



Shangri-La
Enriching Lives Together

Thank you for your interest in enrolling in the
Rent Well Program at Shangri-La.

Which class series are you available to attend?
Check all that apply. Courses are limited to 12 attendees.

2024 Course Schedule

OCTOBER 2024

Classes on: October 7, October 14, October 21, October 28
9:45 a.m. - 2:00 p.m. each day

NOVEMBER 2024

Classes on: November 4, November 11, November 18, November 25
9:45 a.m. - 2:00 p.m. each day

DECEMBER 2024

Classes on: December 2, December 9, December 16, December 23
9:45 a.m. - 2:00 p.m. each day

Once this form is complete, please return it by email or mail* to:

Dominique Schoessler

Email: dominique.schoessler@shangrila-or.org

Mailing Address: Shangri-La, Attn: Rent Well Program,
4080 Reed Road SE, #150, Salem, Oregon 97302



*allow for long processing time for mailed forms



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)			
<input type="checkbox"/> African Refugee	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Latin@/Hispanic
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Slavic/Russian	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> I decline to answer	<input type="checkbox"/> Other:

Education and Employment			
What is the highest level of education you completed?			
<input type="checkbox"/> No Schooling Completed	<input type="checkbox"/> 9 th Grade	<input type="checkbox"/> High School w/ Diploma	
<input type="checkbox"/> Kindergarten to 4 th Grade	<input type="checkbox"/> 10 th Grade	<input type="checkbox"/> GED	
<input type="checkbox"/> 5 th or 6 th Grade	<input type="checkbox"/> 11 th Grade	<input type="checkbox"/> Post-Secondary School	
<input type="checkbox"/> 7 th or 8 th Grade	<input type="checkbox"/> 12 th Grade/No Diploma	<input type="checkbox"/> I decline to answer	
Employment Status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Currently attending school			
Length of Employment Status: <input type="checkbox"/> 0 - 5mons <input type="checkbox"/> 6mons - 1yr <input type="checkbox"/> 1yr – 2yrs <input type="checkbox"/> 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? <input type="checkbox"/> Drug use <input type="checkbox"/> Alcohol use <input type="checkbox"/> None
Do you have any of the following health conditions? <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental Disability <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Yes, but I decline to disclose details. <input type="checkbox"/> No, None
Do you have health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes, Provider:

History		
Have you ever been in a domestic violence situation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently fleeing a domestic violence situation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you on probation or parole?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are currently homeless, have you been homeless for 12 or more months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been homeless off and on for 4 or more times in the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Continued on the backside →

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:		
<input type="checkbox"/> a car/on the streets <input type="checkbox"/> park/abandoned building <input type="checkbox"/> bus/train station/airport <input type="checkbox"/> campground		
I live in a <input type="checkbox"/> shelter or <input type="checkbox"/> hotel/motel with a voucher		
<input type="checkbox"/> 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)		
<input type="checkbox"/> Rental Housing	<input type="checkbox"/> Jail/prison	<input type="checkbox"/> Living with family or friends
<input type="checkbox"/> Own my home	<input type="checkbox"/> Motel without a voucher	<input type="checkbox"/> Substance abuse treatment facility
<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Other (please specify): _____	
How long have you lived where you are currently living? (Check one box)		
<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 2 to 6 nights	<input type="checkbox"/> 1 week or more but less than 1 month
<input type="checkbox"/> 1 to 2 months	<input type="checkbox"/> 3 months to 11 months	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a large gap in my rental history.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I owe a previous landlord money.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have bad landlord references.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I believe I have been denied housing due to my race, ethnicity, or spoken language.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I believe I have been denied housing due to my gender identity or sexual orientation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am between 16 and 27 and have been under the juvenile court's jurisdiction within the past 10 years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have an eviction on my record	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a criminal history that makes finding a place to live hard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have no/low/poor/bad credit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you paying more than 1/3 of your monthly income towards rent/mortgage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you being asked to leave your current residence and lack the resources to obtain other long-term housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you have Section 8 or rental assistance when you look for your new place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you on any Housing Authority waitlist(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Income			
Do you receive any of the following?. Please check all that apply.			
Source of Income	Monthly Amount:	Source of Income	Monthly Amount:
<input type="checkbox"/> Earned Income/ Wages	\$ _____	<input type="checkbox"/> Pension	\$ _____
<input type="checkbox"/> TANF/AFDC	\$ _____	<input type="checkbox"/> Worker's Comp.	\$ _____
<input type="checkbox"/> Child Support	\$ _____	<input type="checkbox"/> WIC benefits	\$ _____
<input type="checkbox"/> Unemployment	\$ _____	<input type="checkbox"/> SNAP/Food Stamps	\$ _____
<input type="checkbox"/> SSI/SSDI	\$ _____	<input type="checkbox"/> Non-cash benefits	\$ _____
<input type="checkbox"/> Other:	\$ _____	<input type="checkbox"/> 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.			
			<input type="checkbox"/> Yes <input type="checkbox"/> No



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

Date



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
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