

DEVELOPMENT \_\_\_\_\_ Date Received \_\_\_\_\_ Time: \_\_\_\_\_  
Copy of valid driver's license or State I.D. and a Social Security Card? \_\_\_\_\_



# Umpqua Community Property Management



605 SE Kane St. Roseburg, OR 97470

**I certify that the unit applied for will be my only residence and I will not have any other  
Subsidized rental unit in a different location [ ]**

**INCOMPLETE OR FALSIFIED INFORMATION MAY RESULT IN  
THE REJECTION OF THIS APPLICATION FOR HOUSING  
You must update the information of this application every 90 days**

### APPLICATION INFORMATION

**Separate Applications must be completed by anyone over the age of 18 unless married**

NAME ( Last, First , Middle) \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ MESSAGE NUMBER \_\_\_\_\_

CURRENT RENT AMOUNT \$ \_\_\_\_\_ AVERAGE MONTHLY UTILITIES \$ \_\_\_\_\_

# OF BEDROOMS IN CURRENT UNIT: \_\_\_\_\_ # OF BEDROOMS REQUESTING 1 2 3 4

How did you learn about this property? [ ] Newspaper [ ] Resident/ Applicant [ ] Other \_\_\_\_\_

HAVE YOU OR ANY MEMBER OF YOUR HOUSE HOLD, EVER BEEN CONVICTED OF A FELONY? [ ] YES [ ] NO

ARE YOU OR ANYONE IN YOUR HOUSEHOLD A STUDENT? [ ] FULL [ ] PART

HAS YOUR ASSISTANCE OR TENANCY IN A SUBSIDIZED HOUSING PROGRAM EVER BEEN TERMINATED? [ ] YES [ ] NO

Are you applying as an elderly household where the applicant , or co-applicant is  
62 years or older [ ]  
Handicapped [ ]  
Disabled [ ]

Do you require an accessible unit? [ ] YES [ ] NO

### HOUSEHOLD OCCUPANTS

APPLICANT \_\_\_\_\_ M F DOB \_\_\_\_\_ SS# \_\_\_\_\_ US CITIZEN Y - N

CO-APPLICANT \_\_\_\_\_ M F DOB \_\_\_\_\_ SS# \_\_\_\_\_ US CITIZEN Y - N

1. \_\_\_\_\_ M F DOB \_\_\_\_\_ SS# \_\_\_\_\_ US CITIZEN Y - N

2. \_\_\_\_\_ M F DOB \_\_\_\_\_ SS# \_\_\_\_\_ US CITIZEN Y - N

3. \_\_\_\_\_ M F DOB \_\_\_\_\_ SS # \_\_\_\_\_ US CITIZEN Y - N

4. \_\_\_\_\_ M F DOB \_\_\_\_\_ SS# \_\_\_\_\_ US CITIZEN Y - N

### LANDLORD INFORMATION

Current landlord \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Length of Residency \_\_\_\_\_ Year \_\_\_\_\_ Months

Previous Landlord \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Length of Residency \_\_\_\_\_ Year \_\_\_\_\_ Months

### FINANCIAL INFORMATION

Bank \_\_\_\_\_ Branch Address \_\_\_\_\_

Account# \_\_\_\_\_ Type \_\_\_\_\_ Balance \_\_\_\_\_

Bank \_\_\_\_\_ Branch Address \_\_\_\_\_

Account# \_\_\_\_\_ Type \_\_\_\_\_ Balance \_\_\_\_\_

### CREDIT REFERENCES: ( Charge Account, Loans, Contract Purchase, etc.) Do not list Friends or Relatives

1. Name \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

**INCOME**

List the total amount of income anticipated to be received by all members of the household. Include social security or child support payments received by adults on behalf of minor or by minors intended for their own support. Please ask if you have a question.

**EMPLOYMENT**

Applicant's Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ How long \_\_\_\_\_ Years \_\_\_\_\_ Months Supervisor \_\_\_\_\_

How much an hour \$ \_\_\_\_\_ How many hours per week \_\_\_\_\_ How many days per week \_\_\_\_\_

Co-Applicant's Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ How long \_\_\_\_\_ Years \_\_\_\_\_ Months Supervisor \_\_\_\_\_

How much an hour \$ \_\_\_\_\_ How many hours per week \_\_\_\_\_ How many days per week \_\_\_\_\_

Other household monthly income \$ \_\_\_\_\_ Source \_\_\_\_\_ Per Year, Monthly, Weekly \_\_\_\_\_

Other household monthly income \$ \_\_\_\_\_ Source \_\_\_\_\_ Per Year, Monthly, Weekly \_\_\_\_\_

**AUTOMOBILES**

Year \_\_\_\_\_ Make \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**AUTHORIZATON**

I authorize Umpqua Community Property Management, its staff, or authorized representative to contact any agencies, offices, groups, or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing. I understand that a credit and criminal report will be obtained. All information will be verified as needed.

**WARNING:** Section 1001 of Title 18, United State Code providers, "Whoever, in any matter within the jurisdiction of any department or agency of the United State knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or make any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious statement or entry shall be fined not more then \$10,000 or imprisoned not more then five year, or both.

Federal Housing laws forbid discrimination based on race, color, religion, sex, handicap, familial status, age, or national origin. Applicant (s) - All household member 18 years of age and older must sign.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Manager's Signature

\_\_\_\_\_  
Date

Umpqua Community Property Management's Resident Selection Policy available with manager.

**OPTIONAL**, WILL BE USED FOR FAIR HOUSING PROGRAM ONLY & TO ASSURE THE FEDERAL LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGINAL, SEX, AGE, FAMILIAL STATUS, HANDICAP ARE COMPLIED WITH.

**ARE YOU:** [ ] WHITE. [ ] ASIAN/PACIFIC ISLANDER. [ ] HISPANIC. [ ] AFRICAN AMERICAN. [ ] AMERICAN INDIAN/ ALASKAN