



**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)



**SAMPLE** APPLICANT NAME(S) **SAMPLE**

DATE \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_

STREET ADDRESS **SAMPLE** CITY **SAMPLE** STATE **SAMPLE** ZIP **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**

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)