



Community Development Corporation

1488 NE Alberta St. Portland, OR 97211
Office: (503) 287-3496 | Fax: (503) 296-5654 | TDD/TTY: (800) 735-2900

www.sabincdc.us

Dear Applicant:

Thank you for considering becoming a Resident at one of our communities, Alberta Street, Avenue Plaza, Emerson Plaza and Estates Plaza. We participate in the HUD Project-Based Section 8 program, which offers rent subsidies to households that meet the criteria for housing as stated in the attached tenant selection plan. Alberta Street Apartments also participates in the HUD 236 program, as described and outlined in the attached Tenant Selection Plan. HUD Section 8 residents pay approximately 30% of their adjusted income for rent.

Attached are several required forms that make up the application packet.

Complete all forms in their entirety noting non-applicable sections with “N/A” or “None”, then sign, date and return. Any incomplete and/or unsigned applications will be returned to you for completion before being placed on the wait list:

- RENTAL APPLICATION (1 Page, Front and Back)
- APPLICANT SOCIAL SECURITY NUMBER FORM
- HUD 92006- CONTACT FORM
- APPLICANT DECLARATION OF CITIZENSHIP
- **ATTACH A COPY OF YOUR: SS CARD, ID AND BIRTH CERTIFICATE**

Please return only the completed application packet forms and copies of your ID (if over 18), SS Card and Birth Certificates for all household members as soon as possible. You may keep the Cover Letter, HUD Fact Sheet and the Tenant Selection Plan that is attached to this packet. At the time of apartment availability your background screening will be completed, and further verifications of income, assets, expenses, medical expenses, and student status will be required.

Return all applications to our Sabin CDC Office Dropbox located at: 1488 NE Alberta Street, Portland, OR 97211. You may also fax a copy of your application to our **Fax Number at: 503-296-5654.** If you have any questions, you may contact our office during business hours Monday- Friday at: 503-287-3496.

Sincerely,

Community Manager



This project does not discriminate against any person on the basis of race, color, religion, sex, handicap, familial status, national origin or marital status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



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HUD SECTION 8 - SCREENING APPLICATION

(Top section manager use only)

Property Name:	Date and Time Received:	Manager Initial
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APPLICANT INFORMATION

Last Name	First	Middle	D.O.B.	*Social Security #:
Do you have any pets? No [] Yes [] Type _____ Do you require a Special Handicap Accessible unit? No [] Yes []				
Are you a student? No [] Yes [] Part or Full Time? _____ Where: _____ List names of ALL students in the household: below: _____				

ADDITIONAL OCCUPANT INFORMATION

List ALL others who plan to live with you (children and adults)

Last Name	First	Middle	D.O.B.	*Social Security #:
Last Name	First	Middle	D.O.B.	*Social Security #:
Last Name	First	Middle	D.O.B.	*Social Security #:
Last Name	First	Middle	D.O.B.	*Social Security #:
Last Name	First	Middle	D.O.B.	*Social Security #:

CURRENT RESIDENCE

CURRENT Address	Apt #	City	State	Zip	Telephone
LANDLORD Name and Address	City	State	Zip	Landlord Telephone	

PREVIOUS RESIDENCE

PREVIOUS Address	Apt #	City	State	Zip	Reason for Vacating
LANDLORD Name and Address	City	State	Zip	Landlord Telephone	

SOURCES OF INCOME (Includes but not limited to: SS, SSI, Student Grants, Child Support, VA, Welfare, Alimony, Unemployment, Annuities, Regular Contributions and Employment etc.): Please list ALL income sources below, and supervisor contact information if employed:

Source of income	Monthly Gross \$
Source of income	Monthly Gross \$
Source of income	Monthly Gross \$
Source of income	Monthly Gross \$
Source of Income	Monthly Gross\$
Source of Income	Monthly Gross\$

ASSET INFORMATION

Bank Name	Account Type and number	Balance: \$
Bank Name	Account Type and number	Balance: \$
Bank Name	Account Type and number	Balance: \$
Do you have other assets not listed above (Property, Life Insurance, Trusts, Stocks, Bonds, 401K, IRA, CD, and Money Market? No [] Yes []	Account Type and number	Balance: \$

ADDITIONAL INFORMATION

Do You Have a Case Worker, Agency or Other Contact You Are Working With, Their Name and phone #?	
Have you or any person who will occupy the unit ever been convicted, plead guilty, no-contest or currently have pending charges for any felony or misdemeanor? No [] Yes [] Describe Offense: _____ When: _____ Describe Offense: _____ When: _____	List ALL states you have resided in: _____ _____
Have you or any person who will occupy the unit ever been a resident in a HUD or FMHA property? No [] Yes [] Name of property: _____	Was the eviction due to drug related criminal activity?
Is the applicant or any member of the applicant's household subject to State lifetime sex offender registration in this State or any other State? No [] Yes []	If YES, Where and When?
Information from the applicants who were age 62 or older as of January 31, 2010, AND who do not have a SSN #, if they were receiving HUD Rental Assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of SSN.	If YES, Where and When?

*Disclosure of SSN #'s for the applicant and for all members of the applicant household, except those household members who do not contend eligible immigration status.

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 giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this is grounds for termination of tenancy. Applicant screening entails the checking of the applicant's credit, rental history, employment history, public records and other criteria for residency. The applicant has the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit reporting agency. The screening service is Pacific Screening Inc., P.O. Box 25582, Portland, OR 97298 (503) 297-1941. If applicants fail to timely take the steps required to become a tenant, they will be deemed to have refused the unit and the next application for the unit will be processed. Owner / Agent shall have no liability to applicant until such time as a rental agreement is signed by both parties. Applicant acknowledges receipt of a copy of the Tenant Selection Policy. The information contained in this application is true and complete.

I understand that any information found through screening may be shared with any other adult household members.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

The following information is requested by the Federal Government in order 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 are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

GENDER you identify as:	ETHNICITY:	RACE: (mark one or more)
		___ White ___ Black or African American
___ Male	___ Hispanic or Latino	___ Asian ___ American Indian/Alaska Native
___ Female	___ Not Hispanic or Latino	___ Native Hawaiian or Other Pacific Islander

