



Affordable Housing
RENTAL APPLICATION

TO BE COMPLETED BY EACH ADULT APPLICANT

PCRI USE ONLY (Date/Time Received)
By: _____ P: _____ AMI % _____

Bedroom Size Preference: (Check box for all that apply: note – Our program requires a minimum of one household member per bedroom size. You can select more than one unit size if applicable.)

ST	1 BR	2 BR	3 BR	4 BR	5 BR
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Your Current Address _____ City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____ Email Address _____

Emergency Contact : Name _____ Address _____ Phone _____

How did you hear about PCRI? _____

List each household member (including self) who will occupy the unit						
First Name	Last Name	F/M	Date of Birth	Relationship to Head of Household	Social Security #	Driver's License #/ State
1				Self/Head		
2						
3						
4						
5						
6						
7						
8						

Rental History (minimum of 5 years previous rental history required – include current residence information)				
Name & Phone # for Landlords	Address You Occupied	Move In Date	Move Out Date	Reason for Leaving

For Statistical Purposes Only:

RACE

White American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Pacific Islander Other

ETHNICITY

Hispanic or Latino Non-Hispanic/Non-Latino



1) Do you currently have a Section 8 Voucher? Yes No
 If yes, number of bedrooms approved for: _____ Voucher Rental Limit? _____

2) Have you been displaced by a government action or presidential declared disaster? Yes No

3) Do you require a Disabled Accessible Unit? Yes No
 If yes, is there any particular accommodation requested? Please list: _____

4) Do you have animals (subject to approval by management)? Yes No
 If yes, Number and type of animal(s)? _____
 If yes, Is the animal a reasonable accommodation/companion animal? Yes No

5) Has anyone in your household been evicted during the last 10 years? Yes No Date _____

Income Information: List wages, salaries, SSI, disability, unemployment, public assistance, or ANY source of income		
Income Source	Amount	Frequency

Asset Information: List checking, savings, IRA/ 401K, or any other assets currently held/owned by applicant		
Asset Source	Amount	Interest (if applicable)

By signing, I certify that the above information is correct and complete and hereby authorize PCRI to do a credit check and make any inquiries PCRI feels necessary to evaluate my tenancy and credit standing. I understand providing false statements or incomplete information to PCRI may result in punishment under Federal Law and is grounds for rejection of this application. 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 this is a preliminary application and I acquire no rights to a unit. I will be notified by PCRI upon acceptance, and agree to sign a lease and pay a security deposit.

Application screening entails the checking of the applicant's income, credit and other criteria for residency. The applicant reserves the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit-reporting agency. The name and contact information for the screening service or credit-reporting agency is: **Background Investigations, Inc. 27600 SW 96th Avenue Suite 100, Wilsonville, Oregon 97070 – 503-639-6000.**

_____ Signature of Head of Household	_____ Date	_____ Signature of Spouse or Co-Head	_____ Date
_____ Signature of Other Adult	_____ Date	_____ Signature of Other Adult	_____ Date

Application Screening

When completing your application for housing, please answer all questions. Your application cannot be processed if information is missing. There is a non-refundable screening charge required for each adult applicant. This charge is not a guarantee that your application for housing will be approved. This charge, in the form of a money order, will be collected prior to the screening of your application. **NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED.**

Application Screening Includes Review of the Following:

*Rental History	*Employment/Income	*Credit History	*Criminal Background
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You have the right to dispute any information collected during the screening process. The screening agency used is Background Investigations, Inc. 27600 SW 96th Avenue Suite 100, Wilsonville, Oregon 97070 – 503-639-6000.

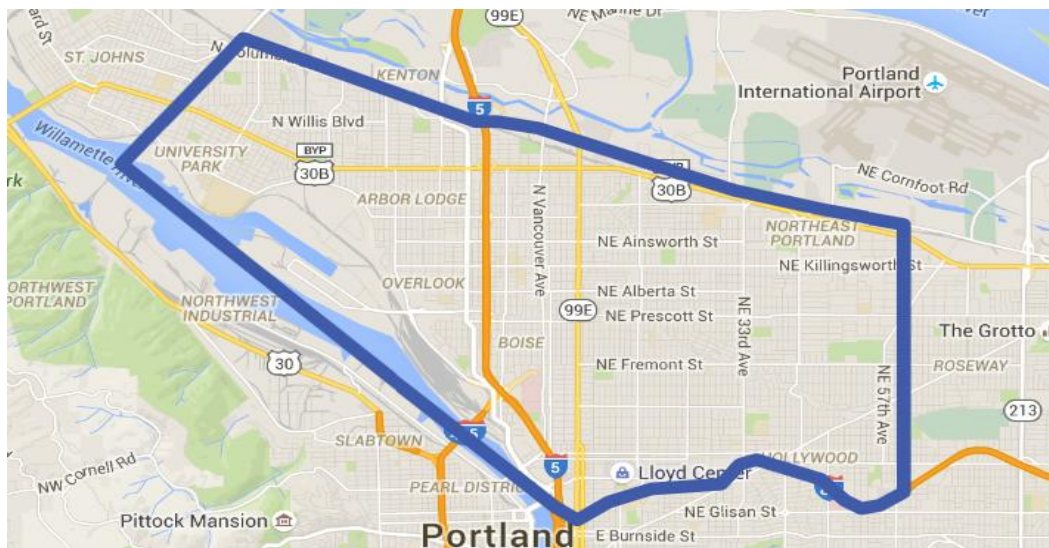




Affordable Housing Right to Return

TO NORTH AND INNER NORTHEAST PORTLAND*

PCRI USE ONLY (Date/Time Received)
By: _____



Name of Head of Household: _____

In an effort to provide affordable housing to families who have been involuntarily displaced from North and inner Northeast Portland due to a governmental action or rising housing costs, PCRI has created a "Right to Return" policy. PCRI has adopted this policy to provide an opportunity to those families who would like to return to their historic neighborhoods.

Have you or has any member of your household been involuntarily displaced from North or Inner Northeast Portland* at any time since 2000 due to increasing rents or the sale of the property in which you were a resident? Yes No

**North/inner Northeast Portland is defined as: North of I-84, South of Columbia Blvd., West of 60th Ave, East of BNSF Rail Line (BNSF Rail Line runs near North Portland Road, slightly west of North Clarendon Ave and Northgate Park) See Map Above for Boundary.*

If you marked yes above, please describe the home/apartment you were renting at this time:	
Address displaced from:	_____
Reason for displacement:	_____
When were you displaced? Date:	_____ # of Bedrooms: _____
Type of Property:	<input type="checkbox"/> Single Family Home <input type="checkbox"/> Apartment <input type="checkbox"/> Other
If you were displaced due to a rent increase, how much was your rent increased?	_____ /Month

