



Dear Valued Applicant ~

Please be aware that Cascade Management, Inc. adheres to all Fair Housing rules and regulations and does not discriminate based on race, color, creed, religion, sex, national origin, age, sexual orientation, handicap or disability, income source, or familial status.

To ensure best fair housing practices, Cascade Management, Inc. maintains and follows either a strict Tenant Selection Standard or Criteria for Residency which is made available to all upon request or included as part of the application packet.

The attached application must be completed in its entirety and returned to the property to which you are applying. All applications submitted will be placed on the waiting list by date and time received unless it is incomplete. Incomplete applications will be returned to the applicant for completion.

Applicants must meet the eligibility requirements for the property where they are applying. Each applicant must qualify individually and applicants listed as head, spouse and co-head must be eligible to enter a legal and binding contract.

All applicants are screened through an independent screening company. The independent screening company conducts all screening functions which could include rental history, credit check, and criminal convictions. The screening process is consistent for all applicants. Please refer to the screening criteria if you have questions regarding these requirements.

If you have any questions, please contact the property you are interested in and they can provide you with their property details, amenities and current availability.

Thank you for your interest in Cascade Management, Inc.



Cascade Management, Inc., does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its programs and activities. The Compliance Officer is designated as the 504 Compliance Coordinator.



For Office Use Only

Date / Time Received: _____ AM/PM
 Received By: _____

Unit Type Requested

Bedroom Size: (check all that apply) Efficiency Studio 1 2 3 4 5

Project-based Section 8 Wheelchair accessibility Other _____

Contact Information

Name: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number(s): _____

List each person (starting with yourself) who will occupy the apartment

Name (Last, First, Middle)	Date of Birth	Relationship to Head of Household	Social Security Number	Estimated Annual Income
		Self		

Please check any /all of the below that apply to your household

Senior (55 or older) Elderly (62 or older) Disabled Homeless Veteran

Currently have a Section 8 Voucher Currently living in a rent subsidized property

Displaced by a government declared disaster

Referred by a Social Service Agency (name of agency) _____

This Pre-Application is only to establish your place on the waitlist. Once your name comes up on the list it will be necessary to process a full application and verify all the information necessary to determine you eligibility for tenancy

Head of Household Signature _____ Date _____



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