RentWell™
A PROGRAM OF TRANSITION PROJECTS
KNOWLEDGE · RESPONSIBILITY · STABILITY

For use in Oregon

Student Information and Self-Certification Form

Please complete this form. Provide information about yourself and your situation as of TODAY.

Student Contact Information

Student Name (Printed):	Date:
Date of Birth:	Phone Number:
Address:	
City:	State, Zip:
Email:	

Race, Ethnicity, and Origin (Check **all** that apply)

☐ African Refugee	☐ Asian	☐ Black/African American	☐ Latin@/Hispanic
☐ Middle Eastern	☐ Native Hawaiian	☐ Native American/Alaskan Native	☐ Pacific Islander
☐ Slavic/Russian	☐ White/Caucasian	☐ I decline to answer	☐ Other:

Education and Employment

What is the highest level of education you completed?

☐ No Schooling Completed	☐ 9th Grade	☐ High School w/ Diploma
☐ Kindergarten to 4th Grade	☐ 10th Grade	☐ GED
☐ 5th or 6th Grade	☐ 11th Grade	☐ Post-Secondary School
☐ 7th or 8th Grade	☐ 12th Grade/No Diploma	☐ I decline to answer

Employment Status: ☐ Part-time ☐ Full-time ☐ Unemployed ☐ Currently attending school

Length of Employment Status: ☐ 0 - 5mons ☐ 6mons - 1yr ☐ 1yr – 2yrs ☐ 2yrs+

Household Information

How many **adults** are in your household (including yourself)? _____

Are you the head of your household? _____

What are the genders of each adult in your household, starting with yourself? _____

What are the ages of each adult in your household, starting with yourself? _____

How many veterans are in your household? _____

How many people in your household are **under the age of 18?** _____

What are the genders of each child in your household? _____

What are the ages of each child in your household? _____

Health and Wellbeing

Do you have any current or past substance use? ☐ Drug use ☐ Alcohol use ☐ None

Do you have any of the following health conditions? ☐ Mental Health Issues ☐ Physical Disability ☐ Developmental Disability ☐ HIV/AIDS ☐ Yes, but I decline to disclose details. ☐ No, None

Do you have health insurance? ☐ No ☐ Yes, Provider:

History

Have you ever been in a domestic violence situation?	☐ Yes	☐ No
Are you currently fleeing a domestic violence situation?	☐ Yes	☐ No
Are you on probation or parole?	☐ Yes	☐ No
If you are currently homeless, have you been homeless for 12 or more months?	☐ Yes	☐ No
Have you been homeless off and on for 4 or more times in the last 3 years?	☐ Yes	☐ No

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Student Name:

Current Housing Status

Review the following statements. Check if any of the statements fit your current situation.

I currently sleep in a public or private place not meant for human habitation, such as:
☐ a car/on the streets ☐ park/abandoned building ☐ bus/train station/airport ☐ campground

I live in a ☐ shelter or ☐ hotel/motel with a voucher

☐ I am about to leave an institution where I have lived for less than 90 days.
Before staying here, I lived in a shelter/place not meant for human habitation.

Where do you live currently if none of the above statements fit your situation? (Check **one** box)

☐ Rental Housing	☐ Jail/prison	☐ Living with family or friends
☐ Own my home	☐ Motel without a voucher	☐ Substance abuse treatment facility
☐ Transitional Housing	☐ Other (please specify):	

How long have you lived where you are currently living? (Check **one** box)

☐ 1 night or less	☐ 2 to 6 nights	☐ 1 week or more but less than 1 month
☐ 1 to 2 months	☐ 3 months to 11 months	☐ 12 months or longer

Housing Barriers

You hereby certify that you have experienced the following barrier(s) to housing:

I am under the age of 25 and have no prior rental history.	☐ Yes	☐ No
I have a large gap in my rental history.	☐ Yes	☐ No
I owe a previous landlord money.	☐ Yes	☐ No
I have bad landlord references.	☐ Yes	☐ No
I believe I have been denied housing due to my race, ethnicity, or spoken language.	☐ Yes	☐ No
I believe I have been denied housing due to my gender identity or sexual orientation.	☐ Yes	☐ No
I am between 16 and 27 and have been under the juvenile court's jurisdiction within the past 10 years.	☐ Yes	☐ No
I have an eviction on my record	☐ Yes	☐ No
I have a criminal history that makes finding a place to live hard	☐ Yes	☐ No
I have no/low/poor/bad credit.	☐ Yes	☐ No
Are you paying more than 1/3 of your monthly income towards rent/mortgage?	☐ Yes	☐ No
Are you being asked to leave your current residence and lack the resources to obtain other long-term housing?	☐ Yes	☐ No
Will you have Section 8 or rental assistance when you look for your new place?	☐ Yes	☐ No
Are you on any Housing Authority waitlist(s)?	☐ Yes	☐ No

Income

Do you receive any of the following?. Please check all that apply.

Source of Income	Monthly Amount:	Source of Income	Monthly Amount:
☐ Earned Income/ Wages	$	☐ Pension	$
☐ TANF/AFDC	$	☐ Worker's Comp.	$
☐ Child Support	$	☐ WIC benefits	$
☐ Unemployment	$	☐ SNAP/Food Stamps	$
☐ SSI/SSDI	$	☐ Non-cash benefits	$
☐ Other:	$	☐ Other:	$

I hereby certify that I receive ZERO income/money from any source, including, but not limited to, income from wages, public assistance, social security, pensions, benefits, child support, alimony, self-employment or regular gifts. ☐ Yes ☐ No

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RENT WELL PROGRAM AND RENT GUARANTEE PROGRAM RELEASE OF INFORMATION FORM

I, _____ *(student's printed name)*, understand that while I may complete all the guidelines to graduate from the Rent Well tenant education course provided by _____ *(the agency that I am currently working with)* that there are additional requirements to access the landlord incentive fund beyond just my attendance and completion of the Rent Well course. To be eligible for the Rent Guarantee Program (RGP), I need to certify that my monthly income amount is at or less than 60% area median income as defined by www.oregon.gov/ohcs/pages/research-income-rent-limits.aspx, and that I have barriers to obtaining permanent housing as identified on my student information form. I am providing my instructor, case manager, or/and their agency permission to provide the Rent Well, a program of Transition Projects, documentation of my eligibility for the Rent Guarantee Program (RGP). This verification includes, but is not limited to, a copy of a background report, debt collection letters, civil reports, police records, rental ledger, credit report, reference letters, case management notes, and/or copy of housing portfolio/ cover letter.

I understand this release is needed for the Rent Well Program to successfully register Landlord Incentive Funds, such as the Rent Guarantee Program, on my behalf. I give permission to review and verify my eligibility for the Rent Guarantee Program (RGP) with Oregon Housing and Community Services, the agency that oversees the RGP funding source, as well as with future landlords whom I wish to use my Rent Well certificate with for up to 18 months after my graduation date.

Once the certificate and Rent Guarantee Program are registered with my future landlord, I give the Rent Well permission to speak to my landlord for up to 13 months beyond the move-in date of my new tenancy. This communication will be regarding whether there is a need to use the RGP funding on my behalf if I move out in the first year of the tenancy and leave any unpaid rent, damages, or legal costs.

If this is not signed and access to the needed documents is denied, then the Landlord Incentive Fund cannot be registered, and I understand that I will be responsible for any and all debts related to my tenancy. I am giving consent voluntarily and understand that I may, at any time, revoke it in writing to the entity giving or receiving the information; however, such revocation will not apply to any information that has already been released. I have the right to see the information provided under this release at any time.

My authorization releases the Rent Well Program, Transition Projects, Oregon Housing and Community Services, and my landlord/property manager from any and all liability for damages arising from inquiring about, obtaining, providing, and/or taking action based on information covered by this release.

By entering or signing my name below I certify, on this date, that the information that I have entered and attached to this form is true and correct to the best of my knowledge. I understand that providing false representations constitutes an act of fraud. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the United States or to any matter within its jurisdiction. Falsifying, concealing or covering up by any trick, scheme or device of a material or making any false fictitious or fraudulent statements or representations are subject to a maximum fine of $10,000 or imprisonment for not more than 5 years or both and may require the repayment of any or all funds received through the Rent Guarantee Program, liabilities and penalties under the U.S. Code or Oregon False Claims Act (ORS 180.750 to 180.785), and other remedies available under law.

I certify that I have read this release, or it has been read to me, and I understand its content. I understand that I have a right to receive a copy of this release.

_____ _____

Signature of Rent Well student/graduate | Date

My signature(s) allow(s) a photocopy or electronic submission of this authorization to be as valid as the original.

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FOR INSTRUCTORS TO REVIEW AND COMPLETE FOR GRADUATES ONLY

Use this form as guidance throughout the class and review it before the end of the course to ensure that all items per graduate are accounted for.

Graduate's Name: _____

As an instructor, I verify that I have received and reviewed the following documents for this graduate.

☐ **The Student Information and Self-Certification Form (*this document)**
I reviewed the information with the student before they graduated to verify any missing information.

☐ **The Pacific Screening Release of Information**
I received a signed release from my student and pulled their background for them. The Pacific Screening Release of Information needs to be completed and submitted to Pacific Screening to pull a report, but **please do not submit a copy to the Rent Well Program.** It is listed above as a reminder for you.

☐ **Upon final review, I, the instructor, verify that this student has graduated from the Rent Well course and has been issued a Rent Well Certificate. The Certificate ID number is:** _____

This should match the Graduation Certificate. Instructor's Initials - Grad Date (MMDDYY) - Personalized Number (3 digits), ex. CK-010120-001

My signature below hereby certifies that this student has completed the Rent Well course, met all graduation requirements, and was issued a certificate. I have attached all the needed information.

Instructor Signature(s)	Date