

# 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     | \$440     | \$506     | \$594     |

#### Jade East ---Utilities Included

|             |             |             |             |
|-------------|-------------|-------------|-------------|
| 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 rental history 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 renter's 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.

## HOME Program Guidelines

### Student Households

HOME Program Specific Student Rules apply. A household that includes an individual who is a full-time or part-time student in an institution of higher education and who does not meet one of the conditions below does not qualify for a HOME assisted unit:

1. Over the age of 24
2. A veteran of the US Military
3. Married
4. Have one or more dependent children
5. Under 24: has documentation to support independence from parents for at least 1 year
6. Under 24: not independent of parents and parents are eligible based on their income

### Over-Income HOME Re-designation and Procedure

#### *Floating HOME Units*

#### High HOME

- Upon recertification, if household income has increased above current applicable HOME Income limit the following action is taken for the household & unit:
  - Tenant rent may be raised as soon as possible, once re-designation occurs, in accordance with the lease terms and all applicable funding source restrictions.
  - The High HOME designation will be reassigned to an existing household, in a comparable (equal or greater sized offering the same amenities) unit, with the lowest qualified income which is not receiving another type of subsidy. The household with the lowest income will be determined by evaluating all residents % of AMI as per the most recently completed certification. Once the HOME is reassigned, the unit with the over income household is re-designated as a non-HOME unit.

#### Low Home

- Upon recertification, if household income has increased above the current very low (50%) income limit, but not above the low (80%) income limit, the following action is taken for the household & unit:
  - Tenant rent may be raised as soon as possible, once re-designation occurs, in accordance with the lease terms and other funding source restrictions.
  - The Low HOME designation will be reassigned to an existing household, in a comparable (equal or greater sized offering the same amenities) unit, with the lowest qualified income which is not receiving another type of subsidy. The household with the lowest income will be determined by evaluating all residents % of AMI as per the most recently completed certification. Once the HOME is reassigned, the unit with the over income household is re-designated as a High HOME unit.
- Upon recertification, if household income has increased above the current low (80%) income limit, the following action is taken for the household & unit:
  - Tenant rent may be raised as soon as possible, once re-designation occurs, in accordance with the lease terms and all applicable funding source restrictions. Additionally, the over income household's rent will not exceed 30% of adjusted income or the market rent for comparable, unassisted units in the neighborhood.
  - The Low HOME designation will be reassigned to an existing household, in a comparable (equal or greater sized offering the same amenities) unit, with the lowest qualified income which is not receiving another type of subsidy. The household with the lowest income will be determined by evaluating all residents % of AMI as per the most recently completed certification. Once the HOME is reassigned, the unit with the over income household is re-designated as a non-HOME unit.

#### Transfers

The HOME Program does not allow for transfers.

Transfers involving a HOME unit are treated like a new move-in. To determine eligibility, a new Application and income/asset certification must be completed and household must qualify under the current applicable HOME Program income limits.



# RENTAL APPLICATION

## HOUSING AUTHORITY OF JACKSON COUNTY

2251 Table Rock Road Medford, OR 97501  
 Phone: 541-779-5785 fax: 541-857-1118

**JADE EAST**  **RIVERTREE**

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_  
 Time Received: \_\_\_\_\_  
 Property: \_\_\_\_\_

**Please note: You must complete the entire application and sign it in order for it to be processed. If an item is not applicable, please write N/A (not applicable)**

NAME OF APPLICANT \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 CITY, STATE & ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ MESS PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_

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 another 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.

- CURRENT ADDRESS**

|                  |                     |                         |       |        |
|------------------|---------------------|-------------------------|-------|--------|
| Number           | Street              | City                    | State | Zip    |
| _____            | _____               | _____                   | _____ | _____  |
| LANDLORD NAME    | Relative or Friend? |                         |       | YES NO |
| _____            | _____               |                         |       | _____  |
| LANDLORD ADDRESS | Phone _____         |                         |       |        |
| _____            | _____               |                         |       |        |
| DATE RENTED      | _____               |                         |       |        |
| _____            | _____               |                         |       |        |
| From _____       | To _____            | Why did you move? _____ |       |        |
- 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? _____ |       |        |
- 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? _____ |       |        |

**EMPLOYMENT INCOME:** 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 Hrs 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)? \_\_\_\_\_

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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? \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

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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:

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

If yes, please explain: \_\_\_\_\_

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### **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.

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APPLICANT

DATE

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CO-APPLICANT

DATE

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CO-APPLICANT

DATE