



HOUSING AUTHORITY OF JACKSON COUNTY

2251 TABLE ROCK ROAD MEDFORD OR 97501
PH/TDD (541) 779-5785 FAX (541) 857-1118
www.hajc.net

TENANT SELECTION CRITERIA

Jade East
820 NE D Street
Grants Pass, OR 97526

Rivertree Apartments
224 SW Rogue River Ave.
Grants Pass, OR 97526

Applications are processed in order of date & time of application. All applicants will be required to be interviewed and allow the Housing Authority to verify all income, assets, and background information such as credit and criminal checks before being approved for tenancy or placement on the waiting list, if one exists at the time of application.

The Housing Authority will process criminal and credit reports and landlord reference checks on all household members age 18 and older. It is the applicant's responsibility to supply the Housing Authority with all information necessary to contact previous landlords. If such information is not supplied or we are unable to verify your rental references, your application may be denied or you will be required to obtain a co-signor.

Income & Occupancy Guidelines

Annual gross income for the entire household must be less than the following amounts:

1 Person	2 People	3 People	4 People	5 People	6 People	7 People
\$19,150	\$21,900	\$24,650	\$27,350	\$29,550	\$31,750	\$33,950

The minimum/maximum number of occupants per unit size is as follows:

Studio	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
1-2 People	1-3 People	2-5 People	3-7 People	4-9 People

Rent & Deposit

The amount of rent you will pay will be anywhere from the minimum rent to the maximum rent shown for each unit type depending on your income. The deposit is equal to the maximum rent listed below.

Rivertree

1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
\$369-\$413	\$440-\$493	\$506-\$567	\$594-\$665

Jade East ---utilities included (all units)

Studio	1 Bedroom	2 Bedroom	3 Bedroom
\$385-\$430	\$430-\$480	\$480-\$540	\$540-\$600

Screening Criteria

- Applicants must have at least one year good rental history to qualify for occupancy from an unrelated and unbiased source. Applicants without rental history must obtain a qualified co-signor to qualify for occupancy. A co-signor may not be used to negate negative rental history. Homeownership with good payment history is considered a rental reference.
- Applicants who have been evicted by a landlord must have at least two years of good rental history since the eviction to qualify for occupancy.
- Applicants must pass a criminal background check as follows:
 1. Applicants who have been convicted of the manufacturing of a controlled substance within the past 5 years will be denied occupancy.
 2. Applicants who have been convicted of the distribution of a controlled substance within the past 3 years will be denied occupancy.
 3. Applicants who have been convicted of one charge of possession of a controlled substance within the past year must supply proof that they have completed a certified drug treatment program to be admitted occupancy.
 4. Applicants who have been convicted of more than one charge of possession within the past 3 years will be denied occupancy.

5. Applicants who have been convicted of a violent crime may be denied occupancy if it is a threat to the health and safety of the complex.
 6. Applicants who have three or more charges in the past 3 years will be denied.
 7. Registered sex offenders will be denied.
- Applicant(s) must pass a credit check as follows:
 1. Applicants must not owe any other landlord or Housing Authority.
 2. Applicants must not owe a utility company whose services are required at the unit applicant is applying for.
 3. Applicant must not owe more than \$1,000 in federal, state or local governmental debts (taxes, court fines, benefit overpayments, student loans etc) currently in a collection status unless applicant can show that a payment has been made each month for the most recent three month period on that debt.
 4. Applicant must not owe child support that is currently in a collection status.

Ready to Rent Program

Applicants who complete the Ready to Rent Program and supply us with a certificate will be allowed waivers on the above listed criteria as follows:

- The one year of positive rental history requirement will be waived so long as the applicant is able to obtain a co-signor. If a co-signor is not available then the applicant must pay an increased deposit.
- If an applicant owes any previous landlord money they must have paid the debt in full or have entered into a payment arrangement with the landlord and have made three consecutive monthly payments on the debt and be able to provide proof of payments made. Any monies owed to a Housing Authority must be paid in full.

All other criteria must be met as listed under Screening Criteria.

Previous Tenants of the Housing Authority

Applicants who are previous tenants of the Housing Authority of Jackson County and were evicted will not be eligible for tenancy for three years from the date of the eviction and must obtain no less than two years of good rental history since the eviction took place. Previous tenants who receive a negative rental reference from the Housing Authority will also be required to obtain no less than two years of good rental history since their tenancy ended.

Reasonable Accommodations & Modifications

If an applicant requires reasonable accommodations or modifications, such as modifications to the unit or a change in occupancy guidelines due to a verifiable disability, please inform management at the time of application.

Pets

You must notify management at the time of application if you have a pet. Pets are allowed as follows:

- No more than two dogs or cats per unit. Each animal increases the security deposit by \$300. Dogs must be no more than 30 pounds.
- Two small caged animals are allowed per unit without an increased deposit. Small caged animals include hamsters, guinea pigs, rats, chinchillas, turtles and lizards.
- One small aquarium less than 10 gallons in size is allowed without an increased deposit. Aquariums larger than 10 gallons require renters insurance that covers water damage and the Housing Authority listed as "Additional Insured". The policy must be in effect and proof provided to the Housing Authority of insurance prior to signing the lease.

Smoking

Smoking is allowed only in designated smoking areas. Smoking in your apartment, in the parking lot, common areas, or outside on your patio will lead to an eviction. If you cannot follow this rule, do not apply as it will be strictly enforced.

Notification of Denial

Applicants will be notified in writing within ten days of application processing if their application is denied along with reasons for the denial.



EQUAL HOUSING
OPPORTUNITY

RENTAL APPLICATION

Jade East & Rivertree (circle the one you are applying for)

Unit Applied For: _____ Monthly Rent Amount: _____

Please note: You must complete the entire application and sign it in order for it to be processed.

NAME OF APPLICANT: _____
MAILING ADDRESS: _____
CITY, STATE & ZIP: _____
PHONE: _____ MESS. PHONE: _____

FOR OFFICE USE ONLY	
DATE RECEIVED:	_____
TIME RECEIVED:	_____
UNIT # APPLIED FOR:	_____

HOUSEHOLD COMPOSITION List below all members of the household who will be residing in the apartment. List the name of the applicant first, including his/her first name, middle name, and last name.

Name: Last, First, Middle	Date of Birth	Disabled* Y/N	Sex	Race*	Social Security Number	Relationship to Applicant
1.						Applicant
2.						
3.						
4.						
5.						
6.						

*This is for statistical information only. 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.

How did you hear about us? Referred by other agency (which one?) _____ T.V. ___ Radio ___
Word of Mouth ___ Newspaper ___ Community Resource Listing or Flyer ___ Internet ___ Other ___

RENTAL HISTORY Please list the addresses of the last three residences where you have lived including the name, address, and telephone number of the landlord. We reserve the right to deny an application if, after making a good faith effort, we are unable to verify prior rental history.

1. CURRENT ADDRESS _____
Number Street City State Zip
LANDLORD NAME _____ Relative or friend? YES NO
LANDLORD ADDRESS _____ Phone _____
DATE RENTED: FROM: _____ TO: _____ Why are you moving? _____

2. PREVIOUS ADDRESS _____
Number Street City State Zip
LANDLORD NAME _____ Relative or friend? YES NO
LANDLORD ADDRESS _____ Phone _____
DATE RENTED: FROM: _____ TO: _____ Why did you move? _____

3. PREVIOUS ADDRESS _____
Number Street City State Zip
LANDLORD NAME _____ Relative or friend? YES NO
LANDLORD ADDRESS _____ Phone _____

DATE RENTED: FROM: _____ TO: _____ Why did you move? _____

INCOME FROM EMPLOYMENT Please list only income from employment for members of the household 18 years or older.

HOUSEHOLD MEMBER	EMPLOYER NAME	EMPLOYER ADDRESS	AMOUNT PER HOUR	NUMBER OF HOURS PER WEEK

OTHER INCOME Please provide amounts for the following if you or any member of the household receives or expects to receive payments including how often the payment is made (for example, monthly, weekly, every two weeks).

Sources of income	Amount	How Often
Unemployment		
Social security		
Public assistance		
Pension or annuity		
Child support or alimony		
Interest, dividends, interest income from real or personal property		
Other:		

ASSETS Please list information on assets held by members of the household

Account Type	Account Number	Bank	Balance
Checking			
Savings			
Trust Account			
CD			
Stocks/Bonds			

a. Do you own any real property? Yes _____ No _____ If yes, provide appraised value: _____

b. Do you have any other assets not listed above (excluding household possessions)? Yes _____ No _____
If yes, please list asset and current value: _____

List any names that have been used including MAIDEN NAME or any ALIASES:

Do you require a unit with special features? Not Applicable Grab Rails No stairs
Wheelchair Accessible Hearing Impaired Smoke Detector Other _____

Do you have any animals? Yes _____ No _____ If yes, what type(s)? _____

Have you or anyone in your household ever been a tenant of any Housing Authority or any other federal housing program projects?

Yes _____ No _____. If yes, which one? _____

Have you ever been evicted? Yes _____ No _____ Been sued by a landlord? Yes _____ No _____

If yes, please explain: _____

Have you or anyone in your household ever been involved with drug related or violent criminal activity?

Yes _____ No _____. If yes, please explain the situation, year, and the city where it took place:

Have you or any member of your household been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

VERIFICATIONS AND SIGNATURES

I/we have read and understand the Screening Criteria for the property to which we have applied for residency. I/we understand that failure to fully complete this application or by providing false information, this application may be rejected or, after moving, may result in eviction.

I/we agree to give the owner/owner's representative the authority to investigate and obtain my/our credit rating, current and past rental records, employment history, any sources of income to household, current/past utility records and any information necessary to determine my/our eligibility. The information obtained will be used for management purposes only and will be held in confidence.

I/we agree that a credit check and/or criminal/public records check may be performed. Negative reports may result in denial of application. Any individual who is a current illegal substance abuser, or has been convicted of the illegal manufacture or distribution of a controlled substance may be denied tenancy.

My/our signature(s) below certifies that the statements made on this application are true and correct and gives Management consent to verify the information contained in this application.

I/we understand that due to changes in circumstances, additional information may be requested at a later date to complete the processing of this application.

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, a material fact or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false writing or document knowing the same to contain any false, fictitious statement or entry shall be fined and/or imprisoned not more than five years or both."

SIGNATURES All adult members of the household must sign as either applicant or as co-applicant.

APPLICANT

DATE

CO-APPLICANT

DATE

CO-APPLICANT

DATE