

Resident Refusal Form Letter - Elderly

THIS FORM IS NOT TO BE USED AT MOVE-IN. VERIFICATION OF INCOME MUST BE OBTAINED PRIOR TO MOVE-IN OR THE APPLICANT MUST BE REFUSED OCCUPANCY

ANNUAL REFUSAL

Project: _____ Unit # _____

Date: _____

Tenant Name: _____

Oregon Housing and Community Services
725 Summer Street Suite B
Salem, Oregon 97301-1266

To Whom It May Concern:

The Administrator or designee at (Project Name) _____ has explained to me the Oregon Housing and Community Services Departments requirements for each resident to provided documentation and verification of income and assets every year; however, I refuse to supply this information on behalf of myself or _____ to assist in the compliance certification process.
(Tenant Name)

Tenant Signature

Date

Responsible Party Signature "Power of Attorney"

Date

Administrator

I have attempted to obtain income information/verification for the above named resident. The resident or "Power of Attorney" has refused to comply. I understand this resident will now be considered in the 20% over-income waivers allowed for the project.

Administrator

Date