MULTIFAMILY NW®
The Association Promoting Quality Rental Housing

OREGON
STANDARD FINANCIALLY RESPONSIBLE RENTAL APPLICATION
TO BE COMPLETED BY EACH FINANCIALLY RESPONSIBLE ADULT APPLICANT

ALL UNITS SUBJECT TO AVAILABILITY

LIVING ROOM PROPERTY MANAGEMENT

EQUAL HOUSING OPPORTUNITY

OFFICE USE ONLY

☐ NEW MOVE-IN ☐ OCCUPANT TURNING 18 ☐ ADD/REMOVE ROOMMATE ☐ TRANSFER

PROPERTY NAME / NUMBER ______

UNIT NUMBER ______ ADDRESS ______

DATE UNIT WANTED ______ (MM/DD/YYYY) UNIT RENT $______ NON-REFUNDABLE SCREENING CHARGE $______

OWNER / AGENT Living Room Property Management PHONE 503-929-5223

OWNER / AGENT ADDRESS 421 SE 10th Ave, Portland OR 97214

SMOKING POLICY: ☐ ALLOWED - ENTIRE PREMISES ☒ PROHIBITED - ENTIRE PREMISES ☐ ALLOWED IN LIMITED AREAS (ASK MANAGEMENT FOR DETAILS)

☐ DWELLING UNIT QUALIFIES AS A “TYPE A UNIT” (ACCESSIBLE UNIT) PER OREGON STRUCTURAL BUILDING CODE AND ICC A117.1.

APPLICANT

CHECK ALL THAT APPLY:

☐ OPTIONAL: DISABLED (NOT MOBILITY RELATED)

☐ OPTIONAL: DISABLED AND MOBILITY DISABLED (meaning a person who has a disability that causes an ongoing limitation of independent, purposeful physical movement of the body or one or more extremities and requires a modifiable living space because of, but not limited to, the need for an assistive mobility device)

☐ APPLICANT HAS APPLIED TO OTHER LOCATIONS MANAGED BY OWNER/AGENT IN THE LAST 60 DAYS
WHERE? ______

Owner/Agent may refuse to process this application if Applicant has repeated and verifiable violations of a Rental Agreement with Owner/Agent within 365 days of submission of this application. Rental Agreement violations are repeated and verifiable when: i) at least 3 violations have occurred within a 1 year period, and the most recent violation occurred within 365 days before the submission of this application; ii) Resident received notice of each of the 3 violations in writing at the time each violation occurred; and iii) none of the 3 violations were cured (as provided in ORS 90.392) or resulted in a general judgment for the Applicant before the Applicant submitted the application. If Owner/Agent refuses to process this application for this reason, Owner/Agent shall provide Applicant with copies of the relevant notices considered.

APPLICANT FULL LEGAL NAME ______ EMAIL ______

PREVIOUS NAMES, ALIASES OR NICKNAMES USED ______

DATE OF BIRTH ______ (MM/DD/YYYY) SOC. SECURITY # ______ APPLICANT PHONE (____)______

PHOTO I.D. TYPE______ #______ / STATE______ EXP. DATE______ (MM/DD/YYYY)

CURRENT STREET ADDRESS ______

CITY ______ STATE ______ ZIP ______ DATE YOU MOVED IN ______ (MM/DD/YYYY)

CURRENT LANDLORD NAME ______ LANDLORD PHONE (____)______

LANDLORD EMAIL ______ LANDLORD FAX (____)______

STREET ADDRESS (OR APARTMENT NAME) ______

CITY ______ STATE ______ ZIP ______

APPLICANT FORMER STREET ADDRESS ______

CITY ______ STATE ______ ZIP ______ FROM ______ (MM/DD/YYYY) TO ______ (MM/DD/YYYY)

FORMER LANDLORD NAME ______ LANDLORD PHONE (____)______

LANDLORD EMAIL ______ LANDLORD FAX (____)______

STREET ADDRESS (OR APARTMENT NAME) ______

CITY ______ STATE ______ ZIP ______

OTHER STATES AND COUNTIES YOU HAVE LIVED IN DURING THE PAST 5 YEARS ______

CURRENT EMPLOYER ______ PHONE (____)______

HR EMAIL ______ HR FAX (____)______

STREET ADDRESS ______

CITY ______ STATE ______ ZIP ______

POSITION ______ HOW LONG? ______ GROSS MONTHLY INCOME $______

OTHER MONTHLY INCOME: SOURCE ______ $______ / SOURCE ______ $______

ARE YOU SELF-EMPLOYED? ☐ YES ☐ NO

☐ **PREVIOUS** ☐ **ADDITIONAL EMPLOYER** ______ PHONE (____)______

HR EMAIL ______ HR FAX (____)______

STREET ADDRESS ______

CITY ______ STATE ______ ZIP ______

POSITION ______ HOW LONG? ______ IF ADDITIONAL EMPLOYER, GROSS MONTHLY INCOME $______

THE FOLLOWING INFORMATION IS SUBJECT TO CHANGE PRIOR TO EXECUTION OF RENTAL AGREEMENT.

RENT

THE FOLLOWING ARE MAXIMUM AMOUNTS. THE ACTUAL AMOUNT CHARGED WILL DEPEND ON UNIT SIZE, SCREENING RESULTS, AND OTHER FACTORS.

MAXIMUM POTENTIAL RENT $ Review Listing

Pet Rent (if applicable) $ Review Listing

______ $______

Pet Registration Fee $ 30/each

______ $______

DEPOSITS

SECURITY DEPOSIT MINIMUM: $Review Listing
(NOT TO EXCEED ONE MONTH'S RENT)

SECURITY DEPOSIT MAXIMUM: $______
(NOT TO EXCEED ONE AND A HALF MONTH'S RENT)
(DEPENDS ON SCREENING RESULTS AND UNIT SIZE)

ADDITIONAL DEPOSITS:

______ $______

______ $______

______ $______

______ $______

______ $______

IF LAST MONTH'S RENT IS REQUIRED AT MOVE-IN, SECURITY DEPOSIT SHALL NOT EXCEED ONE HALF OF ONE MONTH'S RENT.

INSURANCE

☒ IF CHECKED, RENTER'S INSURANCE WILL BE REQUIRED.

☐ IF CHECKED, RENTER'S INSURANCE WILL BE REQUIRED IF ______

MINIMUM INSURANCE AMOUNT: $ 100,000
($100,000 IF LEFT BLANK)

OWNER/AGENT MUST BE LISTED AS AN “INTERESTED PERSON” ON THE INSURANCE POLICY AND PROOF OF SUCH LISTING PROVIDED PRIOR TO MOVE-IN.

(NO INSURANCE WILL BE REQUIRED IF: A) THE HOUSEHOLD INCOME OF ALL OF THE TENANTS IN THE UNIT IS EQUAL TO OR LESS THAN 50 PERCENT OF THE AREA MEDIAN INCOME, ADJUSTED FOR FAMILY SIZE AS MEASURED UP TO A FIVE-PERSON FAMILY; OR B) IF THE DWELLING UNIT HAS BEEN SUBSIDIZED WITH PUBLIC FUNDS, NOT INCLUDING HOUSING CHOICE VOUCHERS.)

☐ ON SITE ☐ RESIDENT ☐ MAIN OFFICE (IF REQUIRED)

OTHER OCCUPANTS

NAME	DATE OF BIRTH
	MM/DD/YYYY
	MM/DD/YYYY
	MM/DD/YYYY
	MM/DD/YYYY
	MM/DD/YYYY

VEHICLES

MAKE	MODEL	COLOR	STATE	LICENSE PLATE #	OWNER

OTHER

☐ IF CHECKED, PETS ARE NOT ALLOWED AT THIS PROPERTY.

☐ IF CHECKED, PETS ARE ALLOWED SUBJECT TO APPROVAL BY MANAGEMENT. HOW MANY PETS WILL BE RESIDING IN THIS UNIT? ________

NAME ________ TYPE ________ BREED ________ AGE ________ WEIGHT ________

NAME ________ TYPE ________ BREED ________ AGE ________ WEIGHT ________

NAME ________ TYPE ________ BREED ________ AGE ________ WEIGHT ________

DO YOU INTEND TO USE: ☐ WATERBED ☐ AQUARIUM ☐ MUSICAL INSTRUMENT ________

DO YOU HAVE RENTER'S INSURANCE? ☐ YES ☐ NO

EMERGENCY CONTACT ________ PHONE (____)________

ADDRESS ________

CONTACT IN CASE OF DEATH ________ PHONE (____)________

ADDRESS ________

HAVE YOU BEEN EVICTED WITHIN THE LAST 5 YEARS OR IS THERE A PENDING EVICTION CASE AGAINST YOU? ☐ YES ☐ NO

IF YES, PLEASE LIST COUNTY & STATE ________

HAVE YOU EVER FILED FOR BANKRUPTCY, OR ARE YOU CURRENTLY IN THE BANKRUPTCY PROCESS? ☐ YES ☐ NO IF YES, DATE ________ MM/DD/YYYY

HAVE YOU EVER HAD A HOME FORECLOSED ON, OR ARE YOU CURRENTLY IN THE FORECLOSURE PROCESS? ☐ YES ☐ NO IF YES, DATE ________ MM/DD/YYYY

HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT EVER BEEN CONVICTED OF, OR PLED GUILTY OR NO CONTEST TO, ANY FELONY OR MISDEMEANOR RELATED TO THE CRIMINAL CONVICTION CRITERIA? ☐ YES ☐ NO IF YES, WHO ________

COUNTY & STATE ________ WHEN ________ MM/DD/YYYY WHAT ________

HAVE YOU OR ANY OTHER PERSON WHO WILL BE OCCUPYING THE UNIT BEEN ARRESTED FOR A CHARGE RELATED TO THE CRIMINAL CONVICTION CRITERIA THAT HAS NOT BEEN DISMISSED? ☐ YES ☐ NO IF YES, COUNTY & STATE ________

WHY ARE YOU VACATING YOUR PRESENT PLACE OF RESIDENCE? ________

HAVE YOU GIVEN LEGAL NOTICE WHERE YOU NOW LIVE? ☐ YES ☐ NO

HOW DID YOU HEAR ABOUT OUR PROPERTY? ________

SCREENING

Owner/Agent has charged a screening charge as set forth above. Owner/Agent may obtain a consumer credit report and/or an Investigative Consumer Report which may include the checking of the applicant's credit, income, employment, rental history, and criminal court records and may include information as to his/her character, general reputation, personal characteristics, and mode of living. You have the right to request additional disclosures provided under Section 606 (b) of the Fair Credit Reporting Act, and a written summary of your rights pursuant to Section 609(c). You have the right to dispute the accuracy of the information provided to the Owner/Agent by the screening company or the credit reporting agency as well as complete and accurate disclosure of the nature and scope of the investigation.

SCREENING COMPANY OR CREDIT REPORTING AGENCY

COMPANY NAME Pacific Screening PHONE 503-297-1941

ADDRESS ________

EMAIL Info@pacificscreening.com

If the application is approved, applicant will have 24 hours from the time of notification to either, at Owner/Agent's option, execute a rental agreement and make all deposits required thereunder or make a deposit to hold the unit and execute an agreement to execute a rental agreement which will provide for the forfeiture of the deposit if applicant fails to occupy the unit. If applicant fails to timely take the steps required above, he/she will be deemed to have refused the unit and the next application for the unit will be processed.

GOOD FAITH ESTIMATE

Approximate number of units currently available, or which will in the foreseeable future be available, of the size and in the area requested by applicant: ________ unit(s).

Approximate number of applications previously accepted and currently under consideration for those units: ________ application(s).

If the blanks above are not filled in, then there is at least one unit available and there are no applications ahead of yours currently under consideration.

☐ IF CHECKED, APPLICANT IS HEREBY NOTIFIED THAT THE TENANCY WILL BE FIXED TERM AND IT IS OWNER'S INTENT TO SELL THE DWELLING UNIT OR PERMANENTLY CONVERT THE DWELLING UNIT TO A USE OTHER THAN AS A DWELLING UNIT.

SIGNATURE

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 Owner/Agent may refuse to process or deny this application if it is materially incomplete, fails to include information regarding my identification or income, or if I intentionally withheld or misrepresented required information. I understand that if any information supplied on this application is later found to be false, this is grounds for termination of tenancy. I understand that I am welcome to provide supplemental evidence to mitigate potentially negative screening results. Applicants may provide evidence of mitigating circumstances and requests for reasonable accommodation/modification to the following location for review, consideration and response: ________ ***I have received and read the Owner/Agent's rental criteria.***

APPLICANT X ________ DATE ________ MM/DD/YYYY SUPPLEMENTAL EVIDENCE PROVIDED? ☐ YES ☐ NO

OWNER/AGENT X ________ SUPPLEMENTAL EVIDENCE RECEIVED? ☐ YES ☐ NO

☐ PHOTO I.D. VERIFIED BY ________ (INITIALS) DATE RECEIVED ________ MM/DD/YYYY TIME RECEIVED ________

OWNER/AGENT NOTES ________

Portland Housing Bureau

1900 SW 4th Avenue, Suite 7007 • Portland, OR 97201
PHONE 503-823-1303 • FAX 503-865-3260
RentalServices@PortlandOregon.gov
Portland.gov/RSO

Rental Services Helpdesk Hours
MON, WED, FRI 9-11 am 1-4 pm

Right to Request a Modification or Accommodation Notice

Required Under Portland City Code Title 30.01.086.C.3.B

For residential rental units within Portland city limits, a landlord is required to include this notice with application forms for the rental of a dwelling unit.

State and federal laws, including **the Fair Housing Act,** make it illegal for housing providers to refuse to make **reasonable accommodations** and **reasonable modifications** for individuals with disabilities. All persons with a disability have a right to request and be provided a reasonable accommodation or modification at any time, from application through to termination/eviction.

Some examples of reasonable accommodations include:

- Assigning an accessible parking space
- Transferring a tenant to a ground-floor unit
- Changing the rent payment schedule to accommodate when an individual receives public benefits
- Allowing an applicant to submit a housing application via a different means
- Allowing an assistance animal in a "no pets" building. More information about assistance animals is available here: https://www.hud.gov/program_offices/fair_housing_equal_opp/assistance_animals

Some examples of reasonable modification include:

- Adding a grab bar to a tenant's bathroom
- Installing visual smoke alarm systems
- Installing a ramp to the front door

Under fair housing laws, a person with a disability is someone:

- With a physical or mental impairment that substantially limits one or more major life activities of the individual;
- With a record of having a physical or mental impairment that substantially limits one or more major life activities of the individual; or
- Who is regarded as having a physical or mental impairment that substantially limits one or more major life activities.

Major life activities include, but are not limited to seeing, walking, reaching, lifting, hearing, speaking, interacting with others, concentrating, learning, and caring for oneself.

Reasonable Accommodations

A reasonable accommodation is a change or exception to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling. This includes public use and common spaces or fulfilling their program obligations. Any change in the way things are customarily done that allows a person with a disability to enjoy housing opportunities or to meet program requirements is a reasonable accommodation.

All housing or programs are required to make reasonable accommodations. Housing providers may not require persons with disabilities to pay extra fees or deposits or any other special requirements as a condition of receiving a reasonable accommodation.

Reasonable Modifications

A reasonable modification is a structural change made to the premises in order to afford an individual with a disability full enjoyment of the premises. Reasonable modifications can include structural changes to interiors and exteriors of dwellings and to public use and common areas.

Under federal law, public housing agencies, other federally assisted housing providers, and state or local government entities are required to provide and pay for structural modifications as reasonable accommodations/modifications. For private housing, the person requesting the reasonable modification will need to cover the costs of the modification.

Verification of Disability

In response to an accommodation or modification request and only when it is necessary to verify that a person has a disability that is not known or apparent to the housing provider, they, can ask an applicant/tenant to provide documentation from a qualified third party (professional), that the applicant or tenant has a disability that results in one or more functional limitation. If the disability-related need for the requested accommodation or modification is not known or obvious, the housing provider can request documentation stating that the requested accommodation or modification is necessary because of the disability, and that it will allow the applicant/tenant access to the unit and any amenities or services included with the rental equally to other tenants.

A housing provider cannot inquire into the nature or extent of a known or apparent disability or require that an applicant or tenant release his or her medical records. Housing providers can require that the verification come from a qualified professional, but they cannot require that it be a medical doctor.

Nondiscrimination laws cover applicants and tenants with disabilities, as well as applicants and tenants and without disabilities who live or are associated with individuals with disabilities. These laws also prohibit housing providers from refusing to rent to persons with disabilities, making discriminatory statements, and treating persons with disabilities less favorably than other tenants because of their disability.

Under fair housing laws, it is illegal for a housing provider to deny reasonable accommodations and reasonable modifications to individuals with disabilities. If wrongfully denied an accommodation or modification contact HUD or the Fair Housing Council of Oregon. Time limits apply to asserting any legal claims for discrimination.

Call HUD toll-free at 1-800-669-9777 or TTY 1-800-927-9275 or visit
https://www.hud.gov/program_offices/fair_housing_equal_opp/complaint-process

HUD will investigate at no cost to the complainant.

For more information about reasonable accommodations and modifications visit
www.hud.gov/program_offices/fair_housing_equal_opp/reasonable_accommodations_and_modifications

Call the Fair Housing Council of Oregon at (503) 223-8197 ext. 2 or http://fhco.org/index.php/report-discrimination.

EQUAL HOUSING
OPPORTUNITY

If you believe you have been harassed or discriminated against because of your race, color, national origin, religion, gender, familial status, disability, marital status, source of income, sexual orientation including gender identity, domestic violence, type of occupation, or age over 18 seek legal guidance regarding your rights under Fair Housing law.

For translation or interpretation, please call 503-823-1303
TTY at 503-823-6868 or Oregon Relay Service at 711

503-823-1303: Traducción e interpretación | Chuyển Ngữ hoặc Phiên Dịch | 翻译或传译
Письменныйили устный перевод | 翻訳または通訳 | Traducere sau Interpretare
번역 및 통역 | Письмовий або усний переклад | Turjumida ama Fasiraadda
الترجمة التحريرية والشفوية | ☻Ĕij Ħ′ ℓ Ĕā ĔǴĔ ☻Ĕij ĉ ĔẂn Ĕ♥

This requirement is in addition to any other rights and responsibilities set forth in the Oregon Residential Landlord and Tenant Act under Oregon Revised Statute Chapter 90, and Portland Landlord-Tenant Law under Portland City Code Title 30.

The information in this form is for educational purposes only. You should review appropriate state statute, city code, and administrative rule as necessary. If you need legal guidance, or are considering taking legal action, you should contact an attorney.

LIVING ROOM
PROPERTY MANAGEMENT

OREGON & WASHINGTON RENTAL SCREENING CRITERIA FOR RESIDENCY

FINANCIALLY RESPONSIBLE APPLICANTS

AGENT'S EVALUATION PROCESS

Upon receipt of a completed application, the contents of the application are compared to the screening criteria by Agent and the Applicant is either approved or denied in compliance with all local, state, and federal laws. Applicants are welcome to provide supplemental evidence to mitigate potentially negative screening results. Applicants have 30 days to appeal denied applications, during which time they may correct, refute, or explain negative information forming the basis for the denial. Applicants are also prequalified for any rental opportunities at Agent's properties for three months following the approval date. All screening fees are waived for three months following the approved appeal, but Applicants under these circumstances will be required to certify in writing that no conditions have materially changed from those described in Agent's approved application. If conditions have materially changed, Agent may use those changes as the basis for a denial.

CO-SIGNERS & GUARANTORS

Co-signers and guarantors are not accepted solely as financially responsible parties. All applicants must apply as occupying tenants who agree to the lease terms in full to be considered.

OCCUPANCY POLICY

1. Occupancy is based on the number of bedrooms in a unit. (A bedroom is defined as a habitable room that is intended to be used primarily for sleeping purposes, contains at least 70 square feet, and is configured so as to take the need for a fire exit into account.)
2. The general rule is two persons are allowed per bedroom, with the addition of one extra person for the household.
3. The Premises are to be used only as a residential dwelling. The Premises may not be used for the conduct of any commercial activity that involves customers or clients coming to the unit (including but not limited to day care except to the extent required by law) or the delivery or storage of inventory or equipment.

GENERAL STATEMENTS

1. Each adult, 18 yrs of age or older, will be required to complete an application individually.
2. Any of the following items, or a combination thereof, will be accepted to verify the name, date of birth, and photo of the applicant:
    a. Evidence of Social Security Number (SSN Card)
    b. A certified copy of a record of live birth
    c. Valid Permanent Resident Card
    d. Immigrant Visa
    e. Individual Taxpayer Identification Number (ITIN)
    f. Non-Immigrant Visa
    g. Any government-issued identification, regardless of expiration date
    h. Any non-governmental identification or combination of identifications that would permit a reasonable verification of identity.

2. Each individual will be required to qualify individually or as per specific criteria areas.
3. Inaccurate, incomplete or falsified information will be grounds for denial of the application.
4. Any individual currently using illegal drugs will be denied. If approved for tenancy and later illegal drug use is confirmed, termination shall result.
5. Any individual whose tenancy may constitute a direct threat to the health and safety of any individual, the premises, or the property of others, will be denied tenancy.
6. Applicants have the right to a refund of the screening charge paid in conjunction with this application and recover damages as set forth in ORS 90.295(5) and (6)(b)
7. Please note, there is an additional approval process, and a $250 fee for adding or removing an adult tenant from tenancy once a lease has been executed.
8. Current Living Room Tenants wishing to transfer to another Living Room managed home must have positive rental history and pass an interior property inspection of the current rental within 5 days of applying, before approval will be granted, assuming all other terms of approval have been met.

LIVING ROOM
PROPERTY MANAGEMENT

OREGON & WASHINGTON RENTAL SCREENING CRITERIA FOR RESIDENCY

ANIMAL POLICY
Each property is individually owned; therefore, the pet policies vary by unit. Please review the pet policy for the desired property before applying, as application fee refunds are not granted if your application is processed with animals that do not qualify for the unit.

To ensure all residents are clear on the pet policies, each applicant will be required to complete a third-party Pet Screening profile before the application is considered complete and an approval is granted. Applicants will select one of the following profiles:

- No Pets or Animals - No fee
- Household Pets - $30 registration fee per pet + any applicable pet rent as outlined on the listing
- Assistance Animals* (service, ESA, companion) - No fee

*Profiles to PetScreening specifically for Assistance Animals are not required. Applicants may choose to share documentation verifying the disability-related need for the assistance animal directly with the Leasing Team by submitting documentation to leasing@livingroomrentals.com. Please note the address of the property you are applying for, along with the applicant's name, in the subject line when submitting the documentation. This information will be required before your application is considered complete and residency approvals are granted.

*Qualifying documentation for an assistance animal is outlined as verifiable written verification from the medical or mental health provider treating the individual. Documentation must tie the need for a service animal to a disability and be issued within the last 12 months for *each* registered service animal to be valid. Exception: This requirement may not be required if it is readily apparent that the animal is trained to do work or perform tasks for the benefit of an individual with an observable disability.

INCOME CRITERIA
1. Monthly income must be 2 times the monthly stated rent.* Income sources shall include, but are not limited to: wages, rent assistance (non-governmental only), and monetary public benefits and are based on the cumulative financial resources of all financially responsible applicants. Applicants failing to qualify under this section will be denied tenancy.

Verification of income can be submitted as follows for all Financially Responsible Applicants:
- Most recent pay stub (YTD and tax info listed),
- Formal monthly bank statements (most recent, 3 consecutive months with no retractions). Additional consecutive months also accepted if needed to represent seasonal income,
- Formal offer letter accepted if within the first 60 days of employment,
- Previous year's tax documents (w-4, 1099 or 1040),
- Financial aid/scholarship award letter,
- Court-assigned child support or alimony documents,
- Section 8 or housing voucher.
- Self-employed applicants will have their records verified through the state corporation commission and will be required to submit records to verify their income, which may include the previous two years' tax returns.

Please ensure your name is clearly stated on each document. Not Applicable: Canceled checks, informal letters from an employer or family member, and screenshot images of your bank balance/transactions are not sufficient.

*If applicant will be using local, state or federal housing assistance as a source of income, "monthly stated rent" as used in this section means that portion of the rent that will be payable by applicant and excludes any portion of the rent that will be paid through the assistance program.

2. Twelve months of verifiable employment will be required if used as a source of income. Less than 12 months of verifiable employment will require an *additional* security deposit equal to 50% of one month's rent.

LIVING ROOM
PROPERTY MANAGEMENT

OREGON & WASHINGTON RENTAL SCREENING CRITERIA FOR RESIDENCY

RENTAL HISTORY CRITERIA

1. Five years of eviction-free history is required except for general eviction judgments entered on claims that arose on or after April 1, 2020 and before March 1, 2022. Eviction actions that were dismissed or resulted in a judgment for the applicant, or when the applicant has provided supplemental evidence, provided they suffered a job loss due to no fault of their own, will not be considered. If your eviction was related to a non-behavioral issue, you may provide supplemental evidence as instructed herein, and that information will be considered.
2. Rental history reflecting any past due and unpaid balances to a landlord will result in denial of the application, except for unpaid rent, including rent reflected in judgments or referrals of debt to a collection agency, that accrued on or after April 1, 2020, and before March 1, 2022.
3. Current Living Room Tenants wishing to transfer to another Living Room managed home must pass an interior property inspection of the current rental within 5 days of applying, before approval will be granted. Favorable payment history and no lease violations or damage are required for tenant transfer approval.
4. Previous Living Room Tenants must have a positive rental history and have terminated the tenancy under favorable terms, leaving the home in good condition to be granted rental approval.
5. Temporary housing needs funded by insurance may be declined if the damages to the previous property were caused by resident neglect.

CREDIT CRITERIA

Credit score alone does not determine approval. All applications are evaluated using the property's complete screening criteria, including income, rental history, credit history, criminal history (where permitted by law), and other relevant factors. The most restrictive screening result may determine the final recommendation.

Credit Score Range **(average of all financially responsible applicants)**	**Credit Screening Status**
Trans Union: 650 +	Standard approval
Trans Union: 550 - 649 or an application group that includes one or more applicants with no applicable score.	Conditional approval includes an increased deposit equal to 50% of one month's rent
Trans Union: 549 and below	Subject to immediate denial

.Additional Credit Notes:

1. Any outstanding debt for utility accounts, landlord debt, or property debt will result in immediate denial of the application. If the accounts were recently paid off, please submit receipts with the application to avoid immediate denial.
2. Open bankruptcies will result in the automatic denial of an application. Exception: Applicants with a current Chapter 13 bankruptcy may be approved based on the criteria above if the bankruptcy is over 3 years old, in good standing, and no negative or adverse debts have been established since.
3. Foreclosures in the last 5 years will result in the denial of the application.
4. Evidence of fraud, identity theft, or material misrepresentation will result in denial of the application.

FAIR HOUSING LAWS

Landlord has a non-discrimination policy as required by federal, state, or local law and does not discriminate against any applicant because of the race, color, religion, sex, sexual orientation, gender identity, national origin, marital status, familial status, or source of income of the applicant.

OREGON & WASHINGTON RENTAL SCREENING CRITERIA FOR RESIDENCY

CRIMINAL CONVICTION CRITERIA

Upon receipt of the Rental Application and screening fee, Agent will conduct a search of public records to determine whether applicant or any proposed resident or occupant has a “Conviction” (which means: charges pending as of the date of the application; a conviction; a guilty plea; or no contest plea; or no contest plea), for any of the following crimes as provided in ORS 90.303(3): drug-related crime; person crime; sex offense; crime involving financial fraud, including identity theft and forgery; or any other crime if the conduct for which applicant was convicted or is charged is of a nature that would adversely affect property of the landlord or a tenant or the health, safety or right of peaceful enjoyment of the premises of residents, the landlord or the landlord’s agent. Agent will not consider a previous arrest that did not result in a Conviction, or expunged records.

If applicant, or any proposed occupant, has a Conviction in their past that would disqualify them under these criminal conviction criteria, and desires to submit additional information to Agent along with the application so Agent can engage in an individualized assessment (described below) upon receipt of the result of the public records search and prior to a denial, applicant should do so. Otherwise, applicant may request the review process after denial as set forth below; however, see item (c) under “Criminal Conviction Review Process” below regarding holding the unit.

A single Conviction for any of the following, subject to the results of any review process, shall be grounds for denial of the Rental Application

a) Felonies or Misdemeanors involving: murder, manslaughter, arson, rape, kidnapping, child or other violent/predatory sex crimes, or manufacturing or distribution of a controlled substance or terrorism.
b) Felonies not listed above involving: drug-related crime; person crime; sex offense; crime involving financial fraud including identity theft and forgery; or any other crime if the conduct for which applicant was convicted or is charged is of a nature that would adversely affect property of the landlord or a tenant or the health, safety or right of peaceful enjoyment of the premises of the residents, the landlord or the landlord’s agent, where the date of disposition has occurred in the last 7 years.
c) Misdemeanors involving: drug-related crimes, person crimes, sex offenses, domestic violence, violation of a restraining order, stalking, weapons, criminal impersonation, possession of burglary tools, financial fraud crimes, where the date of the disposition has occurred in the last 5 years.
d) Misdemeanors not listed above involving: theft, criminal trespass, criminal mischief, property crimes or any other crime if the conduct for which applicant was convicted or is charged is of a nature that would adversely affect property of the landlord or a tenant or the health, safety or right of peaceful enjoyment of the premises of the residents, the landlord or the landlord’s agent, where the date of the disposition has occurred in the last 3 years.
e) Conviction of any crime that requires lifetime registration as a sex offender, or for which applicant is currently registered as a sex offender, will result in denial.

<u>Criminal Conviction Review Process.</u>

Agent will engage in an individualized assessment of the applicant’s, or other proposed occupants', convictions. If applicant has satisfied all other criteria (the denial was based solely on one or more Convictions) as required by local, state, and federal law and:

(1) Applicant has submitted supporting documentation prior to the public records search; or

(2) Applicant is denied based on failure to satisfy these criminal criteria and has submitted a written request along with supporting documentation. Supporting documentation may include:

a. Letter from parole or probation office;
b. Letter from caseworker, therapist, counselor, etc;
c. Certification of treatments/rehab programs;
d. Letter from employer, teacher etc.
e. Certification of trainings completed;
f. Proof of employment; and
g. Statement of the applicant.

Landlord will also perform an individualized assessment if no supplemental information is received as required by any local, state or federal law.

Agent will:
1. Consider relevant individualized evidence of mitigating factors, which may include: the facts or circumstances surrounding the criminal conduct; the age of the convicted person at the time of the conduct; time since the criminal conduct; time since release from incarceration or completion of parole; evidence that the individual has maintained a good tenant history before and/or after the conviction or conduct; and evidence of rehabilitation efforts. Agent may request additional information and may consider whether there have been multiple Convictions as part of the process.
2. Notify applicant of the results of Agent's review within a reasonable time after receipt of all required information.
3. Hold the unit for which the application was received for a reasonable time under all the circumstances to complete the review unless prior to receipt of applicant's written request (if made after denial) the unit was committed to another applicant