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

Please remove and keep the first 4 pages for your records.

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

UCAN does not offer emergency or immediate housing.

The Criteria is as follows:

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

1 person – $20,900  2 people – $23,850  3 people – $26,850
4 people – $29,800  5 people – $32,200  6 people – $34,600

Applications: Applications are to be mailed or hand delivered to United Community Action Network (UCAN), 280 NE Kenneth Ford Drive, Roseburg, OR 97470. Applications may also be emailed to paula.williams@ucancap.org or faxed to 541-492-3920.

Submit a completed application. In order to be considered complete, all blanks must be filled in for the Primary Applicant. Each additional adult 18 years and older must fill out their own Co-Applicant section. The questions on the first page help us determine which of our properties and specific units you may qualify. The application must be signed by all household members 18 years and older.

If help is needed to complete the application, let us know and arrangements will be made to assist you.

Waiting List: The date and time your application is received sets your priority. To be placed on the waiting list for an apartment and/or house, a completed and signed application must be submitted. Once received, a notice indicating complete/incomplete status will be sent. Incomplete applications will have ten (10) days to be completed from the date of the notice. If not completed within ten (10) days, the application will be removed from the waitlist.

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.

How to contact us: You may reach us by phone Monday through Friday, 9AM to Noon and 1PM to 5PM at (541) 672-3421 or 1-800 301-8226. A message may be left after hours on the voice mail.

Your Responsibility: It is important for you to give us some way to contact you, i.e. a message phone and mailing address. 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 original application information. If we cannot contact you, you may be removed from the waiting list.

Three times a year (February, June and October) update cards 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.
UCAN has various types of housing including transitional housing with a maximum stay of 2 years, permanent housing and program housing with a case management requirement. Most of the housing is subject to the 50% of median income limits. There are a few units that are considered market units and have no income restriction. Each property may have a specific priority of who lives there. UCAN has affordable permanent housing for families that have an adult that has a chronic mental illness. There is transitional housing and permanent housing for previously incarcerated single individuals as well as permanent housing for families that at least one of the adults has previously been incarcerated. There is also transitional and permanent housing for individuals and families in recovery. Most of UCAN housing has a homelessness requirement.

Units will be filled on 'first come first served' basis. Current tenants in transitional housing will have a priority to the next available permanent housing unit.

**Tenant Screening and Selection Criteria:**

1. Gross annual income cannot exceed income requirements on page one. Some units have income limits that are less than 50%. For those specific units, the income cannot exceed the limit set for the unit at move-in.

2. 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.

3. 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.

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 outcome of your application.

**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.
**Applicant Processing for an available unit:**

**To become a tenant you must:**

Keep any scheduled interview appointment, be on time and bring the information that will be requested.

1. Provide positive identification of all persons who will be a part of the household (i.e. adults - driver's license/picture I.D.; all household members - social security card; and children under 18 years – proof of birth date, i.e. birth certificates/hospital records, etc.)

2. Provide documentation of all income and assets. Such as: paystubs, awards letters, income tax forms, bank statements.

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. In transitional housing, sign Release of Information forms for Case Management Referrals for the community partner agencies you currently work with and then meet with the case manager to talk about program requirements.

5. The final step in the application process will be a credit/criminal check to verify information on the application. All applicants are required to have management run a credit report. Each applicant is required to submit separate credit applications and be screened separately. Each applicant must qualify individually. A $30.00 fee will be paid by each applicant for credit, criminal and landlord checks for the state of Oregon. Criminal checks will be performed for each additional state an applicant lived in as an adult. (an additional charge)

6. Wait to be notified that the application review process is completed. You will receive a phone call to schedule a lease signing appointment if your application is accepted or a written notification of denial of your application via mail.

**Move-In Process:**

**Once your application is approved and you accept the unit, 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 and all other addenda.
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, 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 unit (this will be written) and an emergency response orientation.
8. No pets will be allowed. Medical needs animals will be considered with appropriate verification.
Application Assistance and Information Statement

IF YOU ARE 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 disability status will be treated 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.
This Organization is an Equal Opportunity Provider and Employer

Rental Housing Application

RENTAL APPLICATION

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

Full Legal Name

Primary Applicant

Social Security # Date of Birth Driver’s Lic. #

Co-Applicant:

Other Household Members:

1. Do you or any member of your household need an accessible unit? □ Yes □ No
2. Are you currently homeless? □ Yes □ No
3. Do you have a chronic mental health illness? □ Yes □ No
4. Are you currently in or recently successfully completed a recovery program? □ Yes □ No
   If yes, how long have you been clean & sober? ___mo ___yrs
5. Have you been previously incarcerated? □ Yes □ No
   If yes, please explain: ____________________________________________________________
   Are you currently on supervision? P.O.’s name: ___________________________________________ □ Yes □ No
6. Have you ever been evicted from private or public housing? □ Yes □ No
   If Yes, How often __________Where ___________________________ When _______________
   Landlord ___________________________ ___+_______
   Why ____________________________

7. Have you lived outside the state of Oregon as an adult? Which States? ___________________________ □ Yes □ No
8. Do you have pets? □ Yes □ No

9. Are you or household members a UCAN employee or related to a UCAN employee or a UCAN Board
   of Directors member? □ Yes □ No
10. Are you a current illegal user/distributor of a controlled substance? □ Yes □ No
11. Have you been convicted of the manufacture or distribution of a controlled substance? □ Yes □ No
12. Do you have a history of violence of any kind? □ Yes □ No
   If yes, please explain: ______________________________________________________________
13. Are you required to Register as a Sex Offender? □ Yes □ No
Primary Applicant – Where have you lived the last 5 years?

1 – Present Address or location:
__________________________________________________________
How long there? _____ From: _____ To: ______
Additional comments: ________________________________________

2 – Past Address or location:
__________________________________________________________
How long there? _____ From: _____ To: ______
Additional comments: ________________________________________

3 – Past Address or location:
__________________________________________________________
How long there? _____ From: _____ To: ______
Additional comments: ________________________________________

4 – Past Address or location:
__________________________________________________________
How long there? _____ From: _____ To: ______
Additional comments: ________________________________________

5 – Past Address or location:
__________________________________________________________
How long there? _____ From: _____ To: ______
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) __________________________ Address: __________________________ (_____)________________
2) __________________________ Address: __________________________ (_____)________________
3) __________________________ Address: __________________________ (_____)________________

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

Year Make/Model License Plate Number State Registered In
_________ __________________________ ________________ _________
_________ __________________________ ________________ _________
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Primary Applicant's Current Income Information

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<td>Now or will receive Supplemental Security Income (SSI)?</td>
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<td>Now or will receive public assistance?</td>
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<td>Own real estate?</td>
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<td>Have stock, bonds, trusts, pensions or other assets?</td>
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<td>Have you sold or given away real property, cash or other assets in the past 2 years?</td>
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Primary Applicant’s Income from Employment, Assets, or Other Sources

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<th>Source of Income</th>
<th>Address of Source</th>
<th>Start Date</th>
<th>End Date</th>
<th>Annual Gross Income</th>
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Primary Applicant's Current Bank Information

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<th>Bank Name</th>
<th>Interest Rate %</th>
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Primary Applicant’s Debt & Credit Information

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<th>Credit Source Company Name</th>
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United Community Action Network

This Organization is an Equal Opportunity Provider and Employer

Rental Housing Application

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

Full Legal Name: ___________________________ Social Security #: __________________________ Date of Birth: _____________ Driver's Lic. #: ______________________

Co-Applicant: __________________________________________________________________________________________

Primary Applicant: ______________________________________________________________________________________

Other Household Members: ______________________________________________________________________________________
______________________________________________________________________________________________________________

1. Do you or any member of your household need an accessible unit? □ Yes □ No
2. Are you currently homeless? □ Yes □ No
3. Do you have a chronic mental health illness? □ Yes □ No
4. Are you currently in or recently successfully completed a recovery program? □ Yes □ No
   If yes, how long have you been clean & sober? ___mo ___yrs
5. Have you been previously incarcerated? □ Yes □ No
   If yes, please explain: ______________________________________________________________________________________

   Are you currently on supervision? P.O.’s name: ___________________________ □ Yes □ No
6. Have you ever been evicted from private or public housing? □ Yes □ No
   If Yes, How often ___________Where ___________________________ When _____________
   Landlord ___________________________ +_____________________________
   Why ______________________________________________________________

7. Have you lived outside the state of Oregon as an adult? Which States? ___________________________________________ □ Yes □ No
8. Do you have pets? □ Yes □ No
   If yes, please specify: ______________________________________________________________________________________

9. Are you or household members a UCAN employee or related to a UCAN employee or a UCAN Board of Directors member? □ Yes □ No
10. Are you a current illegal user/distributor of a controlled substance? □ Yes □ No
11. Have you been convicted of the manufacture or distribution of a controlled substance? □ Yes □ No
12. Do you have a history of violence of any kind? □ Yes □ No
    If yes, please explain: ______________________________________________________________________________________

13. Are you required to Register as a Sex Offender? □ Yes □ No

8
Co-Applicant – Where have you lived the last 5 years?

1 – Present Address or location: __________________________

Do you have a landlord?  Yes_____ No_____

Landlord’s Name: __________________________

Phone#______________________________

How long there? _____ From: _____ To: ______

Reason for leaving: __________________________

Additional comments: __________________________

2 – Past Address or location: __________________________

Do you have a landlord?  Yes_____ No_____

Landlord’s Name: __________________________

Phone#______________________________

How long there? _____ From: _____ To: ______

Reason for leaving: __________________________

Additional comments: __________________________

3 – Past Address or location: __________________________

Do you have a landlord?  Yes_____ No_____

Landlord’s Name: __________________________

Phone#______________________________

How long there? _____ From: _____ To: ______

Reason for leaving: __________________________

Additional comments: __________________________

4 – Past Address or location: __________________________

Do you have a landlord?  Yes_____ No_____

Landlord’s Name: __________________________

Phone#______________________________

How long there? _____ From: _____ To: ______

Reason for leaving: __________________________

Additional comments: __________________________

5 – Past Address or location: __________________________

Do you have a landlord?  Yes_____ No_____

Landlord’s Name: __________________________

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) __________________________

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

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<tr>
<th>Year</th>
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-   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?

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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 United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document, knowing the same to contain any false, 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

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 _____

"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
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, sexual orientation, family relationship, physical or mental disability or association with a person of any of the above.

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 those funded by OHCS, HUD, OHA or other funding entity, are required by law to inform customers of their rights to ask for a fair review if they are denied service or if their application is not processed with reasonable promptness. Review processes for these programs are specific and prescribed by the funding source. Copies of those processes are available at time of specific program intake and/or provided to applicant through assistance notification forms.

If you have a concern or a complaint, the following is the process that must be followed to achieve resolve. 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. Submit this written complaint within 30 days of event causing complaint for administrative review.

Step 2: Upon administrative review

  a) If the problem is resolved, the staff member conducting the review to that effect will draft a memo. The complaint will be considered closed.

  b) Within 10 days of receipt of request for an administrative review, UCAN will notify OHCS.

  c) If the problem is not resolved, go to step 3.

Step 3: Within 10 working days of administrated review notification, submit your written concern/complaint to the office of the Executive Director, add 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. (See additional information under UCAN Head Start Policy manual)
Step 4: Within 10 working days by receipt of the Executive Director, you will be contacted 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 Board Chair

Step 5: The Policy Council Administrative Committee or UCAN Board will attempt to resolve the concern/complaint through consultation with the people involved to gather all relevant information concerning the problem.

Step 6: If the Administrative Committee or the UCAN Board cannot resolve the concern/complaint and a hearing is requested; the Executive Director will call a UCAN Board Directors Executive Committee Meeting 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 have Hearings Officer who was not involved in the initial cause of the concern/complaint;
   c. Must allow testimony;
   d. Must be recorded and any decision determined on that basis;
   e. May be conducted via telephone conference call.

2. Hearing may include 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.

3. Hearings Officer may call witnesses or ask for statements by others if it seems relevant to the problem.

4. 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. All people involved will receive written notice of the decision.

_________________________________________  ____________________________  ____________________________
Participant Signature          Printed Name                        Date

By signing below, I certify that I have given the above listed participant a copy of the Customer Complaint and Appeals Process.

_________________________________________  ____________________________  ____________________________
UCAN Representative Signature  Printed Name                        Date

Customer Complaint and Appeals Process
Adopted by UCAN Board of Directors June 28, 2017
Adopted by Policy Council June 28, 2017