



Quadriplegics United Against Dependency, Inc.

SUBSIDIZED RENTAL APPLICATION

Please Note: All information on this form, including the signature, is **mandatory**. Incomplete applications **will be rejected** and will not be processed.

Section 1: Head of Household Information

Name of Head of Household

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work Phone: _____

Message Phone: _____ Email Address: _____

Section 2: Household Composition

Please list all individuals who will reside in the assisted unit, including yourself.

Name (First and Last)	Date of Birth	Sex (Optional)	Relationship to Head	Last four digits of SSN

Total number of people in the household (including yourself): _____

6645 NE 78th Court, Suite C7 • Portland, Oregon • 97218 • phone: 503-287-4260 • fax: 503-281-8176



Quadriplegics United Against Dependency, Inc. (Quad, Inc.) is an Equal Housing Opportunity Provider. It is the policy of Quad Inc. not to discriminate in the housing it sponsors, operates and manages on the basis of race, color, religion, sex, 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.





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Will any household member require:

- A wheelchair-accessible unit? ☐ Yes ☐ No
- A reasonable accommodation due to a disability? ☐ Yes ☐ No

If yes, please describe the accommodation requested: _____

Is any household member living with a disability as defined by HUD? ☐ Yes ☐ No

Section 3: Communication Needs-

Do you need an interpreter for appointments? ☐ Yes ☐ No

If yes, what language? (please specify) _____

Section 4: Income

Total Annual Gross Household Income (Monthly income \times 12): \$ _____

Primary Income Source- _____

Section 5: Demographic Information (Voluntary) – Select one or more of the following-

Race: ☐ 1 – White ☐ 2 – Black/African American ☐ 3 – American Indian or Alaska Native

☐ 4 – Asian ☐ 5 – Native Hawaiian or Other Pacific Islander

Ethnicity Codes: ☐ 1 – Hispanic or Latino ☐ 2 – Not Hispanic or Latino

This information is requested for HUD statistical purposes only.

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Section 6: How Did You Hear About QUAD Inc. Housing?

- ☐ QUAD Inc. Website ☐ Referred by DHS Office ☐ Social Service Agency / Case Manager
☐ Other – Please specify: _____

Section 7: **Optional Supportive Services – Not a Requirement for Housing**

Would you like to apply for shared attendant care services?

- ☐ Yes ☐ No

If you are interested in the Quad Inc. Shared Attendant Care Program, you must fill out a separate application.

Section 8: Facility Preference: Check all locations you are interested in

- ☐ Myers Court-N Portland ☐ Rolling Green-Hillsboro
☐ Central Station- Gresham ☐ Burnside Station-East Portland

Section 9: Applicant Certification

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that providing false statements or information is punishable under federal law and may result in denial of assistance, termination of tenancy or subsidy, and/or prosecution.

Signature of Head of Household: _____ **Date:** _____

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:

Quad Inc.
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Portland, OR. 97218

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