIOUS ☐ ADDITIONAL EMPLOYER _____ PHONE (____) _____

HR EMAIL _____ HR FAX (____) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

POSITION _____ HOW LONG? _____ IF ADDITIONAL EMPLOYER, GROSS MONTHLY INCOME \$ _____

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.

MAXIMUM POTENTIAL RENT \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

DEPOSITS

SECURITY DEPOSIT MINIMUM: \$ _____
(NOT TO EXCEED ONE MONTH'S RENT)

SECURITY DEPOSIT MAXIMUM: \$ _____
(NOT TO EXCEED ONE AND A HALF MONTH'S RENT)
(DEPENDS ON SCREENING RESULTS AND UNIT SIZE)

ADDITIONAL DEPOSITS:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

IF LAST MONTH'S RENT IS REQUIRED AT MOVE-IN, SECURITY DEPOSIT SHALL NOT EXCEED ONE HALF OF ONE MONTH'S RENT.

INSURANCE

☐ IF CHECKED, RENTER'S INSURANCE WILL BE REQUIRED.

☐ IF CHECKED, RENTER'S INSURANCE WILL BE REQUIRED IF _____

MINIMUM INSURANCE AMOUNT: \$ _____
(\$100,000 IF LEFT BLANK)

OWNER/AGENT MUST BE LISTED AS AN "INTERESTED PERSON" ON THE INSURANCE POLICY AND PROOF OF SUCH LISTING PROVIDED PRIOR TO MOVE-IN.

(NO INSURANCE WILL BE REQUIRED IF: A) THE HOUSEHOLD INCOME OF ALL OF THE TENANTS IN THE UNIT IS EQUAL TO OR LESS THAN 50 PERCENT OF THE AREA MEDIAN INCOME, ADJUSTED FOR FAMILY SIZE AS MEASURED UP TO A FIVE-PERSON FAMILY; OR B) IF THE DWELLING UNIT HAS BEEN SUBSIDIZED WITH PUBLIC FUNDS, NOT INCLUDING HOUSING CHOICE VOUCHERS.)

☐ ON SITE ☐ RESIDENT ☐ MAIN OFFICE (IF REQUIRED)

PAGE 1

OTHER OCCUPANTS	NAME	DATE OF BIRTH	VEHICLES	MAKE	MODEL	COLOR	STATE	LICENSE PLATE #	OWNER	
		MM/DD/YYYY								
		MM/DD/YYYY								
		MM/DD/YYYY								
		MM/DD/YYYY								
		MM/DD/YYYY								

☐ IF CHECKED, PETS ARE NOT ALLOWED AT THIS PROPERTY.

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

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

NAME _____ TYPE _____ BREED _____ AGE _____ WEIGHT _____

DO YOU INTEND TO USE: ☐ WATERBED ☐ AQUARIUM ☐ MUSICAL INSTRUMENT _____

DO YOU HAVE RENTER'S INSURANCE? ☐ YES ☐ NO

EMERGENCY CONTACT _____ PHONE (_____) _____

ADDRESS _____

CONTACT IN CASE OF DEATH _____ PHONE (_____) _____

ADDRESS _____

HAVE YOU BEEN EVICTED WITHIN THE LAST 5 YEARS OR IS THERE A PENDING EVICTION CASE AGAINST YOU? ☐ YES ☐ NO

IF YES, PLEASE LIST COUNTY & STATE _____

HAVE YOU EVER FILED FOR BANKRUPTCY, OR ARE YOU CURRENTLY IN THE BANKRUPTCY PROCESS? ☐ YES ☐ NO IF YES, DATE _____ MM/DD/YYYY

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

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 RELATED TO THE CRIMINAL CONVICTION CRITERIA? ☐ YES ☐ NO IF YES, WHO _____

COUNTY & STATE _____ WHEN _____ MM/DD/YYYY WHAT _____

HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT BEEN ARRESTED FOR A CHARGE RELATED TO THE CRIMINAL CONVICTION CRITERIA THAT HAS NOT BEEN DISMISSED? ☐ YES ☐ NO IF YES, COUNTY & STATE _____

WHY ARE YOU VACATING YOUR PRESENT PLACE OF RESIDENCE? _____

HAVE YOU GIVEN LEGAL NOTICE WHERE YOU NOW LIVE? ☐ YES ☐ NO

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 _____ PHONE _____

ADDRESS _____

EMAIL _____

If the application is approved, applicant will have _____ 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.

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: _____ unit(s).

Approximate number of applications previously accepted and currently under consideration for those units: _____ application(s).

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.

☐ IF CHECKED, APPLICANT IS HEREBY NOTIFIED THAT THE TENANCY WILL BE FIXED TERM AND IT IS OWNER'S INTENT TO SELL THE DWELLING UNIT OR PERMANENTLY CONVERT THE DWELLING UNIT TO A USE OTHER THAN AS A DWELLING UNIT.

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 Owner/Agent may refuse to process or deny this application if it is incomplete, fails to include information regarding my identification or income, or if I intentionally withheld or misrepresented required information. I understand that if any information supplied on this application is later found to be false, this is grounds for termination of tenancy. I understand that I am welcome to provide supplemental evidence to mitigate potentially negative screening results. I have received and read the Owner/Agent's rental criteria.

APPLICANT ☒ DATE _____ SUPPLEMENTAL EVIDENCE PROVIDED? ☐ YES ☐ NO

OWNER/AGENT ☒ SUPPLEMENTAL EVIDENCE RECEIVED? ☐ YES ☐ NO

☐ PHOTO I.D. VERIFIED BY _____ (INITIALS) DATE RECEIVED _____ TIME RECEIVED _____

OWNER/AGENT NOTES _____

Name (Print clearly): _____ DOB: _____

First Name Last Name

I hereby authorize **NARA NW** (check one):

- | | | | |
|---|---|--------------|------------------|
| <input type="checkbox"/> Indian Health Clinic | 703 NE Hancock St., Portland OR 97212 | 503.230.9875 | Fax 503.230.9877 |
| <input type="checkbox"/> Outpatient/Outreach | 1631 SW Columbia St., Portland OR 97201 | 503.231.2641 | Fax 503.231.1654 |
| <input type="checkbox"/> Adult Residential | 17645 NW St. Helens Hwy, Portland OR 97231 | 503.621.1069 | Fax 503.621.0200 |
| <input type="checkbox"/> Child & Family/Youth | 620 NE 2 nd St., Gresham OR 97030 | 971.274.3757 | Fax 503.912.5741 |
| <input type="checkbox"/> Totem Lodge Wellness | 1438 SE Division St, Portland OR 97202 | 503.548.0346 | Fax 503.232.5959 |
| <input type="checkbox"/> NARA Wellness Center | 12360 E Burnside St, Portland OR 97233 | 971.279.4800 | Fax 971.279.2051 |
| <input type="checkbox"/> Dental Clinic | 12750 SE Stark St., Suite E, Portland OR 97233 | 971.347.3009 | Fax 971.256.3277 |
| <input type="checkbox"/> Youth Residential | 620 NE 2 nd St., Gresham OR 97030 | 971.274.3757 | Fax 503.912.5740 |
| <input type="checkbox"/> Tate Topo/Housing | 1310 SW 17 th Ave., Portland, OR 97201 | 503.231.2641 | Fax 503.467.4077 |
| <input type="checkbox"/> to release information to and/or | <input type="checkbox"/> receive information from | | |

(Person or Organization)

(Fax Number)

(Address)

(Telephone Number)

This information is in regards to: _____ and expires on _____
(Individual's Name & DOB) (1 year from date unless noted)

I specifically authorize the release/exchange/receipt of the following (Individual must initial each item):

- | | |
|--------------------------------|---|
| ___ Identifying Information | ___ A&D treatment records (If initialed, specific consent below must be signed) |
| ___ Lab Reports | ___ Mental Health treatment records (If initialed, specific consent below must be signed) |
| ___ Physical Exams/Assessments | ___ HIV Antibody test and results (If initialed, specific consent below must be signed) |
| ___ X-ray Reports | ___ Psychiatric Evaluation(s) |
| ___ Discharge Summary | ___ Physician Orders |
| ___ Consultation(s) | ___ Progress Notes |
| | ___ All of my substance use disorder records |
| | ___ Other _____ |

This information is needed for the following purpose(s):

- | | |
|---|--|
| <input type="checkbox"/> Diagnosis and Evaluation | <input type="checkbox"/> Referral/Consultation |
| <input type="checkbox"/> Treatment Planning | <input type="checkbox"/> Coordinate Aftercare/Ongoing Treatment/Services |
| <input type="checkbox"/> Facilitate Changing Physicians/Clinics | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Facilitate Insurance/Billing | |

I understand that I may revoke this authorization in writing submitted at any time to the location checked above, except to the extent that action had been taken in reliance on this authorization.

I understand that NARA NW will not condition treatment or eligibility for care on my providing this authorization except if such care is:
(1) research related or (2) provided solely for the purpose of creating Protected health Information for disclosure to a third party.

I understand that information disclosed by this authorization may be subject to redisclosure by the recipient and may no longer be protected under federal law. I understand I may request a list of locations/individuals that my records have been disclosed to.

Signature of Individual:	Date:
Signature of Authorized Representative (State relationship to individual) or Witness (if signature is mark.)	Date:

I recognize that the information released may contain drug/alcohol information that is protected by federal and state law. (42CFR2.31, ORS 430.399(5) & 179.505) I specifically consent to its release. X _____ Signature X _____ Date	I recognize that the information released may contain information regarding HIV/AIDS testing, treatment, or high-risk behavior. (OAR 333-012-0270, ORS 433.045). I specifically consent to its release. X _____ Signature X _____ Date	I recognize that the information released may contain information regarding mental health treatment that is protected by state law (ORS 179.505 & 192.505, 45 CFR 205.50) I specifically consent to its release. X _____ Signature X _____ Date
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This is the Release of Information (ROI) you requested. It must be filled out completely in order for us to release the records.

- On the Name line: Please print your name, date of birth and social security number.
- Under the listed NARA locations: Please check the appropriate box for us to release or receive your health information.
- Following the release/receive check boxes: Please list the full name (or business name), address, phone and fax number (if available) of the person or facility that will either send or receive your health information.
- After writing the person/business information: Use the "This information is in regards to:" line if you are completing the form for a dependent. List the name and date of birth of the dependent. This release will be valid for one (1) year. If you want the release is to be valid for more or less than one year, please fill in a date.
- Under "I specifically authorize....": You must **initial** the specific items to be released. If you initial for A & D treatment, Mental Health or HIV Antibody tests/results records to be released, you must sign and date the corresponding boxes at the bottom of the page.
- Under "This information is needed...:" Please check the appropriate box(es) indicating the reason for the release of your health information.
- Finally, please sign and date the form as listed.



Native American Youth and Family Center

5135 NE Columbia Blvd, Portland, OR 97218

Phone (503) 288-8177 Fax (503) 972-2495 | www.nayapdx.org

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

READ FIRST: Before you decide whether or not to let NAYA Family Center share some of your confidential information with another agency or person, an advocate at NAYA Family Center will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want NAYA Family Center to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that NAYA Family Center has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow NAYA Family Center to release some of my personal information to certain individuals or agencies.

I, _____, authorize NAYA Family Center to share the following specific information with:
Participant name

Who I want to have my information:	Name: Specific Office at Agency: Phone Number:
---	--

The information may be shared: ☐ in person ☐ by phone ☐ by fax ☐ by mail ☐ by e-mail
☐ I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared:	(List as specifically as possible, for example: name, dates of service, any documents).
Why I want my info shared: (purpose)	(List as specifically as possible, for example: to receive benefits or youth's name).

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by NAYA Family Center.

I understand:

- _____ That I do not have to sign a release form. I do not have to allow NAYA Family Center to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like NAYA Family Center to release information about me in the future, I will need to sign another written, time-limited release.
- _____ That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from NAYA Family Center.
- _____ That NAYA Family Center and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on _____
Date

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Signature of Participant: _____ **Date:** _____
(or parent/guardian if under age of 18)

Signature of NAYA Staff Member: _____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until _____

Participant Signature: _____ **Date:** _____ **NAYA Staff Member:** _____

CITY OF PORTLAND • STANDARD FINANCIALLY RESPONSIBLE RENTAL CRITERIA FOR RESIDENCY

OWNER/AGENT'S EVALUATION PROCESS

Upon receipt of a completed application, the contents of the application are compared to the screening criteria by Owner/Agent and the Applicant is either approved or denied in compliance with all local, state and federal laws. Applicants are welcome to provide supplemental evidence to mitigate potentially negative screening results.

Applicants have 30 days to appeal denied applications, during which time they may correct, refute, or explain negative information forming the basis for the denial. Applicants are also prequalified for any rental opportunities at Owner/Agent's properties for three months following the approval date. All screening fees are waived for three months following the approved appeal, but Applicants under these circumstances will be required to certify in writing that no conditions have materially changed from those described in Owner/Agent's approved application. If conditions have materially changed, Owner/Agent may use those changes as the basis for a denial.

OCCUPANCY POLICY

1. Occupancy is based on the number of bedrooms in a unit. (A bedroom is defined as a habitable room that is intended to be used primarily for sleeping purposes, contains at least 70 square feet and is configured so as to take the need for a fire exit into account.)
2. The general rule is two persons are allowed per bedroom. Owner/Agent may adopt a more liberal occupancy standard based on factors such as size and configuration of the unit, size and configuration of the bedrooms, and whether any occupants will be infants.

GENERAL STATEMENTS

1. Any of the following items, or combination thereof, will be accepted to verify the name, date of birth and photo of the applicant:
 - i) Evidence of Social Security Number (SSN Card)
 - ii) Valid Permanent Resident Card
 - iii) Immigrant Visa
 - iv) Individual Taxpayer Identification Number (ITIN)
 - v) Non-Immigrant Visa
 - vi) Any government-issued identification regardless of expiration date
 - vii) Any non-governmental identification or combination of identifications that would permit a reasonable verification of identity
2. Each applicant will be required to qualify individually or as per specific criteria areas.
3. Inaccurate, incomplete or falsified information will be grounds for denial of the application.
4. Any applicant currently using illegal drugs will be denied. If approved for tenancy and later illegal drug use is confirmed, termination shall result.
5. Any individual whose tenancy may constitute a direct threat to the health and safety of any individual, the premises, or the property of others, will be denied tenancy.

INCOME CRITERIA

1. Monthly income must be 2 times the monthly stated rent*, or 2.5 times the monthly stated rent if the monthly rent amount is below the maximum monthly rent for a household earning no more than 80 percent of the median household income as published annually by the Portland Housing Bureau. https://www.multifamilynw.org/PHB_Rent_Income_Limits Income sources shall include, but are not limited to: wages, rent assistance (non-governmental only), and monetary public benefits and are based on the cumulative financial resources of all financially responsible applicants. Applicants failing to qualify under this section may, at Owner/Agent's discretion, be required to pay an additional security deposit in the amount of half a month's rent.

*If applicant will be using local, state or federal housing assistance as a source of income, "monthly stated rent" as used in this section means that portion of the rent that will be payable by applicant and excludes any portion of the rent that will be paid through the assistance program.
2. Twelve months of verifiable employment will be required if used as a source of income.
3. Applicants using self-employment income will have their records verified through the state corporation commission, and will be required to submit records to verify their income, which records may include the previous year's tax returns.

RENTAL HISTORY CRITERIA

1. Twelve months of verifiable contractual rental history from a current unrelated, third party landlord, or home ownership, is required. Less than twelve months verifiable rental history will require a security deposit not to exceed one and a half month's rent and/or qualified co-signer.
2. Three or more notices for nonpayment of rent within one year will result in denial of the application.
3. Three or more dishonored checks within one year will result in denial of the application.
4. Rental history reflecting any past due and unpaid balances to a landlord will result in denial of the application except for unpaid rent, including rent reflected in judgments or referrals of debt to a collection agency, that accrued on or after April 1, 2020, and before March 1, 2022.
5. Rental history including three or more noise disturbances or any other material non-compliance with the rental agreement or rules within the past two years will result in denial.

EVICITION HISTORY CRITERIA

Five years of eviction-free history is required except for general eviction judgments entered on claims that arose on or after April 1, 2020, and before March 1, 2022. Eviction actions that were dismissed or resulted in a judgment for the applicant will not be considered.

CREDIT CRITERIA

1. Negative or adverse debt showing on consumer credit report will require a security deposit not to exceed one and a half month's rent and/or qualified co-signers.
2. Ten or more unpaid collections (not related to medical expenses) will result in denial of the application.

RENT WELL GRADUATES

If applicant fails to meet any criteria related to credit, evictions and/or rental history, and applicant has received a certificate indicating satisfactory completion of a tenant training program such as "Rent Well," Owner/Agent will consider whether the course content, instructor comments and any other information supplied by applicant is sufficient to demonstrate that applicant will successfully live in the complex in compliance with the Rental Agreement. Based on this information, Owner/Agent may waive strict compliance with the credit, eviction and/or rental history screening criteria for this applicant.

FAIR HOUSING LAWS

Landlord has a non-discrimination policy as required by federal, state or local law and does not discriminate against any applicant because of the race, color, religion, sex, sexual orientation, national origin, marital status, familial status or source of income of the applicant.

CRIMINAL CONVICTION CRITERIA

Upon receipt of the Rental Application and screening fee, Owner/Agent will conduct a search of public records to determine whether applicant or any proposed resident or occupant has a "Conviction" (which means: charges pending as of the date of the application; a conviction; a guilty plea; or no contest plea), for any of the following crimes as provided in ORS 90.303(3): 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 applicant was convicted or is charged is of a nature that would adversely affect property of the landlord or a tenant or the health, safety or right of peaceful enjoyment of the premises of residents, the landlord or the landlord's agent. Owner/Agent will not consider a previous arrest that did not result in a Conviction, was dismissed, expunged, voided or invalidated, determined or adjudicated through the juvenile justice system. Owner/Agent will also not consider convictions when Applicant is participating or has completed a diversion or deferral of judgment program or for crimes that are no longer illegal in the State of Oregon.

If applicant, or any proposed occupant, has a Conviction in their past which would disqualify them under these criminal conviction criteria, and desires to submit additional information to Owner/Agent along with the application so Owner/Agent can engage in an individualized assessment (described below) upon receipt of the results of the public records search and prior to a denial, applicant should do so. Otherwise, applicant may request the review process after denial as set forth below, however, see item (c) under "Criminal Conviction Review Process" below regarding holding the unit.

A single Conviction for any of the following, subject to the results of any review process, shall be grounds for denial of the Rental Application.

- a) Felonies involving: murder, manslaughter, arson, rape, kidnapping, child sex crimes, or manufacturing or distribution of a controlled substance.
- b) Felonies not listed above involving: 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 applicant was convicted or is charged is of a nature that would adversely affect property of the landlord or a tenant or the health, safety or right of peaceful enjoyment of the premises of the residents, the landlord or the landlord's agent, where the date of disposition has occurred in the last 7 years.
- c) Misdemeanors involving: drug related crimes, person crimes, sex offenses, domestic violence, violation of a restraining order, stalking, weapons, criminal impersonation, possession of burglary tools, financial fraud crimes, where the date of disposition has occurred in the last 5 years.
- d) Misdemeanors not listed above involving: theft, criminal trespass, criminal mischief, property crimes or any other crime if the conduct for which applicant was convicted or is charged is of a nature that would adversely affect property of the landlord or a tenant or the health, safety or right of peaceful enjoyment of the premises of the residents, the landlord or the landlord's agent, where the date of disposition has occurred in the last 3 years.
- e) Conviction of any crime that requires lifetime registration as a sex offender, or for which applicant is currently registered as a sex offender, will result in denial.

Criminal Conviction Review Process

Owner/Agent will engage in an individualized assessment of the applicant's, or other proposed occupant's, Convictions if applicant has satisfied all other criteria (the denial was based solely on one or more Convictions) as required by local, state and federal law, and:

- (1) Applicant has submitted supporting documentation prior to the public records search; or
- (2) Applicant is denied based on failure to satisfy these criminal criteria and has submitted a written request along with supporting documentation.

Supporting documentation may include:

- i) Letter from parole or probation office;
- ii) Letter from caseworker, therapist, counselor, etc.;
- iii) Certifications of treatments/rehab programs;
- iv) Letter from employer, teacher, etc.
- v) Certification of trainings completed;
- vi) Proof of employment; and
- vii) Statement of the applicant.

Landlord will also perform an individualized assessment if no supplemental information is received as required by any local, state or federal law.

Owner/Agent will:

- a) Consider relevant individualized evidence of mitigating factors, which may include: the facts or circumstances surrounding the criminal conduct; the age of the convicted person at the time of the conduct; time since the criminal conduct; time since release from incarceration or completion of parole; evidence that the individual has maintained a good tenant history before and/or after the conviction or conduct; and evidence of rehabilitation efforts. Owner/Agent may request additional information and may consider whether there have been multiple Convictions as part of this process.
- b) Notify applicant of the results of Owner/Agent's review within a reasonable time after receipt of all required information.
- c) Hold the unit for which the application was received for a reasonable time under all the circumstances to complete the review unless prior to receipt of applicant's written request (if made after denial) the unit was committed to another applicant.



Portland Housing Bureau

Rental Services Office

Mayor Ted Wheeler • Director Shannon Callahan

421 SW 6th Avenue, Suite 500 • Portland, OR 97204

PHONE 503-823-1303 • FAX 503-865-3260

portlandoregon.gov/phb/rso

Rental Services Helpdesk Hours

MON, WED, FRI 9–11am and 1–4pm

Right to Request a Modification or Accommodation Notice Required Under Portland City Code Title 30.01.086.C.3.B

Within the City of Portland, a landlord is required to include this notice with application forms for the rental of a dwelling unit.

State and federal laws, including **the Fair Housing Act**, make it illegal for housing providers to refuse to make **reasonable accommodations** and **reasonable modifications** for individuals with disabilities. All persons with a disability have a right to request and be provided a reasonable accommodation or modification at any time, from application through to termination/eviction.

Some examples of reasonable accommodations include:

- Assigning an accessible parking space
- Transferring a tenant to a ground-floor unit
- Changing the rent payment schedule to accommodate when an individual receives public benefits
- Allowing an applicant to submit a housing application via a different means
- Allowing an assistance animal in a "no pets" building. More information about assistance animals is available here:
https://www.hud.gov/program_offices/fair_housing_equal_opp/assistance_animals

Some examples of reasonable modification include:

- Adding a grab bar to a tenant's bathroom
- Installing visual smoke alarm systems
- Installing a ramp to the front door

Under fair housing laws, a person with a disability is someone:

- With a physical or mental impairment that substantially limits one or more major life activities of the individual;
- With a record of having a physical or mental impairment that substantially limits one or more major life activities of the individual; or
- Who is regarded as having a physical or mental impairment that substantially limits one or more major life activities.

Major life activities include, but are not limited to seeing, walking, reaching, lifting, hearing, speaking, interacting with others, concentrating, learning, and caring for oneself.



Reasonable Accommodations

A reasonable accommodation is a change or exception to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling. This includes public use and common spaces or fulfilling their program obligations. Any change in the way things are customarily done that allows a person with a disability to enjoy housing opportunities or to meet program requirements is a reasonable accommodation.

All housing or programs are required to make reasonable accommodations. Housing providers may not require persons with disabilities to pay extra fees or deposits or any other special requirements as a condition of receiving a reasonable accommodation.

Reasonable Modifications

A reasonable modification is a structural change made to the premises in order to afford an individual with a disability full enjoyment of the premises. Reasonable modifications can include structural changes to interiors and exteriors of dwellings and to public use and common areas.

Under federal law, public housing agencies, other federally assisted housing providers, and state or local government entities are required to provide and pay for structural modifications as reasonable accommodations/modifications. For private housing, the person requesting the reasonable modification will need to cover the costs of the modification.

Verification of Disability

In response to an accommodation or modification request and only when it is necessary to verify that a person has a disability that is not known or apparent to the housing provider, they, can ask an applicant/tenant to provide documentation from a qualified third party (professional), that the applicant or tenant has a disability that results in one or more functional limitation. If the disability-related need for the requested accommodation or modification is not known or obvious, the housing provider can request documentation stating that the requested accommodation or modification is necessary because of the disability, and that it will allow the applicant/tenant access to the unit and any amenities or services included with the rental equally to other tenants.

A housing provider cannot inquire into the nature or extent of a known or apparent disability or require that an applicant or tenant release his or her medical records. Housing providers can require that the verification come from a qualified professional, but they cannot require that it be a medical doctor.

Nondiscrimination laws cover applicants and tenants with disabilities, as well as applicants and tenants and without disabilities who live or are associated with individuals with disabilities. These laws also prohibit housing providers from refusing to rent to persons with disabilities, making discriminatory statements, and treating persons with disabilities less favorably than other tenants because of their disability.

Under fair housing laws, it is illegal for a housing provider to deny reasonable accommodations and reasonable modifications to individuals with disabilities. If wrongfully denied an accommodation or modification contact HUD or the Fair Housing Council of Oregon. Time limits apply to asserting any legal claims for discrimination.

Call HUD toll-free at 1-800-669-9777 or TTY 1-800-927-9275 or visit
https://www.hud.gov/program_offices/fair_housing_equal_opp/complaint-process

HUD will investigate at no cost to the complainant.

For more information about reasonable accommodations and modifications visit
www.hud.gov/program_offices/fair_housing_equal_opp/reasonable_accommodations_and_modifications

Call the Fair Housing Council of Oregon at (503) 223-8197 ext. 2 or
<http://fhco.org/index.php/report-discrimination>.



If you believe you have been harassed or discriminated against because of your race, color, national origin, religion, gender, familial status, disability, marital status, source of income, sexual orientation including gender identity, domestic violence, type of occupation, or age over 18 seek legal guidance regarding your rights under Fair Housing law.

For translation or interpretation, please call 503-823-1303
TTY at 503-823-6868 or Oregon Relay Service at 711

503-823-1303: Traducción e interpretación | Chuyển Ngữ hoặc Phiên Dịch | 翻译或传译
Письменный или устный перевод | 翻訳または通訳 | Traducere sau Interpretare
번역 및 통역 | Письмовий або усний переклад | Turjumida ama Fasiraadda
الترجمة التحريرية والشفوية | ການແປພາສາ ຫຼື ການອະທິບາຍ

This requirement is in addition to any other rights and responsibilities set forth in the Oregon Residential Landlord and Tenant Act under Oregon Revised Statute Chapter 90, and Portland Landlord-Tenant Law under Portland City Code Title 30.

The information in this form is for educational purposes only. You should review appropriate state statute, city code, and administrative rule as necessary. If you need legal guidance, or are considering taking legal action, you should contact an attorney.



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MON, WED, FRI 9–11am and 1–4pm

Statement of Applicant Rights and Responsibilities Notice Required Under Portland City Code Title 30.01.086.C.3.C

Within the City of Portland, a landlord is required to include this notice with application forms for the rental of a dwelling unit.

City of Portland Applicant Rights

The City of Portland has adopted local requirements that provide additional rights and responsibilities for landlords and applicants for rental housing, beyond state law requirements, during the rental unit advertising and application process.

Applicants are strongly encouraged to submit supplemental information to offset any reasons that could lead to denial. In the event of denial, applicants have the right to appeal the decision within 30 days.

Applicants are strongly encouraged to review their rights before submitting an application.

City requirements address the following landlord tenant topics: advertising and application process screening, security deposits, depreciation schedules, rental history, notice rights, and rights for relocation assistance.

The City of Portland city code, rules, required notices and forms are listed below, and are available at: [portland.gov/rso] or by contacting the Rental Services Office at (503) 823-1303 or rentalservices@portlandoregon.gov.

Residential Rental Unit Registration

- Portland City Code 7.02.890

Application and Screening Requirements

- Portland City Code 30.01.086
- Rental Housing Application and Screening Administrative Rule
- Statement of Applicant Rights and Responsibilities Notice
- Right to Request a Modification or Accommodation Notice
- Rental Housing Application and Screening Minimum Income Requirement Table

Security Deposit Requirements

- Portland City Code 30.01.087
- Rental Housing Security Deposits Administrative Rule
- Rental History Form
- Notice of Rights under Portland's Security Deposit Ordinance



Mandatory Renter Relocation Assistance

- Portland City Code 30.01.085
- Mandatory Relocation Assistance Exemption Eligibility and Approval Process
Administrative Rule
- Tenant Notice of Rights and Responsibilities Associated with Portland Mandatory
Relocation Assistance
- Relocation Exemption Application Acknowledgement Letter (If applicable)



If you believe you have been harassed or discriminated against because of your race, color, national origin, religion, gender, familial status, disability, marital status, source of income, sexual orientation including gender identity, domestic violence, type of occupation, or age over 18 seek legal guidance regarding your rights under Fair Housing law.

For translation or interpretation, please call 503-823-1303
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503-823-1303: Traducción e interpretación | Chuyển Ngữ hoặc Phiên Dịch | 翻译或传译
Письменный или устный перевод | 翻訳または通訳 | Traducere sau Interpretare
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HAYU TILIXAM

TENANT SELECTION CRITERIA

Thank you for considering **HAYU TILIXAM** as your next residence. **HAYU TILIXAM** is a multifamily housing property that provides affordable units to households earning **60%** and below the area median income in Multnomah County.

This property has one or more waiting list preferences, which means that priority placement is given to applicants that qualify for a specific preference category. Hayu Tilixam follows the Housing First model for leasing its Permanent Supportive Housing units. Hayu Tilixam will set aside 9 units of the project exclusively for occupancy by households who are formerly homeless these will be referred from NARA through Coordinated Access. Please see the preference section in the criteria for more information.

This property is funded by the Section 42 of the IRC Low-Income Housing Tax Credit (LIHTC) program and the Portland Housing Bureau. Eligible households must qualify under the restrictive income limits and regulations set out by this program.

For rental inquiries or other information, please contact us using the information below.

Phone: (971) 337-4650

Fax: TBD

Website: www.viridianmgt.com

Property Email: hayu.tilixam@viridianmgt.com

Location: 5825 NE Prescott
Portland, OR 97218

OCCUPANCY STANDARDS

Size	Minimum No. of Occupants	Maximum No. of Occupants
0 bdr	1	2
1 bdr	1	3
2 bdr	2	5
3 bdr	3	7

RENT

Rents are subject to change annually. Rents range from \$0 to \$1,410 depending on unit size and other program qualifications. Please speak to the site manager for current rental rates.

SECURITY DEPOSIT

The security deposit is: **\$300 for Studio/1 Bedroom, \$375 for a 2 Bedroom, \$450 for a 3 bedroom.**

WAITING LIST

The waiting list is open. It is estimated that there are 0 applicants on the waiting list of this property. Applications may be submitted at the leasing office or interested parties may apply online through the property listing at www.viridianmgt.com.



SCREENING

Each adult must be screened for credit, criminal and eviction background checks when the application is selected from the waiting list for prospective tenancy. Landlord has charged a screening charge as described below. Landlord may obtain a consumer credit report and/or investigative consumer report which may include checking an applicant's credit, income, employment, rental history, and criminal background. This may include information as to their 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 Landlord 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 REPORT PER ADULT

Screening Cost: \$22 per adult

Although we are solely responsible for our rental decision, it was based in whole or in part on information contained in a tenant screening report provided to us by:

RentGrow, Inc.
177 Huntington Ave, Suite 1703 #74213
Boston, MA 02155-3153
(800) 898-1351
www.rentgrow.com

1. POLICY – NONDISCRIMINATION AND ACCOMMODATIONS

Viridian Management is committed to Fair Housing Policy and Equal Housing opportunity for prospective applicants. Viridian Management may not discriminate against an applicant because of race, color, religion, sex (gender), national origin, disabled status, familial or marital status, source of income, status as victim of domestic violence, sexual orientation, gender identification, or age. Viridian does not discriminate on the basis of disabled status in the admission or access to, treatment of, or employment in, its housing, programs or activities. Viridian complies with requirements of the Fair Housing Acts, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act (ADA) and all applicable federal, state or local laws.

Under the provisions of Section 504 of the Rehabilitation Act of 1973, a person with a disability shall be provided with a reasonable accommodation to the extent necessary to provide such person with an opportunity to use, enjoy and occupy the apartment and apartment premises. A verification of disability as well as linking the accommodation to disability may be required. Under federal and state law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities, including: walking, seeing, hearing, speaking, breathing, thinking, communicating, learning, performing manual tasks, and



caring for oneself. Applicants should contact the Manager for further clarification related to reasonable accommodations, or how to make a request for reasonable accommodation.

2. APPLICATION AND WAITING LIST

All persons interested in Viridian-managed housing may request an application either in person, or through a designated individual, at the local on-site or regional designated site office during posted office hours; or request an application to be mailed by calling the local phone number listed on the cover sheet of this document. Fax requests for applications may be sent to the fax number listed on the cover sheet of this document. TTY telecommunication is available by calling the national relay number 711. It is Viridian Management's policy to assist wherever possible especially in the accommodation requests by persons with disabilities; applicants may request assistance in completing the application if necessary.

An application must be completed **in full** by the applicant and submitted either in person to the local site office or via mail to the local or regional office. All applicants will be contacted in writing within 14 days of receipt of the application, to inform them of status of their application. Applicants are placed on the waiting list in order by date and time the completed application is received.

Applicants that submit incomplete applications will be placed on the waitlist and contacted by mail with a request to complete the application in full. If the incomplete application is not returned completed within 10 days of notification, the household will be removed from the waiting list and sent notice of the removal.

Periodically the manager will send 10-Day Waiting List Update letters out to all applicants on the waiting list to determine continued interest. Recipients of this letter have 10 days to respond. If no response is received within 10 days, the manager will send the applicant a letter to notify them that they have been withdrawn from the waiting list. Applicants that respond and wish to be removed from the waiting list will be removed and sent a letter informing them that they have been withdrawn from the waiting list.

When the manager contacts an applicant to determine continued interest, the applicant will be asked if there is anything on the application that needs to be changed. If the applicant indicates that the information provided has changed, the site manager will schedule an appointment for the applicant to update the application.

Applicants sent a notice of available unit may refuse to begin processing for eligibility for that unit one time. The household will be skipped for that unit, but remain on the waiting list by their original application date. Applicants that refuse the second offered unit will be sent a notice of withdrawal from the waiting list, unless the applicant can demonstrate a need to turn down the unit due to an extenuating circumstance outside of their control. Additionally, if the property has project-based rental assistance but not available to all units, the applicant may request to remain on the waiting list until a unit with rental assistance becomes available.

Finally, if notices mailed to the applicant are returned as undeliverable, management will attempt to contact the applicant by any provided phone number or email address to obtain updated mailing information. If these attempts to contact the applicant fail, the household will be withdrawn from the waiting list.

All applicants must be willing to sign a release form to authorize verification of all items contained in the application, inclusive of; all income, assets and allowances along with credit, personal and landlord references. All households must provide positive identifications, as required by the funding program related to this project, of all persons who will be part of the household. Preliminary eligibility will be satisfied by using information on the application; placement of an application on the waiting list does not denote final tenant selection. Applicants may request information concerning the current status of their application by writing or calling the local site office at the number listed on the first page of this document or the Central Office at 1(541) 426-3820.

Applicants who have indicated the need for and requested the features of an accessible unit designed to assist individuals with disabilities, and have verified the need for the features of this type of unit and meet the definition of disabled, will have priority for those units. In the event, no households apply who would benefit from the features of an accessible unit, it will be offered to a non-disabled and income-eligible person on the waiting list. In this circumstance the applicants, as tenants, will be asked to sign a lease addendum agreeing to transfer (at their own expense) to another unit should an appropriately sized unit become available, and if there are households needing the features of the accessible unit.

Any applicant who requests modifications or accommodations related to their disability to non-adapted units will have consideration on those requests when selected, but with no priority for selection.

3. NUMBER OF OCCUPANTS

The number of occupants residing in the unit must be in accordance with unit density standards as set forth by the Owner/Manager. In determining unit density standards, the intent of property policy is to neither overcrowd nor underutilize space. Different properties may have different density standards depending on federal or state funding for the property, bedroom sizes, unit square footage and any local ordinances and restrictions; see page one for a table of the unit density standards. The Owner/Manager may change the unit density standard during the lease term if changes in laws, ordinances or regulations make such change necessary.

Households who become under or over-housed due to changes in household composition or changes in local, state or federal ordinances or restrictions will be asked to transfer to a more suitably sized unit within 30 days. If there are no suitably sized units existing at the property, the household will be asked to vacate the property within 30 days or at the end of their lease, whichever is longer. The unit density standard is based on the number of persons in the household and includes all full-time members of the household, persons who are away at school but live with the applicant at recesses, unborn children or children in the process of being adopted or secured by custody action, foster children and live-in attendants. Children who live in a household 50% of the year or more are also counted; however, visitors, permanently confined/institutionalized household members and individuals on active military duty are not counted in this determination for occupancy eligibility.

A disabled applicant who would need a larger unit to accommodate a disability would be given such consideration, even if disallowed by the property unit density standard. For specifically designed units (i.e. barrier free), applicants needing those features would be given priority even if occupancy would otherwise be considered underutilization.

4. ELIGIBILITY – GENERAL

Applicants who meet the income/occupancy guidelines and have come to the top of the income and/or other preference lists still must meet all other eligibility criteria before being approved to move in. Management will notify the applicant when their application is ready to be processed for residency. Applicants will receive notice that they must contact the manager within 10 days to begin processing or they will be issued a letter of withdrawal from the waiting list.

Applicants, in addition to any property program requirements, must also meet application, interview and reference criteria as defined below.

Applicants who have been rejected for occupancy will receive a letter detailing any applicable appeal rights and a description of the reasons for the rejection.

As previously stated, any application which is incomplete will not be processed if the applicant fails to respond to the incomplete application notice within 10 days of notice. An applicant who refuses to sign any release to allow the verification of all items contained in the application, including all income, assets and allowances along with credit, personal and landlord references, will be withdrawn from the waitlist and sent notice of withdrawal.

Applicants who exceed the maximum allowable income limits or unit density standards for a property, or who are found to have provided false answers on the application or at the interview, will be rejected.

Applicants who fail to come to a scheduled interview, unless there are extenuating circumstances, or who come to the interview under the influence of illegal drugs, intoxicated, or whose conduct is abusive, threatening, or disruptive will be rejected.

A household in which any member is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that member's use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents' will be rejected. Any household if there is reasonable cause to believe that member's behavior, from abuse or pattern of abused of alcohol, may interfere with the health, safety and right to peaceful enjoyment by other residents will be rejected.

Applicants will be rejected if it is determined that their presence or the presence of any of their household members would create an unsafe environment

Total monthly unit rent should not exceed 50% of the household's net income (income after withholdings required by law or as a condition of employment). Food stamps will be included in the household income for this calculation. This requirement is waived if a portion of the rent will be paid by a rental subsidy. Applicants should contact the property manager if further explanation is required.

Applicants who wish to be a tenant or co-tenant must possess the legal capacity to sign all documents unless an accommodation determination for the individual to allow a guardian signature, if otherwise eligible, is made.

5. ELIGIBILITY – CRIMINAL HISTORY

Applications containing a household member who is subject to, or whose name is contained in any federal, state or local sex offender registry will be rejected.

A single conviction, guilty plea, plea of no contest or pending charge for any of the following offenses may be grounds for rejection of your 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. Expunged records will not be considered.

- a) Felony involving: murder, manslaughter, arson, rape, kidnapping, child sex crimes, manufacturing or distribution of a controlled substance unless applicant provides evidence acceptable to the Owner/Agent that the applicant has been crime-free for at least 10 years since the later of: i) the date of release from incarcerations; or ii) completion of parole.
- b) Any other felony charge not listed above involving: 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 applicant was convicted or is charged with is of a nature that would adversely impact the property of the landlord or a tenant, or the health, safety or right of peaceful enjoyment of the premises of the tenant, the landlord or landlord's agent, where the date of disposition has occurred in the last seven years.
- c) Misdemeanors involving: drug-related crimes, person crimes, sex offense, weapons, violation of a restraining order, criminal impersonation, criminal mischief, stalking, possession of burglary tools, financial fraud crimes, where the date of disposition has occurred within the last five years.
- d) Misdemeanors not listed above involving: theft, criminal trespass, property crimes or any other crime in the conduct for which applicant was convicted or is charged is of a nature that would adversely affect property of the landlord or a tenant, or the health, safety or right of peaceful enjoyment of the premises of a the residents, the landlord or landlord's agent, where the date of disposition has occurred in the last three years.

Pending charges or outstanding warrants for any of the above listed offenses will cause the application to be suspended until the charges are resolved. No unit will be held awaiting the result of pending charges.

Exceptions may be made regarding some criminal charges and extenuating circumstances will be taken into consideration. Reasonable Accommodation requests may be made as to any policy or criteria. Do not be afraid to ask the property manager for more information, or for further clarification, if needed. Applicants are welcome to submit supplemental evidence with their application or after an application has been submitted to the landlord for any additional information the Applicant would like the Landlord to know about their application or any denied application.

6. ELIGIBILITY – CREDIT HISTORY

To determine eligibility, credit history will be reviewed; however, lack of credit history will not be cause for denial. Credit reports containing unpaid utility collections or judgments or other housing-related debt will be cause for denial. Cable, cell phone, and internet debts are not considered utility or housing related expenses.

If you can provide proof of extenuating circumstances around specific debts, or can demonstrate actively working on debt resolution goals, it will be taken into consideration during the application review process.

7. ELIGIBILITY – PUBLIC RECORDS AND RENTAL REFERENCES

Third party rental history will be verified. Please provide references that can be contacted. Lack of rental history will not be cause for denial. Some applicants may have no previous, or current, rental or credit references, but can still offer personal non-related references. Public records or rental history, including but not limited to, the following may be grounds for rejection of your rental application:

- a) Eviction from a residence within the past five years. Please note that evictions, unpaid rent (including rent reflected in judgments) or referrals of debt to a collection agency that accrued on or after April 1, 2020 and before March 1, 2022 will not be considered.
- b) Rental references which indicate the applicant caused significant damage to the unit, vacated the unit owing rent, were late paying their rent on four or more occasions, caused disturbances at the rental on more than one occasion, or maintained their unit in an unsanitary condition.
- c) References indicating the applicant used the rental for illegal activities or were found in non-compliance of their lease agreement on four or more occasions during the tenancy.

Applicants should be honest and disclose any information that may provide further context for an eviction, including past extenuating circumstances such as job loss and/or major medical. Successful completion of an approved second chance renters program, or proving circumstances that led to an eviction no longer exist, will be taken into consideration during the application review process.

Any rejection would be issued in a written statement to the applicant with notification of Grievance and Appeal rights, when applicable.

8. TRANSFER POLICY

Current tenants requiring a unit transfer for the following reasons will be logged on an in-house transfer waitlist and given preference for appropriate units over those on the applicant waitlist and the in-house transfer waitlist. Households with the need for a fully adapted, accessible unit, and those transferring under the protections on the Violence Against Women Act (VAWA) are given priority on the in-house waitlist. Tenants must be pre-approved to transfer, and must meet tenant selection criteria, occupancy standards and program regulation as apply to the desired unit.

- a) A unit transfer for an accessible unit for a medical reason certified by a qualified professional, if disability is not apparent;
- b) A unit transfer in accordance with the VAWA Emergency Transfer policy;
- c) A required unit transfer due to family size or changes in family composition;
- d) A unit transfer for reasonable accommodation for a medical reason certified by a qualified professional, if disability is not apparent.

Current tenants requesting a unit transfer for any other reason that unit occupancy standard, reasonable accommodation, and VAWA protections will be added to the transfer waiting list and selected in order

by date of request, after those with the priorities listed above are appropriately housed. Tenants must be pre-approved to transfer, and must meet tenant selection criteria, occupancy standards and program regulation as apply to the desired unit. In some cases, the household may be required to establish program and income eligibility for the desired unit if certain funding sources exist. Consideration and approval of transfer requests will be based on the following criteria, in addition to any funding requirements:

- a) Household must have been in residency at the property for at least one year;
- b) Tenants must be in good standing. Rent and other charges must be current and rental payment history is positive;
- c) Housekeeping history is satisfactory, and tenants have a positive tenancy record without ongoing or egregious lease violations.

Upon notification of an available unit, a tenant may refuse an apartment twice. In the event that a tenant refused an apartment a third time, the individual will be removed from the in-house transfer list and the request denied for that reason.

9. RENTERS INSURANCE

Viridian Management strongly encourages that all tenants have a renter's insurance policy in effect for their lease term. If a tenant declines to obtain a renter's insurance policy, the tenant agrees to hold the Landlord/Owner or any representative of the Landlord Owner harmless of any damage, theft, or loss that may occur to the tenant's personal possessions while leasing the unit. Renter's Insurance is recommended, but not required.

10. VAWA-VIOLENCE AGAINST WOMEN ACT

That an applicant is or has been a victim of domestic violence, sexual assault, 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.

Any such inquiries will make clear that members of applicant households have a right to keep any history of domestic violence against them confidential.

When inquiries reveal that the negative history was the consequence of domestic violence, sexual assault, dating violence, or stalking against a member of the applicant household, the applicant household will not be denied housing assistance on the basis of this reporting, provided that the perpetrator of domestic violence is not a member of the applicant household.

The Agent may ask for documentation establishing that the negative history was the consequence of domestic violence, sexual assault, dating violence, or stalking. The applicant shall have fourteen business days (i.e. weekends and holidays will not count in determining the deadline) to provide such documentation. The Agent may grant extensions to the fourteen-day-deadline if the applicant

demonstrates good cause. The applicant can satisfy the documentation requirement in any of the following ways:

- 1) Completing a certification form verifying that the individual is a victim of domestic violence, dating violence, or stalking, and that the incident or incidents in question are bona fide incidents of actual or threatened abuse. Such certification shall include the name of the perpetrator, if it is known; OR
- 2) Providing documentation signed by any of the following third parties:
 - a) an employee, agent, or volunteer of a victim service provider;
 - b) an attorney;
 - c) a medical professional; or
 - d) other knowledgeable professional.

The person signing the documentation must have assisted the victim in addressing domestic violence, dating violence, or stalking, or the effects of the abuse. The person signing the documentation must attest under penalty of perjury to his or her belief that the incident or incidents in question are bona fide incidents of abuse. The victim of domestic violence, sexual assault, dating violence, or stalking must also sign the documentation; OR

- 3) Producing a Federal, State, tribal, territorial, or local police or court record.

All denial of assistance 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, sexual assault, dating violence, or stalking committed against the applicant.

If because of safety concerns a victim of domestic violence, sexual assault, 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.

11. PREFERENCES

This property has one or more waiting list preferences, which means that priority placement is given to applicants who qualify for a specific preference category. Applicants that meet one or more of the preferences will receive the first opportunity to qualify for available units, and may skip over applicants on the waiting list that do not qualify for any preference. The following list preference or preferences apply to the waitlist at this property:

- a. Hayu Tilixam follows the Housing First model for leasing its Permanent Supportive Housing units. Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry. Hayu Tilixam will set aside 9 units of the project exclusively for occupancy by households who are formerly homeless these will be referred from NARA through Coordinated Access.
- b. Households Displaced by Government Action or Natural Disaster. Households or individuals that are forced to move from their home as a result of federal, state, or local

government action, or if the household or individual was forced to move from their home as a result of a federally declared natural disaster such as a fire or flood.

12. NON-DISCRIMINATION

No person, applicant or resident shall be discriminated against or segregated on the basis of race, color, religion, national origin, disability, age, sex (gender), familial or marital status, source of income, status as victim of domestic violence, sexual orientation or gender identification. Applications may not be rejected, and applicants and/or residents may not be denied housing, treated differently than others, harassed, or evicted from housing based on any of these discriminatory criteria.

To report a fair housing complaint, please contact:

Fair Housing Council of Oregon
506 SW Sixth, Suite 1111
Portland, OR 97204
Information@FHCO.org
(503) 228-8197 Ext. 2
(800) 424-3247 Ext. 2 (TTY and translation available)

Alternatively, you may call HUD at 800-877-0246.

LIHTC (IRC SECTION 42) SELECTION CRITERIA

This document is intended to be an addendum to the Tenant Selection Criteria. It explains additional selection criteria based on requirements posed to the owner/agent by state and/or federal regulations due to funding used in the construction, acquisition and/or rehabilitation of the project.

Applicants who do not meet LIHTC income limits will be rejected.

Where there is layered funding at a project and conflicting tenancy criteria, the most restrictive standards will be used.

1. STUDENTS

The LIHTC program prohibits the rental of set-aside units to entirely full-time student households not qualifying for a specific exception.

A. Student Defined.

A Student is defined as “an individual who during each of five calendar months during the calendar year is a full-time student at an educational institution.”

A full-time student is one who is enrolled for some part of five calendar months for the number of hours or courses, which is considered to be a full-time attendance. The five calendar months need not be consecutive. School attendance exclusively at night does not constitute full-time attendance. However, full-time attendance at an educational institution may include some attendance at night in connection to a full-time course of study.

In addition, individuals pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of such educational institution, of a state or political subdivision of the state, are also deemed full-time students.

B. Student Status Exemptions.

As a general rule, the household may not be occupied in its entirety by full-time students. Thus, if any one single individual in the household is not a full-time student, the application will still qualify under the student status requirements.

If all household members are full-time students, the applicants may still qualify for residency if:

- The students are married and file a joint federal income tax return. A copy of the joint tax return or marriage license should be included in the file; or
- The household consists of a single parent (with custody) and a school age child or children, all of whom are not dependents of a third party; or
- One or more of the students receive assistance under the TANF program as such program activities and participation are related to families with dependent children; or
- One or more students is enrolled in and receiving assistance under the Workforce Investment Act or similar governmental job-training program, or
- One or more students previously received foster care assistance under part B or E of Title IV of the Social Security Act.

If at any time during the term of the lease agreement, or any extension thereof, the entire household becomes composed of full-time students, the entire household will no longer qualify and will be asked to move within 30 days or at the end of their lease term; whichever is longer.

Students in K-12 are not considered an exception solely by virtue of their age and grade in school.

C. Income of Students.

For LIHTC purposes, all financial assistance received in excess of tuition is INCLUDED as income if the household receives Section 8 assistance, unless:

1. The student is over the age of 23 with dependent children, or
2. The student is living with his or her parents who are applying for or receiving Section 8 assistance.

2. ADDING MEMBERS AFTER MOVE-IN

No additional household members may apply and be screened to be added to a household within the first six (6) months of the initial lease, except in the event of pregnancy, adoption and live-in aides qualified via the reasonable accommodation process.

3. RENT TARGETING REQUIREMENTS

If this property has designated deeper rent set-asides in order to provide lower rents to lower income tenants, reasonable attempts will be made to ensure that these units are being utilized in the best manner possible.

If during the income recertification process, it is determined that a lower set-aside unit household's income has increased to the point where it meets a higher set-aside within the property, the lower set-aside the household currently has will be floated to another unit.

First priority to receive the lower rent set-aside will be given to existing households who meet the lower set-aside income restriction and would benefit from the lower rent. If multiple existing households would qualify for the lower set-aside, the household with the greatest rent-burden (paying the highest percentage of income for current rent) will be selected for the designation. If multiple households have the same rent-burden, then the household who has been rent-burdened for the longest time will receive the designation.

Second priority for designation of the lower rent set-aside will be given to the next person on the wait list who meets the lower set-aside limits.