



*Equal Housing Opportunity*



**Criteria for Residency/Rental Application  
United Community Action Network (UCAN)  
Affordable Rental Program**

Please remove and keep the first 3 pages for your files.

The following Residency Criteria has been developed but may change at any time without notice to any party other than the property management agent.

**The Criteria is as follows:** (Incomplete or unsigned applications will not be accepted!).

**No pets will be allowed.**

**Maximum Yearly Income Allowed at 50% of Median Income as follows:**

1 person – \$18,700	2 people – \$21,400	3 people – \$24,050
4 people – \$26,700	5 people – \$28,850	6 people – \$31,000

**Waiting List:** - To be placed on the waiting list for a unit and/or house, a completed and signed application must be submitted. The date and time your completed application is received sets your priority.

Units will be filled on 'first come first serve' basis. You will receive a written notification indicating your initial eligibility, or ineligibility based upon the application you submitted. If deemed ineligible, the notice will give specific reasons for the ineligibility.

**Applications:** Applications are to be mailed or hand delivered to United Community Action Network (UCAN), 280 Kenneth Ford Drive, Roseburg, OR 97470. Office hours are Monday through Friday, 8AM to Noon and 1 PM to 5PM. There is NO DROP BOX. Once your application has been reviewed and you have been determined to be eligible, you will be placed on the waiting list.

**Your Responsibility:** It is important for you to give us some way to contact you, i.e. a message phone. An application that states 'homeless' as the address and no phone number listed is useless to us. **You will not be placed on the wait list if we have no way to contact you.**

It is important to keep us current on your phone number and address should they change from the application information. If we cannot contact you, you may be removed from the waiting list.

**Two times a year update letters are sent out to ask about your interest in staying on the wait list. It is your responsibility to mail back your response in the allotted time or your application will be removed from the list.**

Additionally, it is very important that you keep any scheduled interview, be on time and bring the information that may have been requested.

**How to contact us:** You may reach us by phone Monday through Friday, 9AM to Noon and 1PM to 5PM at (541) 492-3510 or 1-800 301-8226. A message may be left after hours on the voice mail.

## **Tenant Screening and Selection Criteria:**

1. Gross annual income cannot exceed income requirements on page one.
2. Applicants, and all other household members eighteen (18) or older, will be required to submit a complete application to be considered. Co-applicants who do not share the same credit report are required to submit separate credit applications and be screened separately. Each applicant must qualify individually. Up to a \$30.00 fee will have to be paid by the applicant. The final step in the application process will be a credit/criminal check to verify information on the application.
3. Applicants are required to provide the current and at least one previous verifiable landlord reference (for a total of at least five years occupancy), which must be listed on the application. References must include mailing address, including zip code, and telephone number and area code. Landlord references must indicate previous satisfactory residency. If you have never had a landlord, or ever been a renter, options will be explored on a case-by-case basis.
4. Applicants are required to provide current and at least one previous verifiable source of income and/or employment reference (for a total of at least six (6) months), which must be listed on the application.
5. Applicants must give permission for release of information regarding eviction history, unpaid collections or judgment information, and criminal history, which are obtained from public records.

**Failure to meet any of the above criteria shall result in denial of the application. Incomplete and/or unsigned applications will not be considered. Inaccurate or falsified information will be grounds for denial of the application or subsequent termination of residency upon later determination of information being falsified.**

If the applicant is unable to meet the criteria regarding credit requirements or landlord references listed above, the applicant *may* be offered the opportunity to provide a guarantor (co-signer) who would assume liability for the credit and performance of the applicant. These two areas may also be considered if an acceptable case management plan is in force to address these areas of credit and landlord references. This will be determined on a case-by-case basis.

Any applicant that is a current illegal drug abuser or addicted to a controlled substance or has been convicted of the illegal manufacture or distribution of a controlled substance may be denied residency.

Any applicant whose residency for any other reason would constitute a direct threat to the health or safety of the individuals or whose residency would result in substantial physical damage to the property of others will be denied residency. Criminal background checks will be conducted and convictions of such offenses that could directly affect the safety of other residents or the rental unit may affect the out come of your application.

## **Application Processing:**

To become a tenant you must:

1. Submit a completed application. **Incomplete (including missing contact information) or unsigned applications will not be accepted!** In order to be considered complete, all blanks must be filled in including all requested information and the application must be signed. If you need assistance in filling out the application, let us know and arrangements will be made to assist you.
2. Provide positive identification of all persons who will be a part of the household (i.e. driver's license, social security card, birth certificates, etc.)

3. Provide release of information authorization to allow third party verification of the income, assets and landlord references you have declared on the application.
4. Wait to be notified that the application review process is completed. You will receive written notification of acceptance or denial of your application via mail.
5. If the application is approved and a unit is available, you will be given 24 hours to accept the unit and sign the lease. If a unit is not available you will be placed on a waiting list.

**Move In Process:**

Once your application is approved and you accept the rental, you will be required to:

1. Sign the income calculation form.
2. Sign a rental agreement in which you agree to abide by all the rules and regulations.
3. Sign the Rules and Regulations.
4. Pay the Refundable Security Deposit.
5. Pay the first month's prorated rent in advance. (Rent is always due on the first of the month, no exceptions.)
6. Immediately have utilities (electricity, gas, trash, water as applicable {cable/phone optional}) placed in your name. (This can be done from the property manager's office.)
7. Together with the manager, do a move in inspection of the apartment (this will be on video tape as well as written) and an emergency response orientation.

## Application Assistance and Information Statement

IF YOU ARE HANDICAPPED OR DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL US TO SCHEDULE ASSISTANCE.

OUR PHONE NUMBER IS **541-672-3421**. CALL BETWEEN THE HOURS OF 9:00 AM AND 4:00 PM.

If you have a hearing impairment, our TTY number is 1-800-927-9275. Our office hours are the same as above.

APPROPRIATE ASSISTANCE WILL BE PROVIDED IN A CONFIDENTIAL MANNER AND SETTING.

- Answering questions on this form. Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, income, allowances, rent, family composition, or prior tenant history is grounds for rejection.
- Answering questions pertaining to handicap or disability. Answers to questions concerning handicap or disability status **are optional**. However, without this information we may not be able to: (1) determine your eligibility or need for special housing features; or (2) calculate your rent correctly. Families with handicapped or disabled members may be entitled to certain deductions from income that affects the amount of their rent.

If you answer these questions we will need to verify that you or a family member is handicapped or disabled. We do not need to know the nature, extent, or current condition of the handicap or disability. We will need to know that you meet the Federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on handicap or Management will treat disability status as confidential. In accordance with program regulations, information may be released to appropriate Federal, state or local agencies.

- Special Housing Needs Questionnaire. Please complete the special housing needs questionnaire attached to the application form. The information is needed so that we may assign you a unit appropriate to any needs that exist for your family. Your answers will be verified.



Equal Housing Opportunity

United Community Action Network

RENTAL APPLICATION Received: Date: Time:

Rental Unit or House Address you are applying for: # of Bedrooms:

All blanks must be filled in for this application to be considered and processed for eligibility. Write N/A if the information requested does not apply. If additional space is needed, please attach separate sheet(s).

Name: (All Adults)

Mailing Address: City Zip

Phone: Home Work Message

Primary Applicant Information

Table with 4 columns: Full Legal Name, Social Security #, Date of Birth, Driver's Lic. #. Rows for Primary Applicant, Co-Applicant, and Other Household Members.

- 1. Do you or any member of your household need an accessible unit?
2. Are you currently homeless?
3. Do you have a chronic mental health illness?
4. Are you currently in or recently successfully completed a recovery program?
5. Have you been previously incarcerated?
6. Have you ever been evicted from private or public housing?
7. Do you have pets?
8. Are you a current illegal user/distributor of a controlled substance?
9. Have you been convicted of the illegal use, manufacture or distribution of a controlled substance?
10. Do you have a history of violence of any kind?
11. Are you a UCAN employee or related to any UCAN employee or Board of Directors member?

**Primary Applicant – Where have you lived the last 5 years?**

1 - Name and address of your present landlord:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
How long there? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

2 - Name and address of your past landlord:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
How long there? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

3 - Name and address of your past landlord:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
How long there? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

4 - Name and address of your past landlord:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
How long there? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

5 - Name and address of your past landlord:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
How long there? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

**Please identify any special housing needs your household has.**

\_\_\_\_\_  
\_\_\_\_\_

**Primary Applicant's Personal References  
Non-related Persons - Not Living with You - Known for 1+ Years**

Name:	Address:	Area Code/Phone #
1) _____	_____	(____) _____
2) _____	_____	(____) _____
3) _____	_____	(____) _____

**Primary Applicant's Automobiles - All Must Be Listed - Limited Parking Available**

Year	Make/Model	License Plate Number	State Registered In
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Primary Applicant's Current Income Information**

<b>YES</b>	<b>NO</b>	<b>Please answer the following questions with a check in YES or NO.</b>
		<i>Do you...</i>
___	___	Work full time, part time or seasonally?
___	___	Expect to work for any period during the next year?
___	___	Work for someone who pays cash?
___	___	Expect a leave of absence from work due to lay off or leave?
___	___	Now or will receive unemployment benefits?
___	___	Now or will receive alimony?
___	___	Now or will receive child support?
___	___	Now or will receive Supplemental Security Income (SSI)?
___	___	Now or will receive public assistance?
___	___	Now or will receive Social Security or disability benefits?
___	___	Now or will receive income from a pension, annuity or retirement fund?
___	___	Receive money periodically from family, church or friends, etc.?
___	___	Have a checking account?
___	___	Have a saving account?
___	___	Have an IRA, Keogh account, Certificate of deposit, or a money market account?
___	___	Own real estate?
___	___	Have stock, bonds, trusts, pensions or other assets?
___	___	Have you sold or given away real property, cash or other assets in the past 2 years?

**Primary Applicant's Income from Employment, Assets, or Other Sources**

<u>Source of Income</u>	<u>Address of Source</u>	<u>Start Date</u>	<u>End Date</u>	<u>Annual Gross Income</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**Primary Applicant's Current Bank Information**

<u>Type</u>	<u>Account #</u>	<u>Bank Name</u>	<u>Interest Rate %</u>	<u>Balance</u>
Checking Account	_____	_____	_____	\$ _____
Checking Account	_____	_____	_____	\$ _____
Savings Account	_____	_____	_____	\$ _____
Savings Account	_____	_____	_____	\$ _____
Credit Union	_____	_____	_____	\$ _____
Certificate	_____	_____	_____	\$ _____

**Primary Applicant's Debt & Credit Information**

<u>Credit Source</u>	<u>Credit Source</u>	<u>Account</u>	<u>Current</u>	<u>Monthly</u>
<u>Company Name</u>	<u>Address</u>	<u>Number</u>	<u>Balance</u>	<u>Payments</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____



Equal Housing Opportunity



United Community Action Network

Rental Unit or House Address you are applying for: \_\_\_\_\_

All blanks must be filled in for this application to be considered and processed for eligibility. Write N/A if the information requested does not apply. If additional space is needed, please attach separate sheet(s).

Name: (All Adults) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Message \_\_\_\_\_

Co-Applicant Information

Table with 4 columns: Full Legal Name, Social Security #, Date of Birth, Driver's Lic. #. Rows for Co-Applicant, Primary Applicant, and Other Household Members.

- 1. Do you or any member of your household need an accessible unit?
2. Are you currently homeless?
3. Do you have a chronic mental health illness?
4. Are you currently in or recently successfully completed a recovery program?
5. Have you been previously incarcerated?
6. Have you ever been evicted from private or public housing?
7. Do you have pets?
8. Are you a current illegal user/distributor of a controlled substance?
9. Have you been convicted of the illegal use, manufacture or distribution of a controlled substance?
10. Do you have a history of violence of any kind?
11. Are you a UCAN employee or related to any UCAN employee or Board of Directors member?

**Co-Applicant – Where have you lived the last 5 years?**

1 - Name and address of your present landlord: \_\_\_\_\_ Your Address: \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ How long there? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

2 - Name and address of your past landlord: \_\_\_\_\_ Your Address: \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ How long there? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

3 - Name and address of your past landlord: \_\_\_\_\_ Your Address: \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ How long there? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

4 - Name and address of your past landlord: \_\_\_\_\_ Your Address: \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ How long there? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

5 - Name and address of your past landlord: \_\_\_\_\_ Your Address: \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ How long there? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Additional comments: \_\_\_\_\_

**Please identify any special housing needs your household has.**

\_\_\_\_\_  
\_\_\_\_\_

**Co-Applicant's Personal References  
Non-related Persons - Not Living with You - Known for 1+ Years**

Name:	Address:	Area Code/Phone #
1) _____	_____	(____) _____
2) _____	_____	(____) _____
3) _____	_____	(____) _____

**Co-Applicant's Automobiles - All Must Be Listed - Limited Parking Available**

Year	Make/Model	License Plate Number	State Registered In
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Co-Applicant's Current Income Information**

**YES NO Please answer the following questions with a check in YES or NO.**

**Do you...**

- Work full time, part time or seasonally?
- Expect to work for any period during the next year?
- Work for someone who pays cash?
- Expect a leave of absence from work due to lay off or leave?
- Now or will receive unemployment benefits?
- Now or will receive alimony?
- Now or will receive child support?
- Now or will receive Supplemental Security Income (SSI)?
- Now or will receive public assistance?
- Now or will receive Social Security or disability benefits?
- Now or will receive income from a pension, annuity or retirement fund?
- Receive money periodically from family, church or friends, etc.?
- Have a checking account?
- Have a saving account?
- Have an IRA, Keogh account, Certificate of deposit, or a money market account?
- Own real estate?
- Have stock, bonds, trusts, pensions or other assets?
- Have you sold or given away real property, cash or other assets in the past 2 years?

**Co-Applicant's Income from Employment, Assets, or Other Sources**

<u>Source of Income</u>	<u>Address of Source</u>	<u>Start Date</u>	<u>End Date</u>	<u>Annual Gross Income</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**Co-Applicant's Current Bank Information**

<u>Type</u>	<u>Account #</u>	<u>Bank Name</u>	<u>Interest Rate %</u>	<u>Balance</u>
Checking Account	_____	_____	_____	\$ _____
Checking Account	_____	_____	_____	\$ _____
Savings Account	_____	_____	_____	\$ _____
Savings Account	_____	_____	_____	\$ _____
Credit Union	_____	_____	_____	\$ _____
Certificate	_____	_____	_____	\$ _____

**Co-Applicant's Debt & Credit Information**

<u>Credit Source</u> <u>Company Name</u>	<u>Credit Source</u> <u>Address</u>	<u>Account</u> <u>Number</u>	<u>Current</u> <u>Balance</u>	<u>Monthly</u> <u>Payments</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**Applicant and Co-Applicant, Please Read and Sign**

**Release of Information**

Applicant(s) authorize the owner or owner's representative to investigate and obtain credit rating, current and past rental records, criminal records, employment history, sources of income for the household, current and past utility records and any information necessary to determine eligibility. The information obtained will be used for management purposes only and will be held in confidence.

Your signature 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. You acknowledge also that due to changes in circumstances, additional information may be requested at a later date to complete the process of this application. A copy of this release may be sent to parties, persons or organizations you listed on this application.

**Giving false information on this application may result in eviction after occupancy.**

**WARNING:** Section 1001 of Title 18, United States Code provides, " Whoever in any matter within the jurisdiction of any department or agency of the Unites 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, fictitious or fraudulent statement or entry shall be fined not more than \$250,000 or imprisoned not more than five years, or both."

Primary Applicant's Signature	Primary Applicant's Name Printed	Date
Co-Applicant's Signature	Co-Applicant's Name Printed	Date
Co-Applicant's Signature	Co-Applicant's Name Printed	Date

**Optional Information Requested**

**Race/Ethnicity**      Please use numbers on lines below.

1. WHITE, NON-HISPANIC
2. BLACK, NON-HISPANIC
3. HISPANIC
4. ASIAN/PACIFIC ISLANDER
5. AMERICAN INDIAN/ALASKAN NATIVE

Applicant:	Sex _____	Race/Ethnicity _____
Co-Applicant:	Sex _____	Race/Ethnicity _____
Household Member:	Sex _____	Race/Ethnicity _____
Household Member:	Sex _____	Race/Ethnicity _____
Household Member:	Sex _____	Race/Ethnicity _____
Household Member:	Sex _____	Race/Ethnicity _____
Household Member:	Sex _____	Race/Ethnicity _____

"The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal government that federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. 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. However, if you choose not to furnish it, the owner is required to note the race/ethnicity and sex of individual applicants on the basis of visual observation and/or surname."

**Please use this page for any additional information you feel will assist us in screening your application.**

## United Community Action Network Housing and Emergency Services Client Characteristics

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

**[Enter CODES for Race and Ethnicity in table below. Enter as many numbers as apply.]** Ethnicity: **A** = Hispanic or Latino    **B** = Other  
**Race: 1=** American Indian/Alaska Native    **2=** Asian    **3=** Black/African American    **4=** Hispanic    **5=** Native Hawaiian/Pacific Islander    **6=** White    **7=** Race Unknown

Office use New (N) Or Continuing Client (C)	Name of <b>ALL</b> persons in Household	Social Security Numbers of <b>ALL</b> persons in Household	Gender M/F	Birth Date	Age	Ethnicity (use codes listed above)	Race (use codes listed above)	Education Level Enter last grade <b>completed</b>	Health Ins. Y/N	Disabled Y/N	Vet Y/N	Food Stamps Y/N
<b>Applicant Information</b>												
1.												
<b>Other Household Members</b>												
2.												
3.												
4.												
5.												
6.												
7.												

<p><b>Household Type</b></p> <p>Single Female Parent    <input type="checkbox"/></p> <p>Single Male Parent    <input type="checkbox"/></p> <p>Two Parent Household    <input type="checkbox"/></p> <p>Single Person    <input type="checkbox"/></p> <p>Two Adults No Kids    <input type="checkbox"/></p> <p>Other    <input type="checkbox"/></p> <hr/> <p style="text-align: center;"><b>Mark ALL That Apply</b></p> <p>Experience Domestic Violence    <input type="checkbox"/></p> <p>Runaway Youth    <input type="checkbox"/></p> <p>Chronically Mentally Ill    <input type="checkbox"/></p> <p>Developmentally Disabled    <input type="checkbox"/></p> <p>HIV/AIDS    <input type="checkbox"/></p> <p>Alcohol Dependant Individual    <input type="checkbox"/></p> <p>Drug Dependant Individual    <input type="checkbox"/></p> <p>Elderly    <input type="checkbox"/></p> <p>Veteran    <input type="checkbox"/></p> <p>Physically Disabled    <input type="checkbox"/></p>	<p><b>Household Income Source for ALL household members</b>  <b>Please document ALL that apply</b></p> <p>No income    \$ _____</p> <p>TANF    \$ _____</p> <p>SSI    \$ _____</p> <p>Social Security    \$ _____</p> <p>Pension    \$ _____</p> <p>General Assistance    \$ _____</p> <p>Unemployment    \$ _____</p> <p>Employment Plus any above source    \$ _____</p> <p>Employment Only    \$ _____</p> <p>Other (not food stamps)    \$ _____</p> <p><b>Total monthly household income</b>    \$ _____                      (Track monthly household income based on last full month.)</p> <p>Food Stamps    \$ _____</p>	<p><b>Housing Type</b></p> <p>Mortgage/Own    <input type="checkbox"/></p> <p>Rent    <input type="checkbox"/></p> <p>Homeless    <input type="checkbox"/></p> <p>Other (specify)    <input type="checkbox"/></p>	<p><b>Farm Worker Status</b></p> <p>Farm Worker    <input type="checkbox"/></p> <p>Migrant Farm Worker    <input type="checkbox"/></p> <p>Seasonal Farm Worker    <input type="checkbox"/></p>
<b>For Office Use Only</b>			
% of poverty _____			

Continues on other side.

**DESCRIBE YOUR PRESENT SITUATION AND HOW WE CAN ASSIST YOU:**

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<p>_____ To the best of my knowledge, I am not related to anyone who is employed by United Community Action Network, including Head Start, Transitions Programs, Family Connections, Food Shares, Case Management, Emergency Services Program or UCAN Administration.</p> <p>_____ To the best of my knowledge I am not related to anyone on the UCAN Board of Directors.</p> <p>_____ I do not and have not lived in the same household as a UCAN employee or a member of UCAN's Board of Directors.</p>	<p>_____ I am related to _____ who is a UCAN employee and works in the following program:</p> <table><tr><td>_____ Head Start</td><td>_____ Transitions Programs</td></tr><tr><td>_____ Family Connections</td><td>_____ Food Shares</td></tr><tr><td colspan="2">_____ Case Management, Housing and Emergency Services</td></tr><tr><td colspan="2">_____ UCAN Administration</td></tr></table> <p>_____ I am related to someone on the UCAN Board of Directors</p> <p>_____ I do now or have in the past lived in the same household as a UCAN employee or a member of UCAN's Board of Directors.</p>	_____ Head Start	_____ Transitions Programs	_____ Family Connections	_____ Food Shares	_____ Case Management, Housing and Emergency Services		_____ UCAN Administration	
_____ Head Start	_____ Transitions Programs								
_____ Family Connections	_____ Food Shares								
_____ Case Management, Housing and Emergency Services									
_____ UCAN Administration									

Checking any of the above choices does not necessarily prevent you from receiving services, but may prevent you from receiving services from specific federally funded programs.

**READ THE FOLLOWING, AND SIGN BELOW**

By signing this form, I declare the above information to be true. I understand that if I receive services for which I am not entitled due to intentionally giving false information I can be fined, spend time in jail or both. My signature will authorize the release of information on any of the people listed on this form to other agencies for the purpose of providing services and possible case management for up to one year from the date below. My signature will authorize United Community Action Network (UCAN) access to any records from other agencies on the people listed on this form in order to verify information given. I also consent to any legally authorized investigation for confirmation of that information. I agree to let the Department of Human Services give information to UCAN so I can receive services. I further understand that if I believe my application is unjustly denied I am entitled to a fair hearing, if requested, within 30 days of the date of denial.

\_\_\_\_\_  
**Client Print Name**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Intake Worker**  
Revised Emergency Services 8-1-07

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**HUD Number**

# UNITED COMMUNITY ACTION NETWORK

## Customer Complaint and Appeals Process

United Community Action Network is committed to providing appropriate services free from discrimination because of race, color, age, religion, national origin, political or union affiliation, marital status, veteran status, association with anyone of a particular race, color, sex national origin, marital status, age or religion, sexual orientation, family relationship, physical disability, or mental disability. UCAN is committed to customer service free of verbal or physical harassment.

We recognize that many concerns, problems or complaints are due to a lack of information, misunderstanding or a faulty communication system.

Some programs offered through UCAN, such as Low Income Energy Assistance Program (LIEAP), are required by law to inform customers of their rights to ask for a fair hearing if they are denied service or if their application is not processed with reasonable promptness. Hearings processes for these programs are specific and prescribed by the funding source. Copies of those processes are available at time of specific program intake.

In all other cases, if you have a concern or complaint, the following is the process that must be followed to achieve resolve. Each step will be accomplished within 10 working days. You may request an observer be present at the meetings.

### Step

1. Identify the problem and the solution you feel is necessary. Write your concern or complaint out with enough detail to identify and clarify the reason for the concern/complaint and what needs to be done to satisfactorily resolve your complaint.
2. Within 10 working days of the event which caused your complaint, request an appointment with the person responsible for your complaint to review your written information or request an appointment with the person's immediate supervisor to present your written information concerning your complaint.
3. Within 1-working day of the request for the appointment the person responsible for your complaint and/or the supervisor will meet with you so that you may share your written information with them. UCAN will make a copy of your written information for you.
4.
  - a. If the problem is resolved, a memo to that effect will be drafted by the staff member involved at the closure of the meeting. The memo will be signed by both parties and forwarded to the Executive Director. The complaint will be considered closed.
  - b. If the problem is not solved go to step 5.
5. Within 10 working days, submit your written concern/complaint to the Program Director or if the Program Director is the person directly responsible, submit your concern/complaint to the Executive Director. Add to your written statement date and time and the name of the person with whom you met and why, in your opinion, the issue was not resolved. **IN THE CASE OF HEAD START FOLLOW THE OFFICIAL CHAIN OF COMMAND.**
6. Within 10 working days, the Director will contact you to discuss the matter. If a staff member is involved the Director will discuss the matter with that person. If the Director is unable to resolve the concern/complaint, it will be forwarded to;
  - a. in the case of a Head Start concern/complaint, to the Head Start Policy Council Administrative Committee or,
  - b. to the UCAN Executive Director
7. The Policy Council administrative Committee or Executive Director will attempt to resolve the concern/complaint through consultation with the people involved to gather all relevant information concerning the problem.
8. If the concern/complaint can not be resolved by the Administrative Committee or the UCAN Executive Director and a hearing is requested; the Executive Director will notify the Board President who will call a UCAN Board of Director's Executive Committee to review the information and to appoint a Hearings Officer to address this concern /complaint only. The Hearings Officer must be someone not involved in the cause of the concern/complaint.

Hearing Conditions:

1. All Hearings:

- a. must be held in a place convenient for the customer;
- b. must allow the customer to review the case file;
- c. must have a hearing officer who was not involved in the initial cause of the concern/complaint;
- d. must allow testimony
- e. must be recorded and any decision determined on that basis;
- f. may be conducted via telephone conference call.

2. Hearing may include:

- a. Statements from persons called by you to present evidence to support your concern/complaint. They may present their testimony in written form or in person.
- b. Hearing Officer may call witnesses or ask for statements by others if it seems relevant to the problem.

3. A summary of the hearing will be made, and you will be given an opportunity to review it. You may submit a written exception to the summary and it will be added to the final written decision. Hearing Officer will make the final decision. All people involved will receive written notice of the decision.

Adopted by UCAN Board of Directors 11/2/1992

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date