



209 W. Main Street Medford, Oregon 97501  
OnTrack, Inc

~\* EACH ADULT IN THE HOUSEHOLD MUST FILL OUT AND ATTACH A SEPARATE APPLICATION\*~

**PLEASE READ THE DESCRIPTION FOR EACH PROGRAM AND CHECK THE BOX(ES) FOR ALL YOU WOULD LIKE TO APPLY FOR.**

- Central Point House**, operated by OnTrack. Housing for women coming directly from inpatient treatment who are without children and/or are pregnant or with one child under 6 years of age, or referred by one of our treatment partners. Participants are responsible for a rent of \$300 per month which covers rent, common utilities (electricity, house phone, gas, water, trash)
- Grape Street House**, operated by OnTrack. Housing for men coming directly from inpatient treatment or referred by one of our treatment partners. Participants are responsible for a rent of \$300 per month which covers rent, common utilities (electricity, house phone, gas, water, trash)
- Parallel House**, operated by OnTrack. Housing for men coming directly from inpatient treatment or referred by one of our treatment partners. Participants are responsible for a rent of \$300 per a month which covers rent, common utilities (electricity, house phone, gas, water, trash)
- Independent Apartment**. These properties are owned and managed by OnTrack Rogue Valley. It is an affordable housing second-chance renters' program for those with a history of recovery who receive supportive services from a referring agency in the community, and/or treatment services for recovery from alcohol and drug addictions and need a fresh start. Participants are responsible for paying full rent and utilities. Household must earn at least one and half times the rent (1.5 times). We have studio, one- and two-bedroom apartments for rent in Medford and Grants Pass, with rent ranging from \$350 to \$825.

To apply: **All Applications need to be filled out, signed, dated and a referral letter attached.** Once received, the application will be placed on our waiting list. Please keep us updated if your contact information, family size, living situation or income changes. Applications may be dropped off at our office at 209 West Main St., Medford, OR 97501 or faxed to 541-734-2410.



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## ONTRACK CRITERIA FOR RESIDENCY

Thank you for your interest in applying for housing in one of our apartment communities. We trust you will find they make great homes. Part of keeping our communities safe and livable is our application process. This process is outlined below.

OnTrack Rogue Valley transitional and long-term housing communities are for individuals/households with a history of recovery who receive supportive services from a referring agency in the community, and/or need mental health services and/or treatment services for recovery from alcohol and drug addictions. We have studio, one- and two-bedroom apartments for rent in Medford and Grants Pass.

OnTrack, Inc. does not discriminate based on handicapped status in the admission or access to, or treatment or employment in, its housing, programs or activities. We comply with requirements of the Fair Housing Acts, Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). ONTRACK, INC will accept Reasonable Accommodation requests to accommodate a disability. They should be sent to the Housing Director at the corporate address listed on page 4.

If you have any questions after reviewing these criteria, please don't hesitate to ask.

### ***Occupancy Policy***

OnTrack, Inc. limits occupancy based on the number of bedrooms in a unit. A bedroom is defined as a space within the premises that is used primarily for sleeping. OnTrack, Inc. guidelines are:

0-1 Bedrooms = 1 to 3 persons

2 Bedrooms = 2 to 5 persons

### **GENERAL REQUIREMENTS**

Steps to become a resident of an OnTrack, Inc community:

- Submit a complete and accurate application. Incomplete applications cannot be accepted. In order to be considered complete, all blanks must be filled in. If not applicable, please indicate "NA", including all requested information. All adult applicants will be required to submit a completed application to be considered. You must designate the number of bedrooms being requested, and the application must be signed and dated. Primary applicants must be able to enter into a legal and binding contract. All household members 18+ years old will be required to submit a completed application. If you require assistance in completing the application, please contact the resident manager.
- **Provide a letter from referring agency (OnTrack, Inc or another community agency) stating the applicant is receiving mental health services and/or treatment services for recovery from alcohol and drug addictions and needs sober living housing.**



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- Provide identification of all persons who will be part of the household (picture ID/driver's license, social security card, and birth certificate).
- Any applicant whose residency for any 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 or others, will be denied residency. The presence of a restraining order within the past year will disqualify you for residency.
- If your demeanor (your manners) during the application process is overly aggressive, confrontational, rude, unprofessional, or otherwise indicative of someone who won't get along with neighbors, we may deny your application.
- Wait for the application review process to be completed, which may take up to three business days. Upon completion of review for program and income eligibility, you will be sent a letter of application approval or application denial.

If the application is approved and a unit is not available, your name will be placed on the waiting list and you will receive the appropriate priority rating. Preferences will be given to very low-income applicants on a first-come, first-served basis.

### ***INCOME REQUIREMENTS***

For all OnTrack, Inc. communities, the following applies:

- Document income shall be one-and-a-half (1.5) times the rent level. Food stamps will be considered in meeting the income requirement.

### ***SCREENING REQUIREMENTS***

When your name is next on the waiting list and a unit becomes available, the applicant will be notified. If the applicant chooses to pursue tenancy at that time, they must meet the requirements below. Failure to meet any of the criteria below shall result in denial of the application or subsequent termination of residency upon later determination of information being falsified.

- In lieu of screening for credit, criminal history and eviction, **we will accept a referral letter from a qualifying agency.**
- Applicants will be required to provide the current and previous landlord reference, which must be listed on the application. References must include the mailing address, including ZIP code, and telephone number, including area code.
  - Applicant's ratio of rent-to-actual income for the requested apartment unit will not exceed 1.5:1. However, if an applicant can demonstrate a verified history of successfully paying rent when there was a higher than 1.5:1 rent-to-actual income ratio, their record may be used as a mitigating circumstance when evaluating these criteria. Supplemental support such as food stamps and meal services will also be considered.



- Applicant must be able to provide sufficient residential information for current and previous landlord reference, which must be listed on the application. References must include the mailing address, including ZIP code and telephone number (with area code).
- In lieu of screening for credit, landlord and eviction we will accept a referral letter from a qualifying agency.
  - A lack of rental history will not be grounds for denial.
  - Negative, or lack of, credit history will not be grounds for denial.
- The landlords shall conduct a search of public records screened through a third-party agency to determine whether the applicant or any proposed resident has been convicted of, or pled guilty or no-contest, to any crime. A conviction, guilty plea or no contest plea for rape, sex crimes and/or child sex crimes, and/or status as a registered sex offender, is grounds for denial of application.
- Grounds for rejection may include:
  - Any applicant that is a current illegal drug abuser and is not seeking recovery services.
  - Applicant is unable to provide identification which verifies their identity.
  - Applicant submits an incomplete application and has not taken steps to remedy.
  - Applicant has provided false, inconsistent or inaccurate information on their application.
  - Applicant has two unexcused failures to attend an agreed-upon time for an application appointment or interview.
  - Applicant is abusive or uncooperative with management during the application process.
  - History of behavioral problems related to criminal activity that makes applicant a poor risk.
  - Any altered information and/or deliberate misinformation regarding income, status or past history will disqualify an applicant.
  - The landlords shall conduct a search of public records to determine whether the applicant or any proposed resident is a registered sex offender.

### Procedure for Purging the Waiting List

Your application will be removed from the waiting list for the reasons stated below:

- Failure to take a unit when offered. Exceptions will be made if the applicant requires Rental Assistance to afford the rent; or can document health problems that prohibit them from taking the unit.
- Manager failed to reach you on three or more occasions by phone, or your phone number is no longer in service, or you failed to respond to a written notice within 10 days, or the notice was returned undeliverable.
- At your request.
- You do not qualify for the unit due to a change in income or family status.
- You accepted a unit within this complex and are now being removed from other waiting lists.

Written notification will be sent to your last known address when you are removed from the waiting list. If removed for reasons listed above, you will be offered the opportunity to reapply and be put back on the waiting list, in the order the new application was received.



## ***Rejection Policy***

If you have been rejected as an applicant and you feel that you qualify as a resident, you have the right to respond to the rejection within 10 calendar days after receipt of the rejection notice. Detailed appeal and grievance procedures are available at the project rental office. A copy will also be mailed to you at the current address listed on your application along with your letter of rejection.

Mail Tenant Grievance and Appeals to:

**OnTrack, Inc.  
209 W Main St  
Medford OR 97501  
(541) 772-1777 or TDD # 711  
Attn: Housing Department**

If your application is rejected due to negative or adverse information being reported, you may:

1. Contact the company that supplied the information to discuss your application.
2. Upon receipt of the corrected information, your application will be reevaluated for the next available unit.

## ***Handicap Accessibility***

Section 504 of the Rehabilitation Act of 1973 has established a "program accessibility" standard under which all federally-assisted programs, when viewed in their entirety, must be accessible to and usable by persons with disabilities. Therefore, we will make reasonable accommodations in rules, policies, practices, or services, when such accommodations are necessary to afford a handicapped person equal opportunity to use and enjoy a dwelling unit, including public and common use areas. If you need a change in our policies or procedures, a repair or change in your apartment unit, a repair or change to part of the property, a change in the way we communicate with you, you may request this change by completing the Request for Reasonable Accommodation form. These changes will be made as long as they do not cause undue financial or administrative burden.

In the event the change causes undue financial burden, the requirements may be waived for the complex to pay for the change. In this event OnTrack, Inc would allow the existing premises to be modified at the full and complete expense of the handicapped person, if the handicapped person agrees to restore the premises at their own expense to the pre-modification condition. OnTrack, Inc requires:

1. The applicant or resident must seek the landlord's approval before making modifications.
2. Reasonable assurances (in writing) that the work will be performed in a workmanlike manner.
3. Reasonable details regarding the extent of the work to be done.
4. Names of qualified contractors that will be used.
5. Appropriate building permits and required licenses must be made available for inspection by the landlord.

## ***Move-In Process***

If your application is approved and you accept the apartment, you will be required to:



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1. Sign a lease agreement in which you agree to abide by all rules and regulations. You are encouraged to read the lease and project rules prior to signing.
2. Sign the Individual Services Action Plan (ISAP) if applicable at the community you are residing. You are encouraged to read the lease and project house rules prior to signing.
4. Pay a conditionally refundable security deposit at the time of move-in which is equal to one month's basic rent.
5. Pay the first month's prorated rent at the time of move in.
6. Immediately have utilities turned on and placed in your name, on the day of move-in.
7. Together with the manager, complete and sign a check-in form.

Equal Housing Opportunity/Handicap Accessible

I have received a copy of OnTrack, Inc criteria.

All applicants 18-and-over must certify.

\_\_\_\_\_  
Applicant Signature

Date:

\_\_\_\_\_  
Applicant Signature

Date:

\_\_\_\_\_  
Applicant Signature

Date:





(Office use only)  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Current location (circle one)

GP HOME DAD

209 Main Street, Medford, Oregon 97501

OnTrack, Inc.

*Application for Housing*

Unit size request (Circle):    Studio            One            Two    Location: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

CO-Head (adult): \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Child 1: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Child 2: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Child 3: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Current address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**INCOME**

**Employer:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_

**Length of Employment:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Verified date:** \_\_\_\_\_ **Name & Position:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_



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Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Verified date: \_\_\_\_\_ Name & Position: \_\_\_\_\_

**Child Support: Amount:** \_\_\_\_\_ **Frequency of Payments:** \_\_\_\_\_

**SSI/SSD:** \_\_\_\_\_ **TANF:** \_\_\_\_\_ **Other:** \_\_\_\_\_

Checking Account: \$ \_\_\_\_\_ Savings: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

**TOTAL Household Income:** Monthly: \$ \_\_\_\_\_ Annual: \$ \_\_\_\_\_

## Rental History

Property name/address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Length of residency: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Rent: \$ \_\_\_\_\_ monthly

Reason for moving: \_\_\_\_\_.

**2.** Property name/address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Length of residency: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Rent: \$ \_\_\_\_\_ monthly

Reason for moving: \_\_\_\_\_.

**Evictions:** Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where: City: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_ Year: \_\_\_\_\_





**Have you ever lived in subsidized housing?** Yes \_\_\_ No \_\_\_

If so, when and where: \_\_\_\_\_

### **Criminal Information Sheet**

#### **Incarceration(s):**

Where: \_\_\_\_\_ When: \_\_\_\_\_

Charges: \_\_\_\_\_

Where: \_\_\_\_\_ When: \_\_\_\_\_

#### **Probation/Parole** YES or NO

Officer: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Expiration date(s): \_\_\_\_\_

#### **Agency Involvement Sheet** Name: \_\_\_\_\_ Date: \_\_\_\_\_

**A&D Treatment:** Where: \_\_\_\_\_

When: In: \_\_\_\_\_ Out: \_\_\_\_\_ Counselor: \_\_\_\_\_

Completion Date: \_\_\_\_\_ Clean & Sober Date: \_\_\_\_\_

Drug(s) of choice: \_\_\_\_\_

Sponsor: Yes \_\_\_ No \_\_\_

**DHS:** Yes \_\_\_ No \_\_\_ Caseworker & Information: \_\_\_\_\_

**Community Family Court:** Yes \_\_\_ No \_\_\_ **Recovery Options Court:** Yes \_\_\_ No \_\_\_

**Mental Health services:** Yes \_\_\_ No \_\_\_ Worker: \_\_\_\_\_

Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Email: \_\_\_\_\_

**Programs:** WAV \_\_\_ DAAP \_\_\_ Mental Health \_\_\_ Other: \_\_\_\_\_



I require a unit with accessible features or other reasonable accommodation: Yes \_\_\_\_\_ No \_\_\_\_\_

**Referral Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please circle one:**                      **Transitional housing**                      **Permanent housing**

**Signature of Referral Agent:** \_\_\_\_\_

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Agent Signature

\_\_\_\_\_  
Date

