



MULTIFAMILY NW
The Association Promoting Quality Rental Housing

CITY OF PORTLAND, OREGON
OWNER/AGENT NOTICE OF DENIAL
(NOT APPLICABLE TO DENIAL UNDER LOW BARRIER CRITERIA)



DATE _____ PROPERTY NAME / NUMBER _____
 SAMPLE APPLICANT NAME(S) SAMPLE
 STREET ADDRESS SAMPLE CITY SAMPLE STATE SAMPLE ZIP SAMPLE

SAMPLE Supplemental Evidence was provided. Owner/Agent received the following Supplemental Evidence:
 SAMPLE

Owner/Agent has considered the nature and severity of the incidents leading to a denial, the number and type of incidents, the time elapsed since the date incidents occurred, and the age of the individual at the time the incidents occurred.

The basis for denial is as follows:

SAMPLE

Explanation of reasons that the Supplemental Evidence provided did not adequately compensate for the factors that informed Owner/Agent's decision to reject the application:

SAMPLE

SAMPLE Your credit score: SAMPLE Date: SAMPLE. You received a credit score of SAMPLE and a credit score of SAMPLE is required to qualify.

An appeal may be submitted to SAMPLE if you believe a record is incomplete, inaccurate or irrelevant, mitigating circumstances exist, or a reasonable accommodation for disability is needed.

We believe this does not violate the Fair Housing Act, the FAIR Ordinance, or any other applicable federal, state or local laws.

OWNER/AGENT SAMPLE SAMPLE

ADDRESS SAMPLE

SAMPLE

TELEPHONE _____

EMAIL _____

ON SITE RESIDENT MAIN OFFICE (IF REQUIRED)