



SUBSIDIZED RENTAL APPLICATION
 QUAD Inc. is an Equal Housing Opportunity Provider



Quadriplegics United Against Dependency, Inc. (QUAD Inc.)

Management use only: Date received _____ Time _____ Initial _____

QUAD Inc. offers barrier free, HUD subsidized housing designed for individuals with severe mobility impairments that are reliant on a wheel chair for mobility. The information contained in this application will be kept confidential and will only be used to determine eligibility for HUD Section 202 or 811 subsidized housing. If you have questions; require assistance in completing this application; would like a tour or have questions, please contact us at: (503) 287-4260, Fax: (503) 281-8176, Email: info@quadinc.org or visit our web page at www.quadinc.org

FAIR HOUSING POLICY- It is the policy of Quadriplegics United Against Dependency, Inc. (QUAD, Inc.) not to discriminate in the housing it sponsors, operates and manages on the basis of race, color, religion, sex, handicap, disability, familial status, sexual orientation or national origin; and to administer its programs and activities relating to housing in such a manner as to affirmatively further fair housing.

REASONABLE ACCOMMODATION/ALTERNATE FORMAT- QUAD Inc. is committed to providing reasonable accommodation to individuals with disabilities in the all aspects of its Housing operations. If you need accommodation due to disability or for alternate format application and publications please contact us at 503.287.4260 via Oregon Telecommunications Relay Services, Dial 777 in Oregon.

SOCIAL SECURITY DISCLOSURE/IDENTITY VERIFICATION -The applicant must disclose a valid Social Security Number for all household members. Applicants who do not provide a valid Social Security Number/Card for all household members will have their application suspended for up to 90 days while they obtain the necessary Social Security Number documentation. During this 90-day period the applicant will remain on the waiting list but we will process the next eligible household on the waiting list. Should the applicant fail to provide the required Social Security Number documentation within 90 days of the request they will be deemed ineligible and their application will be rejected. **Exception:** Applicants that were 62 years of age or older as of 01/31/2010 and who's initial eligibility for Section 8 assistance was established prior to 01/31/2010 are exempt from the Social Security Number verification. Applicants who choose not to contend US Citizenship or eligible immigration status are exempt from Social Security Number requirements. All adult household members must provide a current original photo ID.

VICTIMS OF DOMESTIC VIOLENCE- An applicant's or a tenant's status as a victim of domestic violence, dating violence, or stalking is not a basis for denial of rental assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission.

NO SMOKING- Smoking is prohibited in all QUAD Inc. managed buildings including individual apartments, common areas and outside spaces that are on the projects premises.

WAITLIST- Applications are added to our waiting list in date order. We will contact you when your application is next in line for an available unit. Applicant's cannot be approved for occupancy until all information they provide is verified by a third party. To keep your application current on the waiting list you must tell us if your contact information changes. You must also check in at least every six months to inform us of your continued interest in QUAD Inc. Housing.

Applications can be delivered to the Manager of any QUAD Inc. property, faxed to 503.281.8176, emailed to info@quadinc.org or mailed to QUAD Inc. at 5100 SW Macadam Ave., STE 130, Portland, OR. 97239-6102

Facility Preference:

Check all you are interested in

- Myers Court-N Portland
 Central Station- Gresham

- Rolling Green-Hillsboro
 Burnside Station-East Portland

Bedrooms: Studio 1 Bedroom 2 Bedroom **Number of Occupants** _____

Applicant: Please complete this application, the attached tenant screening form and HUD 92006 Supplemental Information. Print legibly in ink. All blanks must be filled in before the application will be considered complete and can be processed for eligibility. If the requested information does not apply to you put N/A in the blank.

APPLICANT FULL NAME (LAST, FIRST, MI)		EMAIL ADDRESS	TELEPHONE NUMBER
DATE OF BIRTH	CURRENT ADDRESS		DRIVER'S LICENSE/ID NUMBER/STATE
CURRENT RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	DATES AT CURRENT ADDRESS: FROM: _____ TO: _____		REASON FOR MOVING
CURRENT LANDLORD /MORTGAGE HOLDER NAME	ADDRESS (STREET, CITY, ZIP)		TELEPHONE NUMBER
PREVIOUS RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	PREVIOUS ADDRESS: FROM: _____ TO: _____		REASON FOR MOVING
PREVIOUS LANDLORD /MORTGAGE HOLDER NAME	ADDRESS (STREET, CITY, ZIP)		TELEPHONE NUMBER

Household members: List all persons who will live in your apartment and provide requested information below:

1. APPLICANT/HEAD OF HOUSEHOLD NAME				SOCIAL SECURITY NUMBER	BIRTH DATE	DRIVER'S LICENSE/ID #
ARE YOU SUBJECT TO STATE LIFETIME SEX OFFENDER REGISTRATION IN ANY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST ALL STATES YOU HAVE RESIDED IN:		ARE YOU PHYSICALLY DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
2. HOUSEHOLD MEMBER FULL NAME				SOCIAL SECURITY NUMBER	BIRTH DATE	DRIVER'S LICENSE/ID #
ARE YOU SUBJECT TO STATE LIFETIME SEX OFFENDER REGISTRATION IN ANY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST ALL STATES YOU HAVE RESIDED IN:		ARE YOU PHYSICALLY DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
3. HOUSEHOLD MEMBER FULL NAME				SOCIAL SECURITY NUMBER	BIRTH DATE	DRIVER'S LICENSE/ID #
ARE YOU SUBJECT TO STATE LIFETIME SEX OFFENDER REGISTRATION IN ANY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST ALL STATES YOU HAVE RESIDED IN:		ARE YOU PHYSICALLY DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
4. HOUSEHOLD MEMBER FULL NAME				SOCIAL SECURITY NUMBER	BIRTH DATE	DRIVER'S LICENSE/ID #
ARE YOU SUBJECT TO STATE LIFETIME SEX OFFENDER REGISTRATION IN ANY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST ALL STATES YOU HAVE RESIDED IN:		ARE YOU PHYSICALLY DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

Sources of Income: List total income from all sources for each household members. Income includes, but is not limited to, full time/part time/self-employment, unemployment, worker's compensation, social security, SSI, public assistance, pensions, child support, student grants/scholarships, the sale of property, interest on assets, dividends, annuities and regular contributions from people who are not household members.

1. APPLICANT/HEAD OF HOUSEHOLD NAME	EMPLOYER, AGENCY, INSTITUTION OR OTHER SOURCES OF INCOME TO YOU- LIST NAME AND ADDRESS OF SOURCE	ANNUAL AMOUNT \$
2. HOUSEHOLD MEMBER NAME	EMPLOYER, AGENCY, INSTITUTION AND OTHER SOURCES OF INCOME TO YOU- LIST NAME AND ADDRESS OF SOURCE	ANNUAL AMOUNT \$
3. HOUSEHOLD MEMBER NAME	EMPLOYER, AGENCY, INSTITUTION AND OTHER SOURCES OF INCOME TO YOU- LIST NAME AND ADDRESS OF SOURCE	ANNUAL AMOUNT \$
4. HOUSEHOLD MEMBER NAME	EMPLOYER, AGENCY, INSTITUTION AND OTHER SOURCES OF INCOME TO YOU- LIST NAME AND ADDRESS OF SOURCE	ANNUAL AMOUNT \$

Assets: List all assets for all household members. Assets include, but are not limited to, real estate, bank accounts, certificate of deposits, life insurance, stocks and bonds, trust accounts, collections held as an investment, and, any other investment or item of value except household goods and a private vehicle

1. APPLICANT/HEAD OF HOUSEHOLD NAME	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, OR OTHER	VALUE OF ASSET
1. APPLICANT/HEAD OF HOUSEHOLD NAME	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, OR OTHER	VALUE OF ASSET
1. APPLICANT/HEAD OF HOUSEHOLD NAME	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, OR OTHER	VALUE OF ASSET
DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES: DESCRIBE TYPE OF PROPERTY/ASSET	VALUE OF ASSET
HAVE YOU SOLD OR DISPOSED OF ANY PROPERTY/ASSETS FOR LESS THAN MARKET VALUE IN THE LAST TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES: DESCRIBE TYPE OF PROPERTY/ASSET		SALE PRICE OF ASSET
2. HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, OR OTHER	VALUE OF ASSET
2. HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, OR OTHER	VALUE OF ASSET
2. HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, OR OTHER	VALUE OF ASSET
DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES: DESCRIBE TYPE OF PROPERTY/ASSET	VALUE OF ASSET
HAVE YOU SOLD OR DISPOSED OF ANY PROPERTY/ASSETS FOR LESS THAN MARKET VALUE IN THE LAST TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES: DESCRIBE TYPE OF PROPERTY/ASSET		SALE PRICE OF ASSET
3. HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, OR OTHER	VALUE OF ASSET
3. HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, OR OTHER	VALUE OF ASSET
3. HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, OR OTHER	VALUE OF ASSET
DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES: DESCRIBE TYPE OF PROPERTY/ASSET	VALUE OF ASSET
HAVE YOU SOLD OR DISPOSED OF ANY PROPERTY/ASSETS FOR LESS THAN MARKET VALUE IN THE LAST TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES: DESCRIBE TYPE OF PROPERTY/ASSET		SALE PRICE OF ASSET
4. HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, REAL PROPERTY, OTHER LOCATION	VALUE OF ASSET
4. HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, OR OTHER	VALUE OF ASSET
4. HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, OR OTHER	VALUE OF ASSET
4. HOUSEHOLD MEMBER	ACCOUNT NUMBER	ASSET TYPE	NAME AND ADDRESS OF BANK, BROKER, OR OTHER	VALUE OF ASSET
DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES: DESCRIBE TYPE OF PROPERTY/ASSET	VALUE OF ASSET
HAVE YOU SOLD OR DISPOSED OF ANY PROPERTY/ASSETS FOR LESS THAN MARKET VALUE IN THE LAST TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES: DESCRIBE TYPE OF PROPERTY/ASSET		SALE PRICE OF ASSET

General Eligibility Questions: HUD has certain eligibility requirements that apply to housing in QUAD Inc. facilities. Please answer all of the questions below for any applicant or family member that they are applicable to. Use multiple lines if needed.

HAS ANY HOUSEHOLD MEMBER EVER BEEN EVICTED FROM PUBLIC OR OTHER HOUSING? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD MEMBER	IF YES: ENTER LANDLORD, ADDRESS, AND DATE OF EVICTION
HAS ANY HOUSEHOLD MEMBER EVER BEEN CONVICTED, PLED GUILTY OR NO CONTEST TO ANY CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD MEMBER	IF YES: ENTER CITY, STATE, CLASS OF CRIME AND DATE OF CONVICTION

DOES ANY HOUSEHOLD MEMBER OWN A PET <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD MEMBER	DESCRIPTION OF PET: TYPE, BREED, SIZE-PLEASE STATE IF THIS IS AN ASSISTANCE ANIMAL
DOES ANY HOUSEHOLD MEMBER OWN A VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD MEMBER	DESCRIPTION OF VEHICLE: MAKE, MODEL, COLOR, YEAR AND LICENSE PLATE
DOES ANY HOUSEHOLD MEMBER HAVE A HISTORY OF DRUG OR ALCOHOL DEPENDENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOUSEHOLD MEMBER	LIST DATES OF TREATMENT AND DATE OF LAST RELAPSE IF ANY
IS ANY HOUSEHOLD MEMBER AN ADULT HAVING A PHYSICAL IMPAIRMENT THAT: A) IS EXPECTED TO BE OF LONG-CONTINUED AND INDEFINITE DURATION; B) SUBSTANTIALLY IMPEDES YOUR ABILITY TO LIVE INDEPENDENTLY; AND C) IS SUCH THAT THE YOUR ABILITY TO LIVE INDEPENDENTLY COULD BE IMPROVED BY MORE SUITABLE HOUSING CONDITIONS (WHEELCHAIR ACCESSIBLE, BARRIER FREE HOUSING) <input type="checkbox"/> YES <input type="checkbox"/> NO List Household Member _____		

DEMOGRAPHIC INFORMATION: THE FOLLOWING INFORMATION IS REQUESTED BY THE FEDERAL GOVERNMENT TO MONITOR COMPLIANCE WITH FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST APPLICANTS SEEKING TO PARTICIPATE IN THE PROGRAM. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION BUT YOU ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANYWAY. HOWEVER, IF YOU DO NOT FURNISH THE REQUESTED INFORMATION WE ARE REQUIRED TO NOTE THE RACE/NATIONAL ORIGIN OF INDIVIDUAL APPLICANTS BASED ON VISUAL OBSERVATION OR SURNAME.

ETHNICITY: HISPANIC OR LATINO NOT HISPANIC OR LATINO

RACE (MARK ONE OR MORE): WHITE BLACK OR AFRICAN AMERICAN AMERICAN INDIAN /ALASKA NATIVE
 ASIAN NATIVE HAWAIIAN OR PACIFIC ISLANDER

GENDER: MALE FEMALE

HOW DID YOU HEAR ABOUT QUAD INC. HOUSING? _____

OPTIONAL SUPPORTIVE SERVICES – NOT A REQUIREMENT FOR HOUSING

ARE YOU INTERESTED IN APPLYING FOR SHARED ATTENDANT CARE SERVICES YES NO

IF YOU ARE INTERESTED IN THE QUAD INC. SHARED ATTENDANT CARE PROGRAM- A SEPARATE APPLICATION IS REQUIRED

Consent and Certification

I, the undersigned applicant, agree to give the owner/owner's representative authorization to investigate and obtain my credit rating, my criminal history, my financial records, my current and past rental records, and any other information necessary to determine my eligibility for housing. The information obtained will be used for management purposes only and will be held in confidence. I understand that I may be requested to provide additional information and consent to verification of the information contained in this application. My signature below certifies that the statements made on this application are TRUE and CORRECT and gives my consent for management to verify the information I have provided. I acknowledge that I must keep management informed of my continued interest in the unit at least every 180 days.

FAILURE TO COMPLETE THIS APPLICATION FULLY OR GIVING FALSE INFORMATION MAY RESULT IN THIS APPLICATION BEING DENIED OR EVICTION AFTER TENANCY. Applicant hereby certifies that this apartment will be their permanent residence and that they will not maintain a separate subsidized rental unit in a different location.

Applicant signature: _____ Date: _____

Warning: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or use any false writings or document knowing the same to contain false writings or document knowing the same to contain false, fictitious, statement or entry shall be fined or imprisoned for not more than five years or both."

Submit applications to the Manager of any QUAD Inc. property. Fax to 503.281.8176, email to info@quadinc.org or via US Mail to QUAD Inc. at 5100 SW Macadam Ave., Suite 130, Portland, OR. 97239-6102. Applications are added to our waiting list in date order. We will contact you when your application is next in line for an available unit. Applications cannot be approved for occupancy until all information provided is verified. To keep your application current on the waiting list you must tell us if your contact information changes and inform us of your continued interest in QUAD Inc. housing at least every 180 days.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

QUAD Inc.

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **HUD 202, HUD 811, LIHTC, HOME, Section 8 or Project Based Voucher (PBV) programs, are in compliance with VAWA.** This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

Protections for Applicants

If you otherwise qualify for assistance under **HUD 202, HUD 811, LIHTC, HOME, Section 8 or Project Based Voucher (PBV) programs,** you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **HUD 202, HUD 811, LIHTC, HOME, Section 8 or Project Based Voucher (PBV) programs,** you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **HUD 202, HUD 811, LIHTC, HOME, Section 8 or Project Based Voucher (PBV) programs,** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

QUAD Inc. may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

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VAWA NOTICE 2017
Myers Court, Rolling Green, Central Station, Burnside Station and Station 162

If QUAD Inc. chooses to remove the abuser or perpetrator, QUAD Inc. may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, QUAD Inc. must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, QUAD Inc. must follow Federal, State, and local eviction procedures. In order to divide a lease, QUAD Inc. may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, QUAD Inc. may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, QUAD Inc. may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

QUAD Inc. will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

QUAD Inc.'s emergency transfer plan provides further information on emergency transfers, and QUAD Inc. must make a copy of its emergency transfer plan available to you if you ask to see it.

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Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

QUAD Inc. can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from QUAD Inc. must be in writing, and QUAD Inc. must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. QUAD Inc. may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to QUAD Inc. as documentation. It is your choice which of the following to submit if QUAD Inc. asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by QUAD Inc. with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that QUAD Inc. has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, QUAD Inc. does not have to provide you with the protections contained in this notice.

If QUAD Inc. receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), QUAD INC. has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, QUAD INC. does not have to provide you with the protections contained in this notice.

Confidentiality

QUAD Inc. must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

QUAD Inc. must not allow any individual administering assistance or other services on behalf of QUAD Inc. (for example, employees and contractors) to have access to confidential information

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unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

QUAD Inc. must not enter your information into any shared database or disclose your information to any other entity or individual. QUAD Inc., however, may disclose the information provided if:

- You give written permission to QUAD INC. to release the information on a time limited basis.
- QUAD INC. needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires QUAD Inc. or your landlord to release the information.

VAWA does not limit QUAD Inc.'s duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, QUAD Inc. cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if QUAD Inc. can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If QUAD Inc. can demonstrate the above, QUAD Inc. should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with the Requirements of this Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **Reid Jackson, Operations Manager, 503.287.4260** or opm@quadinc.org or **HUD/San Francisco Center, One Sansome Street, STE 1200, San Francisco, CA 94104-4430**

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women->

QUAD Inc.
VAWA NOTICE 2017
Myers Court, Rolling Green, Central Station, Burnside Station and Station 162

reauthorization-act-of-2013-implementation-in-hud-housing-programs Additionally, QUAD Inc. must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact with **Reid Jackson, Operations Manager**, **503.287.4260** or opm@quadinc.org

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Call to Safety**, www.calltosafety.org **1.888.235.5333**

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>

For help regarding sexual assault, you may contact **Sexual Assault Resource Center** at: <http://www.sarcoregon.org/> **503.640.5311**

Victims of stalking seeking help may contact **Stalking Resource Center** at: <https://victimsofcrime.org/our-programs/stalking-resource-center/stalking-laws/criminal-stalking-laws-by-state/oregon>

Attachment: Certification form HUD-5383

NOTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT OR STALKING AND ALTERNATE DOCUMENTATION

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

QUAD Inc.

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim's): _____
4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____
6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____
8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s): _____

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

QUAD Inc.
5100 SW Macadam Avenue, #130
Portland, OR. 97239 503.287.4260

DOCUMENT RECEIPT ACKNOWLEDGEMENT

- **NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT**
- **NOTIFICATION OF DOMESTIC VIOLENCE DATING VIOLENCE, SEXUAL ASSAULT OR STALKING AND ALTERNATE DOCUMENTATION**

The VAWA Notice and Certification will be provided by management:

1. to existing residents at the next certification
2. any time a new family moves in,
3. any time a household is rejected,
4. any time a notice of termination (assistance or tenancy) is issued, and
5. any time a notice of eviction is issued.
6. upon request of any applicant, tenant or interested party

Project: _____ Unit Number: _____

Tenant/Applicant Name _____ Date: _____

I, the undersigned, acknowledge that I have received and understand my rights under the VAWA Notice and Certification given to me on this date. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____