



WILI DEPARTMENT TRIBAL RENTAL ASSISTANCE PROGRAM APPLICATION CHECKLIST

Please use the following checklist to make sure you have submitted all required documentation.

Items below must be completed, signed, and turned into the Wili Department to be processed:

- ☐ Program Application
- ☐ Tribal Rental Assistance Policies
- ☐ Payback Agreement
- ☐ Statement of Potential Conflict of Interest
- ☐ Income verification form
- ☐ Release of information form
- ☐ Financial Class Agreement
- ☐ Landlord Agreement signed by landlord and tenant
- ☐ Lead Acknowledgement signed by landlord

Items to be supplied for application to be considered complete (not supplied in packet):

- ☐ Verification of applicants Cow Creek Tribal enrollment
 - ☐ Rental/lease agreement
 - ☐ Landlord W-9
 - ☐ Photos of rental unit (at least one external and one internal)
 - ☐ Copy of renters insurance
-

If you have any questions, please contact the Wili Department. All information can be mailed, emailed, faxed, or dropped off at either the Roseburg or Tri City Office.

Contact information:

Maria Bosell
Administrative Assistant

Brandi Gardner
Residency Program Manager

Jennifer Bryant
Wili Director

Email: info-housing@cowcreek.com
Phone: 541-492-5215
Fax: 541-677-5550

Roseburg Office
Cow Creek Band of Umpqua
Tribe of Indians
2371 NE Stephens St Ste 100
Roseburg OR 97470

Tri City Office
239 Taylor St
Myrtle Creek OR 97457





WILI DEPARTMENT TRIBAL RENTAL ASSISTANCE PROGRAM FACT SHEET

The goal of the Wili Department is for all Tribal families to have a decent, safe, and sanitary permanent home. The Tribal Rental Assistance Program is intended to aid eligible Cow Creek Tribal members to secure safe and affordable housing.

Tribal Rental Assistance Program Facts:

- Maximum Tribal Rental Assistance funding amount for 2022: **\$600 per month**
- Maximum length of assistance: **12 Months**
- Must meet all the following criteria:
 - Enrolled Cow Creek Tribal Member
 - Must be 18 years of age or older
 - Geographical location: 7 county service area (Coos County, Deschutes County, Douglas County, Jackson County, Josephine County, Klamath County and Lane County)
 - Must meet low to moderate HUD National median income limits
 - Tribal member must be listed on rental/lease agreement
 - Must agree to participate in housing counseling program
 - Must procure renters insurance
 - Must have no outstanding debt to any program or department of CCBUTI
 - Family rental payment does not exceed 30 percent of the family's monthly adjusted income.
- Tribal members are responsible for their portion of the rent and all utilities.
- Types of rent: Single dwelling, multi dwelling home, space rent (for manufactured home owned by Tribal member), or other approved by Wili Director.
- Ineligibility
 - Applicants living with their parents, aunts/uncles, grandparents, siblings, cousins, or other family members are not eligible to receive the rental assistance stipend.
 - Applicants may not own or have any interest in the unit.
 - Applicants who have been previously terminated or evicted from any housing program administered by the Wili Department within the last 5 years, are not eligible to receive assistance.
 - Applicants may not receive rental assistance while receiving the benefit of any other form of housing subsidy for the same dwelling unit.
- Home must pass Tribal Program Housing Quality Standards.

This is intended as an overview of the Tribal Rental Assistance Program. It is not intended to replace the policy. See complete policy for details.





**WILI DEPARTMENT
PROGRAM APPLICATION**

QUESTIONNAIRE (answer all questions that are applicable to what you are applying for)

Do you live in the Cow Creek seven county service area? ☐ **YES** ☐ **NO**

What year was the home built? _____

Does anyone outside of your household provide you with regular financial support or pay any of your bills? ☐ **YES** ☐ **NO**

Have you sold or disposed of any assets in the past two years? ☐ **YES** ☐ **NO**

Have you or any adult household family member ever committed fraud or knowingly misrepresented information to a federal-assisted housing program? ☐ **YES** ☐ **NO**

Do you or any adult household family member have unpaid debts to the Cow Creek Band of Umpqua Tribe of Indians? ☐ **YES** ☐ **NO**

Are you a student? ☐ **YES** ☐ **NO**

I am disabled and can provide documentation of my disability. ☐ **YES** ☐ **NO**

Have you or any other member of your household ever lived in federally assisted housing? ☐ **YES** ☐ **NO**

Do you or any adult household family member currently owe money to a federally-assisted housing authority? ☐ **YES** ☐ **NO**

PRESENT LANDLORD:

Name: _____

Address: _____
Street address City Zip

Phone: _____ Monthly Rent: _____ How long at current address: _____

I/we certify that all information provided on this form is accurate and complete. I/we know that I am required to cooperate in supplying all information needed to determine my eligibility. **I/we understand that knowingly supplying false, incomplete, or inaccurate information may cause immediate termination from this program and is punishable under federal or state criminal law.**

Applicant Signature: _____

Date: _____

Applicant Printed: _____

Applicant Signature: _____

Date: _____

Applicant Printed: _____



SECTION 1: PURPOSE

The goal of the Wili Department is for all Tribal families to have a decent, safe, and sanitary permanent home. The Tribal Rental Assistance Program is intended to aid eligible Cow Creek Tribal members to secure safe and affordable housing.

SECTION 2: TRIBAL RENTAL ASSISTANCE PROGRAMS

The Tribal Rental Assistance Program is available for Cow Creek Tribal families who meet Native American Housing Assistance and Self Determination Act (NAHASDA) low-income and moderate income guidelines.

This funding is only available for Tribal Members living in the Tribes 7 County Service Area. The Tribes Service Area is: Coos County, Deschutes County, Douglas County, Jackson County, Josephine County, Klamath County and Lane County.

SECTION 3: ASSISTANCE MAXIMUMS AND REAPPLICATION TIMELINES

The Tribal Rental Assistance Program has a maximum assistance amount that is evaluated annually through the Indian Housing Plan (IHP). Funding may be limited depending on availability of budgeted funding on hand for the particular year.

Tribal members that are approved for this program are limited to 12 months consecutive assistance. This program can be used once every five years.

SECTION 4: PROPERTY STANDARDS

Each residence must meet at a minimum Tribal Program Housing Quality Standards (TPHQS) minimum requirements.

SECTION 5: IHBG INCOME AND HOUSING PAYMENT LIMITS

Tribal members applying for Tribal Rental Assistance must meet federal NAHASDA income limits which are established by the Office of Native American Programs (ONAP) HUD Office on an annual basis. Additionally, the family's monthly rental payment cannot exceed 30% of the household's gross income.

SECTION 6: DEFINITIONS

MEANING OF ANNUAL INCOME: The Wili Department uses the meaning of annual income in accordance with NAHASDA for the purpose of determining eligibility as defined by 24 CFR Part 5, subpart F, Census, or the Internal Revenue Service (IRS) definition, which-ever is most beneficial to the family.

EXCLUSIONS: Federally Mandated Exclusions to income as updated by HUD are considered when calculation a family's gross annual income.

INCOME LIMITS: The Wili Department utilizes the HUD National Median Income Limits or the HUD Regional Median Income Limits as amended annually (whichever is most beneficial to the Participant) unless otherwise required by other program policy or regulations.

SECTION 7: APPLICATION

Application procedures are developed and implemented by the Wili Director.



WILI DEPARTMENT TRIBAL RENTAL ASSISTANCE PROGRAM

The application also includes standard forms and agreements. The application also includes a checklist of required supplement documentation.

SECTION 8: ELIGIBLE RECIPIENTS

Tribal Members who meet all of the following minimum eligibility criteria described below:

<u>CATEGORY</u>	<u>ELIGIBILITY CRITERIA</u>
Tribal affiliation	Enrolled Cow Creek Tribal member.
Age	Not less than 18 year.
Property Location	Must be located in the Tribes 7 County Service Area.
Income Restrictions	Must meet at a minimum: HUD National Low-income eligibility threshold and not exceed 80% of median income for family size.
Over-80% of HUD National Median Income Limits	<p>Moderate income applicants may be eligible without HUD approval when a percentage of IHP funds (not to exceed 10% of the total fiscal year IHP allocation) are designated for moderate-income families. Consideration of moderate-income families beyond the above mentioned 10% limitation and all other above income families can only be considered under an IHP specified model activity approved by HUD.</p> <p>Moderate income applicants will be funded through program income until exhausted. The Wili Director will make a determination at that time based on need of Tribal Members whether to use IHBG funding for moderate income DPA not to exceed 10%.</p> <p>Families who are at or over 100% of HUD National Median Income Limits are not eligible for Wili Department IHBG programs.</p>
Residence	The Tribal must be living in a rental with his or her name on the lease/rental agreement.
Housing Counseling	Must agree to participate in housing counseling program or class.
Insurance	Must procure renters insurance.
Debt	Must have no outstanding debt to any program or department of the CCBUTI.
Rental Payments	At the time a family initially receives tenant-based assistance for occupancy of a dwelling unit, the family share does not exceed 30 percent of the family's monthly adjusted income.
Types of rent	<p>The following are eligible for rental assistance:</p> <ul style="list-style-type: none"> • Single dwelling home • Multi dwelling home • Space rent (for manufactured home that is owned by Tribal member) • Other that may be approved by Wili Director

SECTION 9: INELIGIBILITY

1. Applicants living with their parents, aunts/uncles, grandparents, siblings, cousins, or other family members are not eligible to receive the rental assistance stipend.
2. Applicants may not own or have any interest in the unit.
3. Applicants who have been previously terminated or evicted from any housing program administered by WILI within the last 5 years, are not eligible to receive assistance.
4. Applicants may not receive rental assistance while receiving the benefit of any other form of housing subsidy for the same dwelling unit.
5. Applicants that commit any serious or repeated violation of the lease.
6. Applicants found to sublease or let the unit or assign the lease or transfer the unit.
7. Damage to the unit or premises (other than normal wear and tear) or permit any guest to damage the unit or premises.

SECTION 10: LANDLORD CRITERIA & STANDARDS

1. The applicant must be accepted by a landlord who has a rental unit available.
2. The landlord MAY NOT be a relative of the applicant.
3. The Wili Department is not a party to the lease and assumes no responsibility in its enforcement.

SECTION 11: FUNDING

The IHBG funds available to an applicant is contingent upon the applicant's income, the amount of funds available to each are specified in the years annual IHP, and the maximum limits set individually for each low/moderate program category of assistance. Completed applications are evaluated to determine the Tribal member's eligibility. Upon approval, the Wili Department will pay the funds to the landlord/owner of the rental unit on or before the 1st day of the following month.

Funds cannot be paid directly to a Tribal member, unless approved by the Wili Director under extenuating circumstances.

SECTION 12: TRIBAL MEMBERS RESPONSIBILITIES

- Any changes to eligibility criteria need to be communicated to the Wili Department as soon as possible and are the responsibility of the Tribal member.
- Failure to immediately report income changes, monthly rent changes, dropping below full time, or other changes in eligibility will require the Tribal member to repay all funding received from the time of the change occurred to when the Wili Department was informed of the change.
- Participants must provide copies of paystubs and all other income sources every SIX MONTHS. It is the responsibility of the participant to do so. Failure of the participant to provide this documentation will result in suspension of and or termination of funding.
- Rent is ultimately the responsibility of the Tribal Member who is expected to pay their portion of the rent on time. The Wili Department does not pay late fees or penalties. Tribal members are expected to pay their portion of the rent on time as well as any fees or penalties incurred.
- Tribal members are expected to adhere to all policies outlined in their housing agreement. All disagreements between the Tribal members and his or her landlord must be resolved between those two parties; the Wili Department cannot intervene on a Tribal members behalf.



WILI DEPARTMENT TRIBAL RENTAL ASSISTANCE PROGRAM

- Tribal members who are evicted for cause will be dropped from the program. Program reinstatement is only considered after the Tribal member shows positive rental history with a new landlord. Tribal members will give the Wili Department a copy of any owner eviction notice or notice of lease termination immediately upon receipt.
- Tribal members will pay all utility bills and the portion of the rent the Tribal member is responsible for paying.
- Any Tribal members found falsifying information will be required to pay back all assistance money paid on their behalf while participating in this program.

SECTION 13: TRIBAL MEMBER RELOCATION

Tribal members who plan to move into a different rental must notify the Wili Department at least 30 days prior to moving to continue receiving assistance. The new rental agreement, landlord forms, and photos of the rental must be evaluated and approved before the following month's rental stipend is mailed to the landlord.

A Tribal member who moves without notifying the Wili Department will lose their rental assistance stipend until all documentation is received and the new unit is approved.

SECTION 14: TERMINATION OF ASSISTANCE BY THE WILI DEPARTMENT

1. The Wili Department may terminate Tribal members assistance for any of the following reasons:
 - a. Any violation of Tribal members obligations.
 - b. Failure of the Tribal member to sign and submit verification documents for re-certification.
 - c. If the Tribal members moves out of the unit.
 - d. If available program funding is insufficient to support continued assistance for the Tribal members.

SECTION 15: DEFAULTS AND REPAYMENTS

If the Participant ceases using the property as their Primary Residence during the Residency Term, the Participant may be subject to Repayment of the assistance funds.

Repayment determinations are made by the Wili Director.

The repayment amount is based on the assistance in the Residency Term. No interest, fees, or other charges are added to the Repayment amount. Repayment terms are set on a case-by-case basis. Grant recipients may repay grant funds in a lump sum, periodic payments, or by garnishment of annual Tribal distribution benefits.





WILI DEPARTMENT PROGRAM PAYBACK AGREEMENT

I, _____, Tribal ID number _____ declare that I am an enrolled member of the Cow Creek Band of Umpqua Tribe of Indians and as of this date I am applying for the following Tribal Program(s):

- ☐ Tribal Housing Program;
- ☐ Student Rental Assistance Program
- ☐ Tribal Rental Assistance/Extended Rental Assistance Program;
- ☐ Emergency Housing Assistance Program;

(Hereinafter referred to as the "Tribal Program").

By signing this document, I agree that if I am found in violation of the of the program policies and procedures that I agree to allow the Wili Department to garnish any outstanding balance from my next due Tribal distribution payable and the total amount of any of my subsequent Tribal distribution(s) until my debt is fully repaid. I understand that I have the option to prepay any amount due on my debt or the entire debt balance at any time before expiration of 90 days without penalty to me. I further waive any right I may have to a hearing on my debt or the garnishment of my Tribal distribution(s), whether current or future.

I further agree that in the event I fail to follow the terms of this Payback Agreement, this Agreement will automatically terminate at 5:00 PM on the fifth (5th) working day that any payment hereunder was due and not paid. At that time, the delinquent balance shall immediately become due and payable in full, plus interest, until my debt is fully repaid to the Tribal Program.

I have signed this agreement as my voluntary act and deed on the date below written.

Tribal Member Signature: _____

Tribal Member Printed Name: _____

Date: _____



FACT SHEET

Cow Creek Band of Umpqua Tribe of Indians are required by Federal regulations to avoid any Conflict of Interest in its housing activities.

A public disclosure is required that states the nature of the assistance to be provided, state the name of the program you are applying for, and the specific basis for which the selection was made (that you were determined eligible). A copy of this disclosure will be submitted to the U.S. Department of Housing and Urban Development (HUD). The public disclosure is made at the time you are selected to receive housing services.

The public disclosure will include the following:

- Your name
- Program you were selected for
- Determination of eligibility

Your file with Wili Department will remain confidential and no other details will be made. Keep in mind that this disclosure will not state your income (or sources), but it will reveal that you are within the applicable income limits for the program for which you were approved.

Wili Department makes these disclosures public by sending them to the appropriate Tribal Communications Team for posting the disclosure on the Tribal Facebook page for ten days. Concurrently, Wili staff will post the disclosure in the common area of their offices or the disclosure will be posted in the CCBUTI office lobby area. The post will be taken down upon completion of the time frame.

For further information, you may request a copy of Wili Department's Conflict of Interest Policy or you can discuss this matter with the program coordinator assigned to the program for which you have been selected.



**APPLICANT DISCLOSURE
CONFLICT OF INTEREST STATEMENT**

APPLICANT NAME: _____

NAME OF Wili PROGRAM APPLYING FOR: _____

APPLICATION DATE: _____

I am applying for the Wili Assistance Program noted above, and I am disclosing that:

- ☐ I am a CCBUTI employee, CCBUTI Housing Review Board member, or Tribal Board of Directors member.
- ☐ I am an immediate family member of a CCBUTI employee, CCBUTI Housing Review Board, or Tribal Board of Directors member.
- ☐ I am a business partner of a CCBUTI employee, CCBUTI Housing Review Board, or Tribal Board of Directors member.

If you are a family member or business partner of a CCBUTI employee, CCBUTI Housing Review Board, or Tribal Board of Directors member, please complete the following:

NAME	RELATIONSHIP

ACKNOWLEDGEMENT

I understand that prior to receiving Wili assistance, a public disclosure of my selection will be made and that a copy of this disclosure will be submitted to the U.S. Department of Housing and Urban Development.

I have been offered a copy of the Conflict-of-Interest Policy.

Applicant Signature: _____

Date: _____

Applicant Name: _____

Date: _____

Applicant Signature: _____

Date: _____

Applicant Name: _____

Date: _____



Wili DEPARTMENT EMPLOYMENT VERIFICATION

The below named applicant has applied for a Tribal program that operates under a state, federal, and/or Tribal housing program that requires verification of income. The information you provide will remain confidential and will only be used to determine the applicant's/tenant's eligibility.

APPLICANT:

Printed Name: _____ SSN (last four digits) _____

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to the program I am applying for and as required by the funding program associated with it.

Signature of Applicant: _____

EMPLOYER:

Company name: _____ Address: _____

Email/Fax: _____ Phone: _____

Employer to please complete the following: (Mark N/A if not applicable)

Employee Name: _____ Job Title: _____

Currently Employed ☐ YES _____ ☐ NO _____
Date of Hire _____ Date employment ended _____

Regular Wages: \$ _____ per ☐ Hour ☐ Week ☐ Bi-Weekly ☐ Semi-Monthly ☐ Month ☐ Year

Average # of Regular Hours/Week: _____ Employee Works Overtime: ☐ Yes ☐ No
Average # of Overtime Hours/Week: _____ Overtime Rate: \$ _____
Average # of Shift Differential Hours/Week: _____ Shift Differential Rate: _____
Average # of Total Hours per Week: _____

Commissions/Bonuses: \$ _____ /Hour/Week/Month/Annual Tips: \$ _____ /Hour/Week/Month
Gross Year-to-Date (YTD) Earnings: \$ _____ Earned From: ____/____/____ to ____/____/____

Work is Seasonal or Sporadic: ☐ Yes ☐ No If yes, indicate lay-off period(s): _____

Employee participates in a 401K/Retirement Account: ☐ Yes ☐ No

I hereby certify, by my signature below, that the information I have supplied is true and correct:

Printed Name of Verifier	Title of Verifier	Signature of Verifier	Date
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When completed mail, fax or email directly to the Wili Department. Thank you!

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make a willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



PURPOSE

The Cow Creek Band of Umpqua Tribe of Indians Wili Department uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

AUTHORIZATION

I, _____ do hereby authorize the release of any and all information regarding my case file as it relates to the eligibility/ application for assistance from the Cow Creek Band of Umpqua Tribe of Indians Wili Department. This authorization includes and is limited to the following:

- Post Office
- Employers
- Utility Companies
- Professional/Personal References
- US Department of Veterans Affairs
- Providers of: Alimony, child care, credit handicapped assistance, medical care, pensions, Tribal benefits such as Education, Member Benefits, Elder Retirement, Social Services.
- Bank and other Financial Institutions
- Federal scholarship providers
- Credit Bureaus
- US Social Security Administration
- Current/Previous Landlords
- Courts & Law Enforcement Agencies
- Educational Institutions State Agencies such as Welfare or Social Services

In addition, my signature allows the Housing Program Manager to release my case file information to the following agency/institution/person:

- Cow Creek Band of Umpqua Tribe of Indians Social Services, Member Benefits, Workforce Development and Education Departments, Tribal Administrator, Tribal Operations Officer
- Other: (please list any other individuals to receive this information you will need to list them here) _____

MY RIGHTS: I understand this authorization is voluntary and that I may revoke this authorization at any time, provided I do so in writing and submit it to address listed below.

I agree that photocopies of this authorization may be used for the purpose stated above.

Printed Name: _____

Applicant Signature: _____



WILI DEPARTMENT
FINANCIAL CLASS ATTENDANCE AGREEMENT

I, _____, hereby understand the Wili Department will be providing Rental Assistance to me for a period of 12 months from the date of acceptance into the program. As a stipulation of this program, I agree to attend a financial fitness or competency class through completion. Once this class is finished, I agree to provide a copy of the certificate to the Housing Office for my file. These classes are offered through UCAN at times. These classes are also offered by the Tribe free of charge to our Tribal Members.

Tribal member name: _____

Tribal member signature: _____

Date: _____

FOR OFFICE USE ONLY

CLASS NAME: _____

FINANCIAL ASSISTANCE GIVEN: _____

DATE ATTENDED CLASSES: _____

CERTIFICATE RECEIVED: ☐ YES ☐ NO



DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND LEAD BASED PAINT HAZARDS

Lead Warning Statement:

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a Federally approved pamphlet in lead poisoning prevention.

Lessor's Disclosure (initial)

_____ (a) Presence of lead-based paint or lead-based paint hazards (check one)

- ☐ Known lead-based paint and/or lead-based paint hazards are present in the housing.
 - o Explain: _____
- ☐ Lessor has no knowledge of lead-based paint and/or lead based paint hazards in the housing

_____ (b) Records and Reports available to the lessor (check one)

- ☐ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing
 - o List Documents: _____
- ☐ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing

_____ (c) Housing built after 1978, Lead based paint not applicable.

Lessee/Agent Acknowledgement

_____ (d) Lessee has received copies of all information listed above

_____ (e) Lessee has received the pamphlet Protect Your Family from Lead in Your Home

_____ (f) Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

Lessee: _____ Date: _____

Lessee: _____ Date: _____

Lessor/Agent: _____ Date: _____





WILI DEPARTMENT LANDLORD AGREEMENT

Name of Owner or Agent of Owner: _____

Address of Owner or Agent: _____

TENANT UNIT ADDRESS: _____

I certify that I am the legal or the legally designated agent for the referenced unit and that the tenant has no ownership in the dwelling unit whatsoever.

I hereby agree to accept responsibility for the obligations listed below as long as I am receiving assistant payments on behalf of the tenant.

1. The owner is responsible for screening the participant for suitability as a renter. The Wili Department does not screen the tenants.
2. The owner is responsible for compliance issues concerning any and all conditions of the lease.
3. The owner must provide the Wili Department with a copy of any changes to the lease during the tenancy of the participant of the program.
4. The owner is responsible for providing the Wili Department with a copy of any eviction or lease termination notice.
5. The owner must notify the Wili Department if any participant vacates a unit.

In accordance with the NATIVE AMERICAN HOUSING ASSISTANCE AND SELF- DETERMINATION ACT of 1996 (Public Law 104-330, October, 1996), the following lease provisions are hereby acknowledged by the participant of housing assistance and the landlord/owner of the assisted unit, and are hereby added to the rental lease.

1. The owner agrees to maintain the rental unit in compliance with local, state, and federal housing quality standards.
2. The owner/manager agrees to provide written notice of termination or eviction to the tenant in writing in accordance with local and state law, and further agrees to provide the tenant the opportunity prior to any trial or hearing to examine any relevant documents, records or regulations directly related to the eviction or termination, if this information is requested.
3. The owner/manager will not terminate the tenancy during the term of the lease except for serious or repeated violations of the lease, violations of state or federal law, or for other good cause;
4. The owner or manager may terminate tenancy for any activity engaged in by the resident, any member of the household, or any guest or any person under the control of the reside that:
 - (a) Threatens the health or safety of, or right to peaceful enjoyment of the premises by, other residents, or employees of the owner or manager of the housing unit;
 - (b) Threatens the health or safety of, or right to peaceful enjoyment of their premises by, persons residing in the immediate vicinity of the premises; or
 - (c) Is criminal activity (including drug related criminal activity) on or off the premises).

Owner or designated Agent

Date

Tenant Signature

Date

