



CITY OF PORTLAND, OREGON
STANDARD FINANCIALLY RESPONSIBLE
RENTAL APPLICATION

TO BE COMPLETED BY EACH FINANCIALLY RESPONSIBLE ADULT APPLICANT

ALL UNITS
SUBJECT TO
AVAILABILITY

IPM INCOME PROPERTY MANAGEMENT CO.



<input checked="" type="checkbox"/> NEW MOVE-IN	<input type="checkbox"/> OCCUPANT TURNING 18	<input type="checkbox"/> ADD/REMOVE ROOMMATE	<input type="checkbox"/> TRANSFER
PROPERTY NAME / NUMBER <u>Vibrant!</u>			
UNIT NUMBER	ADDRESS	1620 NW 14th Ave. Portland, OR 97209	
UNIT RENT \$	NON-REFUNDABLE SCREENING CHARGE \$	818	
DATE UNIT WANTED	MM/DD/YYYY	OWNER/AGENT	Kari Margeta / Manager
OWNER/AGENT ADDRESS	1620 NW 14th Ave. Portland, OR 97209		
PHONE 503-227-0368			
SMOKING POLICY: <input type="checkbox"/> ALLOWED - ENTIRE PREMISES <input checked="" type="checkbox"/> PROHIBITED - ENTIRE PREMISES <input type="checkbox"/> ALLOWED IN LIMITED AREAS (ASK MANAGEMENT FOR DETAILS)			
<input type="checkbox"/> DWELLING UNIT QUALIFIES AS A "TYPE A UNIT" (ACCESSIBLE UNIT) PER OREGON STRUCTURAL BUILDING CODE AND ICC A117.1.			

OFFICE USE ONLY

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	SOC. SECURITY #	APPLICANT PHONE ()	
PHOTO I.D. TYPE	MM/DD/YYYY	#	/ STATE EXP. DATE
CURRENT STREET ADDRESS	MM/DD/YYYY		
CITY	STATE	ZIP	DATE YOU MOVED IN
CURRENT LANDLORD NAME	MM/DD/YYYY	LANDLORD PHONE ()	
LANDLORD EMAIL	LANDLORD FAX ()		
STREET ADDRESS (OR APARTMENT NAME)	MM/DD/YYYY		
CITY	STATE	ZIP	
APPLICANT FORMER STREET ADDRESS	MM/DD/YYYY		
CITY	STATE	ZIP	FROM MM/DD/YYYY
FORMER LANDLORD NAME	MM/DD/YYYY	LANDLORD PHONE ()	TO MM/DD/YYYY
LANDLORD EMAIL	LANDLORD FAX ()		
STREET ADDRESS (OR APARTMENT NAME)	MM/DD/YYYY		
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	MM/DD/YYYY		
CITY	STATE	ZIP	
POSITION	HOW LONG?	GROSS MONTHLY INCOME \$	
OTHER MONTHLY INCOME: SOURCE	\$	/ SOURCE	\$
ARE YOU SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MM/DD/YYYY		
<input type="checkbox"/> PREVIOUS <input type="checkbox"/> ADDITIONAL EMPLOYER	PHONE ()		
HR EMAIL	HR FAX ()		
STREET ADDRESS	MM/DD/YYYY		
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.

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

MAXIMUM POTENTIAL RENT \$
\$
\$
\$
\$
\$
\$
\$

DEPOSITS

SECURITY DEPOSIT MINIMUM: \$ NA
(NOT TO EXCEED ONE MONTH'S RENT)
SECURITY DEPOSIT MAXIMUM: \$ NA
(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 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)

PAGE 1

OTHER OCCUPANTS SCREENING SIGNATURE	NAME	DATE OF BIRTH	MAKE	MODEL	COLOR	STATE	LICENSE PLATE #	OWNER
		MM/DD/YYYY						
		MM/DD/YYYY						
		MM/DD/YYYY						
		MM/DD/YYYY						
		MM/DD/YYYY						
			VEHICLES					
<input type="checkbox"/> IF CHECKED, PETS ARE NOT ALLOWED AT THIS PROPERTY.								
<input type="checkbox"/> 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: <input type="checkbox"/> WATERBED <input type="checkbox"/> AQUARIUM <input type="checkbox"/> MUSICAL INSTRUMENT								
DO YOU HAVE RENTER'S INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO								
IF YES, PLEASE LIST COUNTY & STATE _____								
HAVE YOU EVER FILED FOR BANKRUPTCY, OR ARE YOU CURRENTLY IN THE BANKRUPTCY PROCESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE _____ MM/DD/YYYY								
HAVE YOU EVER HAD A HOME FORECLOSED ON, OR ARE YOU CURRENTLY IN THE FORECLOSURE PROCESS? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COUNTY & STATE _____								
WHY ARE YOU VACATING YOUR PRESENT PLACE OF RESIDENCE? _____								
HAVE YOU GIVEN LEGAL NOTICE WHERE YOU NOW LIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO								
HOW DID YOU HEAR ABOUT OUR PROPERTY? _____								
<p>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 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.</p>								
<p>SCREENING COMPANY OR CREDIT REPORTING AGENCY COMPANY NAME <u>Background Investigations</u> PHONE <u>503-639-6000</u> ADDRESS _____ EMAIL _____</p>								
<p>If the application is approved, applicant will have _____ 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.</p>								
<p>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.</p>								
<p><input type="checkbox"/> 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.</p>								
<p>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 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. I have received and read the Owner/Agent's rental criteria.</p>								
<p>APPLICANT X DATE SUPPLEMENTAL EVIDENCE PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO OWNER/AGENT X MM/DD/YYYY SUPPLEMENTAL EVIDENCE RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>								
<p><input type="checkbox"/> PHOTO I.D. VERIFIED BY (INITIALS) DATE RECEIVED MM/DD/YYYY TIME RECEIVED</p>								
<p>OWNER/AGENT NOTES</p>								

ON SITE RESIDENT MAIN OFFICE (IF REQUIRED)

PORTLAND STANDARD FINANCIALLY RESPONSIBLE • PAGE 2



Portland Housing Bureau

Rental Services Office

Mayor Ted Wheeler • Director Shannon Callahan

421 SW 6th Avenue, Suite 500 • Portland, OR 97204

PHONE 503-823-1303 • FAX 503-865-3260

portlandoregon.gov/phb/rso

Rental Services Helpdesk Hours

MON, WED, FRI 9-11am and 1-4pm

Right to Request a Modification or Accommodation Notice Required Under Portland City Code Title 30.01.086.C.3.B

Within the City of Portland, 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 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>.



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
Письменный или 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 | טורקיז ופיננסית | ተስፋይና አገልግሎት

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.



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Statement of Applicant Rights and Responsibilities Notice Required Under Portland City Code Title 30.01.086.C.3.C

Within the City of Portland, a landlord is required to include this notice with application forms for the rental of a dwelling unit.

City of Portland Applicant Rights

The City of Portland has adopted local requirements that provide additional rights and responsibilities for landlords and applicants for rental housing, beyond state law requirements, during the rental unit advertising and application process.

Applicants are strongly encouraged to submit supplemental information to offset any reasons that could lead to denial. In the event of denial, applicants have the right to appeal the decision within 30 days.

Applicants are strongly encouraged to review their rights before submitting an application.

City requirements address the following landlord tenant topics: advertising and application process screening, security deposits, depreciation schedules, rental history, notice rights, and rights for relocation assistance.

The City of Portland city code, rules, required notices and forms are listed below, and are available at: [portland.gov/rso] or by contacting the Rental Services Office at (503) 823-1303 or rentalservices@portlandoregon.gov.

Residential Rental Unit Registration

- Portland City Code 7.02.890

Application and Screening Requirements

- Portland City Code 30.01.086
- Rental Housing Application and Screening Administrative Rule
- Statement of Applicant Rights and Responsibilities Notice
- Right to Request a Modification or Accommodation Notice
- Rental Housing Application and Screening Minimum Income Requirement Table

Security Deposit Requirements

- Portland City Code 30.01.087
- Rental Housing Security Deposits Administrative Rule
- Rental History Form
- Notice of Rights under Portland's Security Deposit Ordinance



Mandatory Renter Relocation Assistance

- Portland City Code 30.01.085
- Mandatory Relocation Assistance Exemption Eligibility and Approval Process Administrative Rule
- Tenant Notice of Rights and Responsibilities Associated with Portland Mandatory Relocation Assistance
- Relocation Exemption Application Acknowledgement Letter (If applicable)



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