



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 HUD communities, Alberta Street Apartments, Avenue Plaza, Emerson Plaza, Otesha Place and our Tax Credit communities Charlotte Lewis and Isaka Shamsud-Din . 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. HUD Section 8 residents pay approximately 30% of their adjusted income for rent. Alberta Street Apartments also participates in the HUD 236 program, as described and outlined in the attached Tenant Selection Plan. Charlotte Lewis and Isaka Shamsud-Din participate in the Tax Credit (LIHTC) program and the specifics of that program are outlined in the attached Tenant Selection Plan. These two properties (Charlotte Lewis and Isaka Shamsud-Din) will begin application processing in late 2022 for leases beginning in November of 2022.

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:

- (A) RENTAL APPLICATION (2 pages)
- (B) APPLICANT SOCIAL SECURITY NUMBER FORM (1 page)
- (C) HUD 92006- CONTACT FORM 9 (1 page)
- (D) APPLICANT DECLARATION OF CITIZENSHIP (6 pages)
- **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.



HUD- Section 8, HUD-236 and TAX CREDIT APPLICATION

(Manager use only)

Property applying for, check below (you may check multiple properties; please see number of rooms.) Alberta Street Apartments 0,1 ____ (Basic Rent Starts at \$462-\$511, some HUD subsidy available) Charlotte Lewis 2,3 ____ Isaka Shamsud-Din 0,1,2 ____ (Both Tax Credit, some HUD subsidy available) Avenue Plaza 0,1 ____ Emerson Plaza 0,1 ____ Otesha Place 0,1,2 ____ (HomeForward Section8) I am <u>ONLY</u> applying for a HUD Section-8 apartment: Yes <input type="checkbox"/> No <input type="checkbox"/> (Rent is 30% of gross income)	Bedroom Size applying for: Studio ____ 1 min 1 Bed ____ 1 min 2 Bed ____ 2 min 3 Bed ____ 3 min	Manager Initial, Date and Time Received:
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APPLICANT INFORMATION

Last Name (Head of Household)	First	Middle	D.O.B.	*Social Security #:
Do you have any pets? No <input type="checkbox"/> Yes <input type="checkbox"/> Type _____, Are you disabled? No <input type="checkbox"/> Yes <input type="checkbox"/> Do you require a Handicap Accessible unit? ____ Are you a student? No <input type="checkbox"/> Yes <input type="checkbox"/> Part or Full Time? _____ Do you qualify for a preference, check any that apply: Displaced ____ Disaster Relocation ____ Agency Partner Referral ____ What Agency? _____ I am a current tenant that needs a Unit Transfer ____				

ADDITIONAL OCCUPANT INFORMATION

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

Last Name	First	Middle	D.O.B.	*SS #:	Are you a student? No <input type="checkbox"/> Yes <input type="checkbox"/> Full / PT
Last Name	First	Middle	D.O.B.	*SS #:	Are you a student? No <input type="checkbox"/> Yes <input type="checkbox"/> Full / PT
Last Name	First	Middle	D.O.B.	*SS #:	Are you a student? No <input type="checkbox"/> Yes <input type="checkbox"/> Full / PT
Last Name	First	Middle	D.O.B.	*SS #:	Are you a student? No <input type="checkbox"/> Yes <input type="checkbox"/> Full / PT
Last Name	First	Middle	D.O.B.	*SS #:	Are you a student? No <input type="checkbox"/> Yes <input type="checkbox"/> Full / PT

CURRENT RESIDENCE

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

PREVIOUS RESIDENCE

PREVIOUS Address	Apt #	City	State	Zip	Reason for Vacating
LANDLORD Name and Address					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 \$

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: _____	List ALL States you have resided in: _____ _____
Describe Offense: _____ When: _____	
Have you or any person who will occupy the unit ever been a resident in a HUD or FMHA property? No [] Yes [] When/Where _____ Have you ever been evicted? No [] Yes []	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 RealPage, contact information available upon request. 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.


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



Do you have a Social Security Number (SSN)?

If you do not disclose a SSN, you may not be able to receive housing assistance.

The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.

 **The SSNs of all members of my household have been provided. What do I do?**

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.

 **I have not provided SSNs for all of my household members to the property owner/manager. What do I do?**

Does everyone in your household have a SSN?

Yes

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

No

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

Note: If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.



U.S. Department of Housing and Urban Development
Office of Housing

Signature

Date

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
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.



Applicant Verification Consent Format

ATTACHMENT 9

Instructions: Complete this format for each noncitizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, the adult responsible for the child must sign it.

Consent

I, _____ hereby consent to the following:
 (print or type first name, middle initial, last name)

1. the use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. the release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
 - (i) HUD, as required by HUD; and
 - (ii) The INS for purposes of verification of the immigration status of the individual.

TO THE HOUSEHOLD MEMBER

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF THE PROJECT IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signed _____ Date _____

Notification to Applicants:

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

PENALTIES FOR MISUSING THIS FORM

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**



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.



☐ **2. a noncitizen with eligible immigration status:.**

If this block is checked, check the appropriate category on the Attachment to Declaration. **Sign and date** below and forward this form to the management of the project. Be sure to include the required documentation. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should **sign and date** the below.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

(Signature)

(Date)

☐ **Check here if adult signed for child**

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

(Signature)

(Date)

☐ **Check here if adult signed for child**

☐ **3. not contending eligible immigration status and I understand that I am not eligible for financial assistance**

If you checked this block, no further information is required and the person named above understands they are not eligible for assistance. **Sign and date** below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below:

(Signature)

(Date)

☐ **Check here if adult signed for child**



ATTACHMENT TO DECLARATION

Eligible Noncitizen Categories (check appropriate box)

- ☐ 1. A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(2) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a)(15) of the INA (7 U.S.C. 1001(a)(2) and 1101(a)(15), respectively). [immigrants] (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status).
- ☐ 2. A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).
- ☐ 3. A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- ☐ 4. A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182d)(5)) [parole status].
- ☐ 5. A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].
- ☐ 6. A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].



Required Documentation

- ☐ 1. Fully executed Verification Consent Form

AND

- ☐ 2. One of the following documents:

Form I-551, Alien Registration Receipt Card (for permanent resident aliens).

Form I-94, Arrival-Departure Record, with one of the following annotations:

- "Admitted as Refugee Pursuant to section 207";
-
- "Section 208" or "Asylum";
-
- "Section 243(h)" or "Deportation stayed by Attorney General"; or
-
- "Paroled Pursuant to Sec. 212(d)(5) of the INA".

If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:

- A final court decision granting asylum (but only if no appeal is taken);
-
- A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
-
- A court decision granting withholding or deportation; or
-
- A letter from an INS asylum officer granting withholding or deportation (if application filed on or after October 1, 1990).

Form I-688, Temporary Resident Card, which must be annotated "section 245A: or "section 210".

Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12".

A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Form I-152, Alien Registration Receipt Card



SUMMARY SHEET

FAMILY SUMMARY (Attachment #5)						OWNER'S SUMMARY (Attachment #10)				
Member #	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex M or F	Date of Birth mm/dd/yy	**Declaration				
						1	2	3	Date Verified	4
Head										
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

****Declaration Legend:**

- 1 – Citizen/National
- 2 - Non-citizen tenant 62 or older
- 3 - All other non-citizens
- 4 - Non-contending eligibility

Property Name: _____

Unit #: _____

Manager: _____

Date: _____

For convenience two separate HUD Attachments have been combined:

****Attachment #5 is to be filled out by head of household.****

****Attachment #10 is to be filled out by Owner or Agent representative.****





Community Development Corporation

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APPLICATION INFORMATION UPDATE-
Original Date and Time stamp of Application of File.
Date _____ Time _____, Staff _____

Applicants Name

Social Security Number

Date of Birth

Current Address Information:

Current Landlord Information:

Previous Address Information:

Previous Landlord Information:

Notes: _____
