

**RESOLUTION NO. 2617**

**A RESOLUTION GRANTING AN EXEMPTION FROM PROPERTY TAXES UNDER ORS 307.540 TO ORS 307.548 FOR CREEKSIDE WOODS LP, A LOW-INCOME APARTMENT DEVELOPMENT OWNED AND OPERATED BY NORTHWEST HOUSING ALTERNATIVES, INC.**

WHEREAS, maintaining Wilsonville's existing affordable housing supply is necessary for its continued health and growth; and

WHEREAS, Northwest Housing Alternatives (NHA), a not-for-profit organization, constructed the Creekside Woods LP, an affordable housing development located at 8725 SW Wilsonville Road, Wilsonville OR; and

WHEREAS, the Creekside Woods LP includes 84 residential units, for people with very low income; and

WHEREAS, NHA is currently seeking to preserve Creekside Woods LP as affordable housing; and

WHEREAS, a property tax exemption is essential to Creekside Woods LP's continuation as affordable housing; and

WHEREAS, ORS 307.540 to 307.548 authorizes property tax exemptions for affordable housing owned by not-for-profit corporations and occupied by low-income persons; and

WHEREAS, the City of Wilsonville wishes to adopt and/or ratify the policy set forth in those sections; and

WHEREAS, NHA has requested a property tax exemption for its Creekside Woods LP development, pursuant to ORS 307.543(2); and

WHEREAS, the property was formally owned by the City of Wilsonville and West Linn-Wilsonville School District property tax levies jointly comprise more than 51% of the total combined rate of taxation on Creekside Woods, LP; and

WHEREAS, NHA has received an exempt status from the West Linn-Wilsonville School District for the Creekside Woods LP for property taxation arising under its jurisdiction unless and until terminated pursuant to ORS 307.548;

NOW, THEREFORE, THE CITY OF WILSONVILLE RESOLVES AS FOLLOWS:

- Section 1: The City of Wilsonville adopts the provisions of ORS 307.540 to 307.548.
- Section 2: NHA and its affordable housing development, Creekside Woods LP, qualify for a property tax exemption pursuant to ORS 307.540 to 307.548.
- Section 3: The Finance Director is directed to request the Clackamas County Assessor to exempt Autumn Park Apartments from taxation by all taxing jurisdictions pursuant to ORS 307.543(2), commencing on the first day of the tax assessment year beginning July 1, 2017.
- Section 4: This Resolution shall take effect upon the occurrence of the following:
- a) Submission, to the City of Wilsonville’s City Manager, of an application conforming to the requirements of ORS 307.545 requesting a property tax exemption for Autumn Park Apartments.
- Section 5: This Resolution is to remain in effect unless and until termination occurs pursuant to ORS 307.548.
- Section 6: This resolution is effective upon adoption.

ADOPTED by the Wilsonville City Council at a regular meeting thereof this 20th day of March 2017 and filed with the Wilsonville City Recorder this date.

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Tim Knapp, Mayor

ATTEST:

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Sandra C. King, MMC, City Recorder

SUMMARY OF VOTES:

Mayor Knapp - Yes  
Council President Starr - Yes  
Councilor Stevens – Yes  
Councilor Lehan -Yes  
Councilor Akervall –Yes

APPLICATION

PROPERTY TAX EXEMPTION FOR LOW-INCOME HOUSING HELD BY CHARITABLE, NONPROFIT ORGANIZATIONS

(For Office Use Only)

City of Wilsonville, Oregon

Date Received: 2/24/17

\$250 Application Fee

\$50 Renewal Fee

Receipt No.

Charleston ✓ # 1350
Creekside ✓ # 1351
Autumn Park ✓ # 1349

CONTENTS

Table with 3 columns: Section, Description, Page. Includes Section A (Application Information), B (Property to be considered for exemption), C (Leasehold Interest in Eligible Property), D (Description of Charitable Purpose/Project Benefit), and E (Declarations).

Section A – Applicant Information

Corporate Name: Northwest Housing Alternatives

Address: 2316 SE Willard St., Milwaukie OR 97222

Telephone: (503) 654-1007

Business

Residence (Optional)

Email Address: grau@nwhousing.org

Chief Executive Officer: Martha McLennan

Contact Person: Ray Hackworth Telephone: (503) 654-1007 x101

**Section B – Property to be Considered for Exemption**

(Sections B, C, and D must be filled out for each building for which you are requesting a tax exemption)

Organization: Creekside Woods Limited Partnership

Property Address: 7825 SW Wilsonville Rd., Wilsonville, OR 97070

Assessor’s Property Tax Account Number(s): 05022666

(Be sure to identify all account numbers for both land and improvements on the property for which you are requesting tax exemption, in some cases, land and improvements may have separate property tax account numbers.)

Total number of residential units in the building: 84

Number of residential units occupied by very low-income people: 84

Total square feet in building: 73,042

Total square feet used to house very low-income people<sup>6</sup> 73,042

**Section C – Leasehold Interest in Eligible Property**

Do you own the property in question?  Yes  No

If you answered “no” to the above question, do you have leasehold interest in the property?  
 Yes  No

If yes, please include a statement describing how, as the nonprofit organization, you are obligated under the terms of the lease to pay the ad valorem taxes on this property or other contractual arrangement such that the property tax exemption benefits accrue to the nonprofit agency and the residential tenants served rather than the owner or corporation from whom you lease.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>6</sup> This includes halls, baths, dining, and other space dedicated to residential use. Retail uses and other accessory uses not related to residential use are not to be counted.

**Section D – Description Of Charitable Purpose/Project Benefit (Use for multiple projects if same conditions apply)**

Will the cost savings resulting from the proposed tax exemption enable you to do the following?

1. Reduce the rents that your very low-income residential tenants pay on the property in question?  Yes  No If so, by approximately how much? \$48/unit/month
2. Provide grater services to your very log income residential tenants?  Yes  No.
3. If yes, in what way(s)? All cost savings are passed directly through to the tenants in the form of reduced rents.
4. Provide any other benefit to your very low-income residential tenants?  Yes  No.  
If yes, please explain: \_\_\_\_\_

If you lease the property identified in this application, to what extent does your lease agreement coincide with the timeframe of the qualifying tax year? Please Explain:

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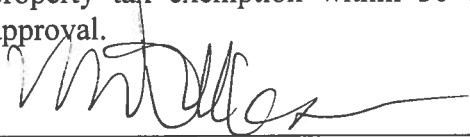
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**Section E- Declarations**

Please read carefully and sign below before a notary.


1. I have attached to this application the IRS declaration of the status of application as a tax exempt corporation under 26 U.S.C. Section 501(c)(3) or (4).
2. I am aware that the income qualifying tenants must meet the income guidelines in accordance with 42 U.S.C. Section 1437 (a)(b)(2) as amended. See Attachment A, Income Eligibility Schedule). Tenant incomes do not exceed these limitations, as I verily believe.
3. I am aware of all requirements for tax exemption imposed by ORS 307.540-307.545 (Chapter 660 Oregon Laws 1985, as amended by Chapter 756 Oregon Laws 1987) and implemented by Resolution No. 1854 of the City of Wilsonville.
4. The above-described properties qualify or will qualify upon completion of any rehabilitation improvements and subsequent occupancy by very low-income residents for property tax exemption within 30 days of the April 1st application or the date of approval.

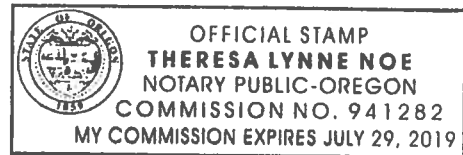
By:   
 Agency Chief Executive Officer (Signature)

Martha McLennan  
 Agency Chief Executive officer (Print or typed)

For: Northwest Housing Alternatives  
 Corporate Name (Print or type)

Subscribed and sworn to before me this 20 day of February, 2017.

  
 Notary Public For Oregon  
 My Commission Expires: 7/29/2019



Internal Revenue Service  
District Director  
P O BOX 486  
LOS ANGELES, CA 900530486

Department of the Treasury

AUG 24 1988

Date:

NORTHWEST HOUSING ALTERNATIVES INC  
2316 SOUTH EAST WILLARD STREET  
MILWAUKIE, OR 97222

Employer Identification Number:  
93-0814473  
Case Number:  
958131104  
Contact Person:  
TERRY IZUMI  
Contact Telephone Number:  
(213) 894-4170

Our Letter Dated:  
Dec.17, 1985  
Caveat Applies:  
no

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi). Your exempt status under section 501(c)(3) of the code is still in effect.

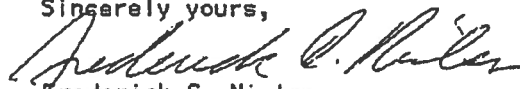
Grantors and contributors may rely on this determination until the Internal Revenue Service publishes a notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

  
Frederick C. Nielsen  
District Director

Letter 1050(CG)

## NOAH Property Inspection Report

Inspection Date: April 8, 2016  
Physical Occupancy as of the date of the inspection: April 8, 2016  
Property Name: Creekside Woods  
Property Address: 7825 SW Wilsonville Rd, Wilsonville, OR 97070  
Property Management Company: IMP  
Sponsor: NW Housing Alternatives  
Sponsor Contact: Liz Hutchinson

Loan Balance: \$1,337,253 As of: 12/22/16 Risk Rating: 1

Overall Condition on Date of Inspection:

Superior  Above Average  Satisfactory  Below Average  Unsatisfactory

Deferred Maintenance:  Yes  No

Comments:

Some of the window mechanics and siding is failing, but these are within warranty and are being addressed.

Summary Inspection Comments:

The property looks so good that many of the minor flaws stand out like some small cracks and water staining on the end rafters. The tenants keep good care of their units. There was only one instance of flammable materials near the heater. The landscaping is good but there are a few weeds here and there that could be easily taken care of. NHA is currently in a nation-wide lawsuit with the siding manufacturer and the siding is slowly being replaced. Some of the window mechanics are failing. They are under warranty and are being replaced as needed. The fire alarms have been tested and the building system is current. The sprinkler system will be tested next week, making it not current, but since it's scheduled, it is good. In the electrical room there were some metal chairs within 2 feet of the main electrical box. Since these were not flammable, I did not include this in the report.

Frequency Indicated:  Every three years ( $\leq$ \$500,000)  
 Every two years ( $\geq$ \$500,000 and  $\leq$ \$1,000,000)  
 Annual ( $\geq$ \$1,000,000)

### Property Condition Summary and Follow-up (For FICS Entry)

Date of Inspection: April 7, 2016

Date Next Inspection Due:

Follow-up Needed from Owner/Management:  Yes  No

Immediate Action:  Yes  No

General Inspection Findings:  Yes  No



Exterior Condition of Property	Acceptable Condition	Comments
Roofing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	The end caps have staining.
Siding	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Some of the panels are cracking. There is a national lawsuit in progress with the manufacturer and the siding is slowly being replaced on the property. The natural wood is showing stains just under the window vents.
Gutters and downspouts	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Secure and no splash back since they are pulled away from the building.
Exterior Doors	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Foundation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Foundation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No cracks
Sidewalks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pavement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Light Standards	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mail Boxes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Property Sign	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Landscaping	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Windows	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Some of the window mechanics are failing. These are within the warranty period and are being replaced over the years.
Play Areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Fencing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Garbage Areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:		

**Exterior Condition of Property : Overall Rating**

Superior  Above Average  Satisfactory  Below Average  Unsatisfactory

Common Area Condition	Area: community room	Area: mechanical room	Area: electrical room	Area: offices
Functioning Smoke Detectors:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Walls and Ceilings free of water stains and/or mold and mildew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Flooring free of spongy/soft spots, excessive wear and tear, or tripping hazards:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Window sills are free of condensation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit is free of potential fire hazards from heaters or flammable items being stored in the ovens (Note: items in front of heaters only applicable if the heating system is baseboard or cadet)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Stove indicator light is functioning:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sinks free of leaks:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Adequate Ingress and Egress:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Free of Infestation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fire extinguishers inspections current:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fire alarm system inspection current:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elevator inspection current:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Free of exposed or rusted/corroded electrical wiring:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Free of flammable items beyond size for normal household usage:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Breaker box accessible and labeled:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Free of Other Notable Health/Safety Concerns:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments</b>	Traps out for sugar ants. Split at storage room joint.	Cleared by fire department.	Metal chairs by breaker box. To be moved.	
<b>Sprinkler system will be tested soon but the alarm system is current.</b>				

**Common Area Condition: Overall Rating**

Superior  Above Average  Satisfactory  Below Average  Unsatisfactory

**Unit Interior Condition**

Unit #	433	430	331	236
Unit Size				
Functioning Smoke Detectors:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Walls and Ceilings free of water stains and/or mold and mildew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Flooring free of spongy/soft spots, excessive wear and tear, or tripping hazards:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Window sills are free of condensation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit is free of potential fire hazards from heaters or flammable items being stored in the ovens (Note: items in front of heaters only applicable if the heating system is baseboard or cadet):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Stove indicator light is functioning:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sinks free of leaks:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Adequate Ingress and Egress (bedrooms require two forms for egress):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit is free of Infestation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Breaker box accessible and labeled:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit is free of exposed or rusted/corroded electrical wiring:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit is free of flammable items beyond size for normal household usage:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit is free of Other Notable Health/Safety Concerns:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Comments			Easter baskets next to heater.	

**Unit Interior Condition: Overall Rating**

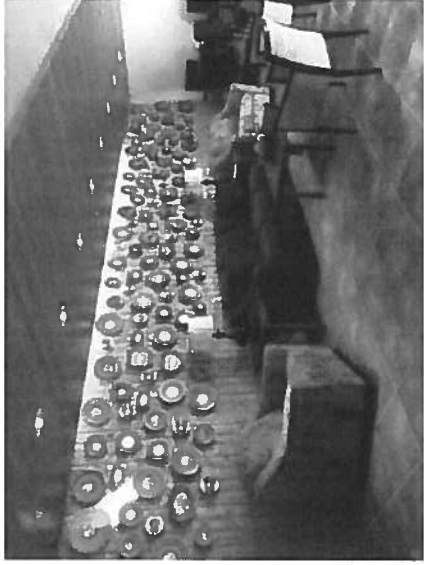
Superior  Above Average  Satisfactory  Below Average  Unsatisfactory

**Unit Interior Condition**

Unit #	131	105	211	303
Unit Size				
Functioning Smoke Detectors:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Walls and Ceilings free of water stains and/or mold and mildew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Flooring free of spongy/soft spots, excessive wear and tear, or tripping hazards:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Window sills are free of condensation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit is free of potential fire hazards from heaters or flammable items being stored in the ovens (Note: items in front of heaters only applicable if the heating system is baseboard or cadet):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Stove indicator light is functioning:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sinks free of leaks:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Adequate Ingress and Egress (bedrooms require two forms for egress):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Breaker box accessible and labeled:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit is free of exposed or rusted/corroded electrical wiring:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit is free of flammable items beyond size for normal household usage:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit is free of Other Notable Health/Safety Concerns:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Comments		Bathroom switch flickers. Larry will replace the switch. Sink to be cleared.		

**Unit Interior Condition**

Unit #	305
Unit Size	
Functioning Smoke Detectors:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Walls and Ceilings free of water stains and/or mold and mildew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Flooring free of spongy/soft spots, excessive wear and tear, or tripping hazards:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Window sills are free of condensation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit is free of potential fire hazards from heaters or flammable items being stored in the ovens (Note: items in front of heaters only applicable if the heating system is baseboard or cadet):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Stove indicator light is functioning:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sinks free of leaks:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Adequate Ingress and Egress (bedrooms require two forms for egress):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit is free of Infestation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Breaker box accessible and labeled:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit is free of exposed or rusted/corroded electrical wiring:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit is free of flammable items beyond size for normal household usage:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Unit is free of Other Notable Health/Safety Concerns:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Comments	







7825 SW Wilsonville Road | Wilsonville, Oregon 97070  
Office 503-855-4426 | Fax 503-855-4427 | [creekside@ipmco.com](mailto:creekside@ipmco.com)

April 12<sup>th</sup> 2016

**Unit# 331, Figueiredo**

**RE: NOAH Inspection**

Hello Rachel

Thank you again for your time Friday regarding the NOAH Inspection. I know that inspections by lenders/funders place a burden on tenants, so we appreciate your time and hospitality.

There was one health and safety findings that required immediate action. The Easter baskets next to the base board heater in the bedroom needs to be moved **8-10 inches away from the heater**.

Please contact me when you have moved the items so that I can confirm the completion in my report to NOAH. If you have any questions or concerns feel free to call or come by the office M-F from 9-5pm.

Thank you for your time in this matter,

Laura Blackburn | Property Manager  
Creekside Woods, Senior Living Community

CC: Resident File

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