

RENT ASSISTANCE DEPARTMENT November 15, 2006

Deborah Olson 2356 SE 139th # 1 Portland, OR 97233

Re: Rent Change Notification

Dear Mr/s. Oison:

This letter is to notify you of a change in the amount of assistance the Housing Authority will be paying on your behalf. This change will be effective **01/01/2007**.

The following is a breakdown of the new amounts:

Tenant Portion of the rent: \$ 0.00
Housing Assistance Payment: \$ 564.00

Total Rent to Landlord: \$ 564.00

Your portion of the rent is based on your total household income, minus any deductions that you are eligible for. If your portion of the rent has gone up, it is due to one of the following factors: your income has increased, your landlord has raised the rent, you have had a change in family size, or your deductions (such as child care or medical expenses) are lower. If this change is effective within 2 weeks of the date of this notice and has been done at your request, please be advised that any increase in HAP's portion may take up to five weeks to process for payment. You are responsible for paying any additional amount due to the landlord until a supplemental payment can be made by HAP.

Authorized Household Members: (No one else may live with you without written approval by the owner and HAP)

Deborah Olson

You may ask for an explanation of how your housing assistance was calculated by contacting your Housing & Community Specialist. If you believe that your housing assistance has been calculated incorrectly, you may request an informal hearing. To do so, please submit your request in writing to:

Informal Hearing, HAP Section 8 Office, 135 SW Ash St., Portland, OR 97204.

Sincerely

Sherry Saechao Housing & Community Specialist

CC. Connie Chao 11124 NE Halsey St #647 Portland, OR 97220

HOUSING AUTHORITY
OF PORTLAND

135 S.W. Ash Street Portland, OR 97204

Tel 503.802.8333 Fax 503.802.8589 TTY 503.802.8554

www.hapdx.org





RENT ASSISTANCE DEPARTMENT April 22, 2010

Deborah Olson 2356 SE 139th Ave Apt #1 Portland, OR 97233

Re: Rent Change Notification

Dear Mr/s. Olson:

This letter is to notify you of a change in the amount of assistance the Housing Authority will be paying on your behalf. This change will be effective **06/01/2010**.

The following is a breakdown of the new amounts:

Tenant Portion of the rent:

\$ 122.00

Housing Assistance Payment:

\$ 528.00

Total Rent to Landlord:

\$ 650.00

Your portion of the rent is based on your total household income, minus any deductions that you are eligible for. If your portion of the rent has gone up, it is due to one of the following factors: your income has increased, your landlord has raised the rent, you have had a change in family size, or your deductions (such as child care or medical expenses) are lower. If this change is effective within 2 weeks of the date of this notice and has been done at your request, please be advised that any increase in HAP's portion may take up to five weeks to process for payment. You are responsible for paying any additional amount due to the landlord until a supplemental payment can be made by HAP.

Authorized Household Members: (No one else may live with you without written approval by the owner and HAP)

Deborah Olson

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You may ask for an explanation of how your housing assistance was calculated by contacting your Housing Case Manager at 503-802-8356. If you believe that your housing assistance has been calculated incorrectly, you may request an informal hearing. To do so, please submit your request in writing to:

Informal Hearing, HAP Section 8 Office, 135 SW Ash St., Portland, OR 97204.

Sincerely,

Shannon Julian Housing & Community Specialist

CC. Connie Chao 9459 SE Tarnahan Dr Portland, OR 97086

135 SW Ash Street Portland, OR 97204

HOUSING AUTHORITY

OF PORTLAND

Tel 503.802.8333 Fax 503.802.8589 TTY 503.802.8554

www.hapdx.org



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INSPECT DATE: 8/23		Pass 🔳 Fail	REINSPECTION DATE: 9/18/14					
OWNER/	AGENT: Co	nnie Chao	INSPECTOR: N. Basua					
	SE Tarnal		UNIT ADDRESS: 2356 SE 139th					
Нарру	Valley, C	DR 97086	#1					
TYPE OF	INSPECTIO	N; Annual	Quality Control Complaint					
THE REF regulation contact th	PAIRS LISTE requires all ne Inspection	ED BELOW ARE NOT COMPLET re-inspections be done 30 days or Team prior to the reinspection of	OUSING ASSISTANCE PAYMENT CONTRACT, IF ALL FED BY THE ABOVE REINSPECTION DATE. Federal sooner from the time of the first fail. There is no need to late unless you have questions. Please call (503) 802-ny questions or concerns you may have.					
For HAP HQS Form Code	Use Only Reinsp Pass Date		FAILED ITEMS EQUIRED REPAIR(S) (FAIL ITEMS)					
3.4		Bathroom door is off.						
3.8		Bathroom flooring is very	soft around the toilet and transition strip is missing.					
3.12		Caulk the base of the t	ub/shower					
8.12		Hallway smoke alarm isn't testing. check battery's if still not working						
		replace alarm.						
			4 of Hort					
	ĕ	•	sed items that need attention in the near future.) FAIL ITEMS (IF ANY)					
			m smoke alarm needs a battery.					
Continue tenant.	ed damages Landlords a	, beyond normal wear and tea and tenants should discuss an	r, can result in program termination for a participant y tenant-caused damages to assure that all repairs ent on or before the above reinspection date.					
nt <u>addre</u> oorah Ol			If this repair list includes any of the following items, please refer to the enclosed instructions: Water Heater, Height Protection/Steps/Railings, Smoke Alarm Placement, Window Sizes/Dimensions, or Plumbing "P" Traps. If this repair list includes treating the unit for Peeling Paint, it MUST be treated in accordance with the enclosed treatment methods.					
6 SE 13	9th #1							
tland, OI	R 97233							



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hope. access. potential.

October 21, 2014

Please Read Carefully

Connie Chao 9459 SE Tarnahan Dr. Happy Valley, OR 97086

RE: Deborah Olson-2356 SE 139th #1

Dear Landlord:

The above rental property has not met the Housing Quality Standards (HQS) on four separate occasions—8/27/14, 9/18/14, 10/02/14 and 10/16/14. A copy of the needed repairs is enclosed.

Per the HUD Housing Assistance Payment Contract, Paragraphs 3c and 3d, as of 11/1/2014 all Housing Assistance payments will be abated until repairs are completed and the unit passes HQS inspection. You will not be eligible for any Housing Assistance payments from the Housing Authority of Portland during this time and the tenant is not responsible for this abated amount.

The repairs <u>must</u> be completed by 11/04/2014 or the Housing Assistance Contract will terminate on 12/31/2014 due to a program violation and the Housing Authority of Portland <u>will not</u> re-inspect. This letter is your official notice. The tenant will have the right to be re-certified and transfer to a new unit.

If the repairs are completed on or before the above date, the tenant and/or you will need to call Inspections (503) 802-8333, Option 5, to schedule a final inspection. The tenant must assure that an adult (someone age 18 or older) is present in the unit on the scheduled day of the final inspection.

Thank you for your immediate attention to this matter.

Sincerely,

Nicholas Basua Rent Assistance Inspector

CC:

Tenant

File

Enclosure





hope. access, potential.

December 18, 2014

Deborah Olson 1003 NW Shattuck Way #217 Gresham, OR 97030

Re: Rent Change Notification

Dear Mr/s. Olson:

This letter is to notify you of a change in the amount of assistance Home Forward will be paying on your behalf. Your portion of the rent is based upon your gross household income under the rent reform initiative This change will be effective **01/01/2015**. The following is a breakdown of the new amounts:

Tenant Portion of the rent:

333.00

Housing Assistance Payment Home Forward will make to your landlord:

492.00

Total Rent to Landlord:

\$ 825.00

Authorized Household Members: (No one else may live with you without written approval by the owner and Flome Forward)

Deborah Olson

If you are experiencing an ongoing hardship, you may qualify for a temporary rent reduction. To make this request, please contact your Rent Assistance Services Coordinator for a hardship request form.

You may ask for an explanation of how your housing assistance was calculated by contacting your Rent Assistance Services Coordinator at (503) 802-8356 or Shannon.Jullian@homeforward.org. If you believe that your housing assistance has been calculated incorrectly, you may request an informal hearing. To do so, please submit your request in writing to your Rent Assistance Services Coordinator within fourteen (14) days of the receipt of this letter and mail it to: **Home Forward, 135 SW Ash Street Portland, OR 97204**

Sincerely, Shannon Julian · Rent Assistance Services Coordinator

CC. Gresham Station Apartments LP c/o Gresham Station Apts 1003 NW Shattuck Way Gresham, OR 97030



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OFFER TO RENEW

					DATE	10/22/2015
RESIDENT NAME(S) &	ADDRESS					
Deborah A. Olson						
	*					
1003 NW Shattuc	k Way, apt. 217					
Gresham, OR 970	030					
PROPERTY NAMEG	resham Station Apartments			UNIT NU	JMBER	217
Dogu Booidaat(a)						
Dear Resident(s)						
Deborah A. Olson						
	at your are enjoying your stay at					we certainly
have appreciated your	continued patronage and look forwa	ard to serving you	r housing nee	ds in the future.		
	ry effort to control costs while striv use of this, beginning12/1/2					
	Apartment Rent Increase from	825.00	to	860.00		
	Garage Rent Increase from		to			
	Washer/Dryer Increase from	4 ()	to			
	Cable Increase from	****	to			
	Other Increase from		to			
	TOTAL Monthly Increase from	825.00	to	860.00)	
If you are on a lease:	(4)					
	lease is either approaching or is pa e you to freeze your rent at the abo					
If you choose to stay of total monthly rent to \$	on a month-to-month basis, there w 887.00	ill be an additions	al monthly cha	rge of	62.00	which will bring your
Please feel free to call	for an appointment if you have any	questions regard	ing these cha	ges. I look forw	ard to mee	eting with you.
Sincerely,						100 Pa
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GSL Properties, Inc.			1	83		E NOW Page 368