



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: housing@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 housing@quadinc.org or mailed to QUAD Inc. at 6645 NE 78th Court., STE C-7, Portland, OR. 97218

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
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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
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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
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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 housing@quadinc.org or via US Mail to QUAD Inc. at 6645 NE 78th Court., Suite C-7, Portland, OR. 97218. 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.