

Adult Care Home Program



Aging, Disability & Veterans Services • Department of County Human Services

Landlord Statement of Understanding

Complete this form if the adult care home is owned by someone other than the adult care home applicant/operator. You must submit this form with the adult care home application to the Multnomah County Adult Care Home Program. In addition, you must include a copy of this form with your adult care inspection request if the adult care home is within the City of Portland.

Name of Applicant:	Phone Number:
Applicant's mailing address:	Email:

Statement of Understanding (To be Completed by Property Owner)

For Properties Outside the City of Portland:

I _____, the undersigned property owner, agree to allow my property located at _____ to be licensed as an adult care home by the Multnomah County Department of Aging, Disability & Veterans Services. I understand that permits are needed to construct, enlarge, alter, repair, move or change the occupancy of a building or structure, or to erect, install, enlarge, alter, repair, convert or replace any electrical, gas, mechanical or plumbing system. I understand that Multnomah County will review permit history as part of the licensing application process and may request further information from the local building permit services office. I also understand that I am responsible for ensuring that all required permits are obtained and finalized, and for correcting any building violations required by the local building permit services office, whether or not the home is ultimately approved or licensed to operate as an adult care home.

I further acknowledge that in relation to eviction proceedings, residents of the adult care home who are receiving care have additional appeal rights through the County.

For Properties Within the City of Portland:

I _____, the undersigned property owner, agree to allow a housing inspection by Portland Permitting & Development (PP&D) at my property located at _____ for the purpose of obtaining approval for the

property to be licensed as an adult care home by the Multnomah County Department of Aging, Disability & Veterans Services. If the inspector identifies any violations of the City of Portland Property Maintenance Regulations at this property, I will receive a Notice of Violation from PP&D. I understand that I am responsible for correcting all violations within the timeframe listed in the Notice of Violation. I also understand that it is my responsibility to correct the violations whether or not the home is ultimately approved or licensed to operate as an adult care home. I further understand that failure to correct the violations in the time stated will result in my being responsible for any code enforcement fees, plus additional charges assessed by the City of Portland Revenue Bureau (if applicable). I understand that this obligation remains in effect until all violations are corrected and final approval is obtained from PP&D. I also understand that the case may be referred to the City of Portland Codes Hearings Officer for resolution if violations are not corrected and final approval is not obtained.

I further acknowledge that in relation to eviction proceedings, residents of the adult care home who are receiving care have additional appeal rights through the County.

Signature of Property Owner

Date

Property Owner Address

Phone Number

Applicant/operator must return this completed form with the adult care home license application.