

APPLICATION PACKAGE INSTRUCTIONS

Thank you for your interest in our apartment community. Please return the complete application by mail. Potential residents must meet certain, verifiable income requirements. **It is important that you answer each question on the application and sign the application and other forms contained with in the application package.**

When returning the application package, please provide the following forms of identification:

- ◆ Valid identification for all adult persons - please provide a legible copy.
 - Copies of Social Security cards (or other evidence of number) for all household members.
 - Copies of drivers licenses for all adults.

The application package includes the following forms, which must be filled out completely. Complete application and the application fee are required for placement on the waiting list.

1. **Application (App 1):** Pages 1 thru 4: Please answer *every* question. Be sure to provide complete mailing addresses and accurate telephone numbers. Please be sure sign and date the application.
2. **Supplement to Application (App 1A):** If there is more than one adult in your household and they have different landlord or professional references, this form must be completed and signed by each adult.
3. **“Records Release & Hold Harmless“**, each adult member of the household must complete and sign a separate form.
4. **Credit & Criminal Report Request:** This form accommodates a Head of Household and Co-Head. If there are more than two adult applicants, complete additional forms.
5. **Landlord Verification:** Please *sign* this form, but do not fill it out. It will be used to obtain references from your former landlords. If co-applicants have separate landlord references, the co-applicant(s) must also sign a Landlord Verification form.
 - a. **Professional References:** If you do not have 5-years’ previous landlord history, please sign the Professional Reference form, which will be used to obtain references from professional persons listed in your application. If co-applicant(s) do not have Landlord references, they, too, must sign Professional Reference form(s).
6. **Application Process Acknowledgement:** The Resident Selection Policy is enclosed for your review. Please sign the acknowledgement.
7. **Household Demographic Reporting Form:** At the option of applicant(s), separate forms are to be completed by each adult member of household, and separate forms are to be completed by Guardian or Parent for each child under 18.
8. **Application Fee:** Include a check or money order for the application fee of **\$25 for each adult.**

The Housing Company provides equal opportunity to all persons with disabilities and provides accommodations to meet the needs of persons with disabilities upon request, if the accommodation is both reasonable and financially feasible. Management requires verification that the applicant/resident is disabled and is in need of the accommodation because of the disability. Request for accommodation will be promptly processed.

The Housing Company does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person in the position named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24CFR, Part 8 dated June 2, 1988) Position: Regional Property Manager, The Housing Company P. O. Box 6943, Boise, ID 83707-0943 Voice: 208-331-4890; Hearing Impaired (TDD) 1-800-545-1833 ext. 628



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THE HOUSING COMPANY RESIDENTIAL APPLICATION FORM

Name of Apartment Complex: _____

Address of Complex: _____

APARTMENTS ARE RENTED TO ALL ELIGIBLE APPLICANTS IN ACCORDANCE WITH FAIR HOUSING LAWS

The Housing Company does not discriminate on the basis of race, color, creed, religion, sex, age, handicap, familial status, national origin or because applicant is a recipient of federal, state or local public assistance.

REASONABLE ACCOMMODATIONS POLICY STATEMENT

The Housing Company does not discriminate against persons with disabilities in its housing services and structures. The Housing Company provides equal opportunity to all persons with disabilities and provides accommodations to meet the needs of persons with disabilities upon request if the accommodation is both reasonable and financially feasible. Management may require verification that the applicant/resident is disabled and is in need of accommodation because of the disability, if the need is not readily apparent to Management. Requests for accommodation will be processed as quickly as possible. The person in the position named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, Part 8 dated June 2, 1988). Position: Regional Property Manager, The Housing Company, P. O. Box 6943, Boise, ID 83707-0943, Voice: 208-331-4890, TDD: 800-545-1833, ext. 628

Applicant Name: (Last, First, Middle Initial) _____ Telephone _____
() _____

Present Address _____ City _____ State _____ Zip _____

How did you hear about this apartment community? [] Flyers or Brochures; [] Newspaper; [] Website;
[] Yellow Pages; [] Drive By; [] Housing Assistance Listing;
[] Resident Referral (Name of Resident _____)

ETHNICITY: Completing this section is optional.

The information will only be used for Fair Housing Reporting Requirements. Please check the appropriate space below:

___ White, ___ Black, ___ American Indian or Alaskan Native, ___ Asian or Pacific Islander,
___ Hispanic, ___ Other ___ Do not wish to answer

FOR OFFICE USE ONLY:

Date: _____ Time: _____ Bedroom Size: _____
Gross Annual Income \$ _____ Date Occupancy Desired: _____
Tax Credit Unit Type: [] Market [] 60% [] 50% [] 40% [] 30%
Resident Manager Signature: _____ Special Needs: _____

A. HOUSEHOLD COMPOSITION (Please list all names of those who will occupy the unit)

Name (Last, First, Middle Initial)	Sex	Relationship to Applicant	Date of Birth	Social Security #	Full-Time Student* Yes or No

* Full-time student is defined as any individual who attends full-time (for a minimum of five months per calendar year), an educational organization which normally maintains a regular faculty and curriculum. (This includes kindergarten and elementary school children.)

• If all household members are students as defined on previous page, answer the following questions by circling "Yes" or "No".

1. Have you been or will you be a full-time student for five months during the current calendar year? YES NO
If YES, who: _____
2. Do you receive assistance under Title IV of the Social Security Act? YES NO
3. Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act, or under other similar Federal, State, or local laws? YES NO
4. Are you a single parent with children who are not a dependent of another individual other than the parent of such children? YES NO
5. Are you the dependent of another individual? If YES, who: _____ YES NO
6. Are you married, and are you eligible to file a joint income tax return? YES NO
7. Are you receiving or have you ever received Foster Care assistance? YES NO

B. LANDLORD HISTORY (up to five (5) years). (If you need additional space, please attach a separate sheet of paper)

1. **Name of Present Landlord** _____ Telephone (____) _____
Landlord Address _____ City _____ State _____ Zip _____
Applicant's Address _____ City _____ State _____ Zip _____
Length of Residency _____ Monthly Housing Cost (including utilities) \$ _____
2. **Name of Prior Landlord** _____ Telephone (____) _____
Landlord Address _____ City _____ State _____ Zip _____
Applicant's Address _____ City _____ State _____ Zip _____
Length of Residency _____ Monthly Housing Cost (including utilities) \$ _____
3. **Name of Prior Landlord** _____ Telephone (____) _____
Landlord Address _____ City _____ State _____ Zip _____
Applicant's Address _____ City _____ State _____ Zip _____
Length of Residency _____ Monthly Housing Cost (including utilities) \$ _____

If you cannot furnish landlord history, please give three (3) Professional References (i.e. teachers, clergymen, former employers) known at least three (3) years and not related to you.

1. **Name** _____ Telephone (____) _____
Address _____ City _____ State _____ Zip _____
2. **Name** _____ Telephone (____) _____
Address _____ City _____ State _____ Zip _____
3. **Name** _____ Telephone (____) _____
Address _____ City _____ State _____ Zip _____

C. AUTOMOBILE:

- Make _____ Model _____ Year _____ License # _____
Make _____ Model _____ Year _____ License # _____

D. ELIGIBILITY for ALL members of household - ** Members do not need to be related.**

- | | | |
|--|------------|-----------|
| 1. Have you or any members of your household been evicted for non-payment of rent or damages? | YES | NO |
| 2. Are you or any member of your household currently an illegal user of a controlled substance?
If the answer is YES , has that person successfully completed a controlled substance recovery program, or are they presently enrolled in such a program? | YES | NO |
| 3. Have you or any member of your household ever been convicted of illegal manufacture or distribution of a controlled substance? | YES | NO |
| 4. Have you or any members of your household been evicted from federally assisted housing for drug-related criminal activity? | YES | NO |
| 5. Have you or any members of your household been convicted for a sexual offense or a violent crime? | YES | NO |
| 6. Are you or any member of your household required to register as a Sex Offender under any lifetime State sex offender registration programs? | YES | NO |
| 7. Have you or any members of your household been convicted of a felony, misdemeanor (other than traffic violation), or crime involving fraud or dishonesty?
If YES : In What state? _____; Type of Conviction _____; Date of Conviction _____ | YES | NO |
| 8. Are you or any member of your family currently abusing alcohol? | YES | NO |
| 9. Is any member of your family currently charged with criminal activity? | YES | NO |
| 10. Has any member of your household ever been responsible for willful damage of property? | YES | NO |
| 11. Do you understand that only persons listed on this application may live in the unit unless you obtain prior written approval from management? | YES | NO |
| 12. Do you understand that if any false or incomplete information is included on this application, it is grounds for rejection of your application or termination of your tenancy? | YES | NO |

E. INCOME INFORMATION Please answer each of the following questions for any one 18 years of age or older:

- | | | |
|--|------------|-----------|
| 1. Is any member of your household employed, full-time, part-time or seasonally?
If YES , who? _____ | YES | NO |
| 2. Does any member of your household receive or expect to receive unemployment benefits? | YES | NO |
| 3. Does any member of your household receive or expect to receive alimony/maintenance payments? | YES | NO |
| 4. Is any member of your household entitled to child support?
If you answered yes, are you receiving or do you expect to receive child support? | YES | NO |
| 5. Does any member of your household receive or expect to receive Social Security/SSI benefits? | YES | NO |
| 6. Does any member of your household receive or expect to receive income from an insurance policy, pension or other retirement funds? | YES | NO |
| 7. Does any member of your household receive income from other individuals not living in unit? | YES | NO |
| 8. Does any member of your household receive income from agencies (i.e. workers compensation, public assistance)? | YES | NO |
| 9. Does any member of your household receive income from Assets? | YES | NO |
| 10. Do any members of your household own their own business? | YES | NO |
| 12. Does any member of your household receive military pay, military pension or other military benefits? | YES | NO |
| 13. Does any member of your household receive income from rental property? | YES | NO |
| 14. Does any member of your household receive lump sum payments from sources such as inheritances, lottery winnings, insurance settlements, capital gains, etc.? | YES | NO |
| 15. Does any member of your household receive financial aid for higher education?
(grants/scholarships/work study/financial assistance from family; does not include loans) | YES | NO |
| 16. Do you or any member of your household have other sources of income not listed above?
If YES , describe: _____ | YES | NO |

If you have answered YES to any of the questions above, please provide the name of the household member who has the income, the source of that income and the total gross annual income:

Name: _____ Source: _____ Annual Income: \$ _____

Name: _____ Source: _____ Annual Income: \$ _____

Name: _____ Source: _____ Annual Income: \$ _____

F. ASSETS

List all assets owned by household members:

Type of Account	Current Balance of Account	Location of Account	Asset Owner (Household Member)	% Interest Earned Annually
Checking Accounts				
Savings Accounts				
Stocks/Bonds/CD's				
Real Estate				
Pensions/Retirement or Trusts				
Cash				
Personal Property held as an Investment				
Other				

Have you sold or given as gifts any real property or other assets in the past two years? YES NO
If yes, please explain _____

G. List all states in which you have lived or had a license to drive in the last five years:

In Case of Emergency Notify:

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

We do not allow pets in family apartment complexes. Residents, in apartment complexes receiving federal assistance and designated for handicapped or elderly house-holds, may have pets if proper arrangements are made with Management. Assistive animals for individuals with handicaps are accepted if the individual provides justification that the animal is needed for the individual to have equal opportunity to use and enjoy the housing. Refer to the Resident Handbook for details.

PLEASE NOTE: This is a preliminary application. Additional information may be requested at a later date to complete the application process. Your signature below certifies that the statements made in this application are true and correct, and gives consent to the Management to verify the information contained in this application, to order credit reports and to request criminal background histories.

TO REMAIN ON THE WAITING LIST YOU MUST CONTACT THE RESIDENT MANAGER AND UPDATE THIS APPLICATION EVERY 90 DAYS. BY SIGNING BELOW YOU ARE REQUESTING NOTIFICATION (INCLUDING TELEPHONE NOTIFICATION) RELATING TO THE AVAILABILITY OF APARTMENTS UNTIL SUCH TIME AS YOU ARE REMOVED FROM THE WAITING LIST OR HAVE RECEIVED HOUSING.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Other Adult's Signature _____ Date _____

Other Adult's Signature _____ Date _____

**SUPPLEMENT TO RENTAL APPLICATION
TO BE COMPLETED BY CO-APPLICANT**

CO-APPLICANT NAME: (Last, First, MI) _____

LANDLORD HISTORY (at least (5) five years)

1. Name of Present Landlord _____ Telephone (____) _____

Landlord Address _____ City _____ State _____ Zip _____

Applicant's Address _____ City _____ State _____ Zip _____

Length of Residency _____ Monthly Housing Cost (including utilities) \$ _____

2. Name of Prior Landlord _____ Telephone (____) _____

Landlord Address _____ City _____ State _____ Zip _____

Applicant's Address _____ City _____ State _____ Zip _____

Length of Residency _____ Monthly Housing Cost (including utilities) \$ _____

3. Name of Prior Landlord _____ Telephone (____) _____

Landlord Address _____ City _____ State _____ Zip _____

Applicant's Address _____ City _____ State _____ Zip _____

Length of Residency _____ Monthly Housing Cost (including utilities) \$ _____

If you cannot furnish up to five (5) years of Landlord history, please give three (3) Professional References (i.e. teachers, clergymen, or former employers): known at least three (3) years and not related to you.

1. Name _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

3. Name _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Co-Applicant Signature _____

Date _____



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3. Name _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Co-Applicant Signature _____

Date _____



RECORDS RELEASE AND HOLD HARMLESS

I, the undersigned, hereby authorize the management and authorized representatives of the The Housing Company to contact any agencies, police departments, including the Idaho State Police, or any other organization for the purposes of obtaining background information to assist in determining whether or not I will be suitable as a tenant in the Apartments. I hereby grant The Housing Company authority to request such background information including but not limited to criminal records, specifically to include felony convictions, history of violent crimes or behavior, injury to persons or damage to property, production and sale of illicit drugs, and sexual offenses. Further, I hereby authorize such agencies and police departments to release such records to the Apartments' management and/or authorized representatives.

I hereby hold harmless and indemnify The Housing Company, its owners, management, employees and authorized representatives from any and all liability associated with the obtaining, using and retaining of all information released hereunder pursuant to review of my eligibility as a tenant in the complex, or subsequently during my tenancy, if such tenancy is approved. I further authorize that all information provided below be verified.

I understand that The Housing Company through its management, including the resident manager, may receive inquiries from police or other law enforcement officers concerning information about me and/or other household members residing with me or my guests. I agree that The Housing Company through its representatives may provide information regarding identification, work and residence addresses and telephone numbers and information directly related to a law enforcement agency's criminal investigation or in case of emergency as determined by such law enforcement or emergency agency. I understand that, other than the release of this specific information for an emergency or criminal investigation, my files or information contained therein will be released only if a subpoena is presented for such information. I agree to hold harmless and indemnify The Housing Company, its directors, management, employees and authorized representatives from any and all liability associated with release of information in the event of a criminal investigation or emergency or if released in response to a subpoena.

NAME OF APPLICANT: _____

MAIDEN NAME OR OTHER NAMES USED: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

RESIDENT MANAGER'S SIGNATURE: _____ DATE: _____

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SOCIAL SECURITY NUMBER: _____

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CREDIT & CRIMINAL REPORT REQUEST

COMPLEX: _____

RESIDENT MANAGER _____

I/we hereby authorize The Housing Company to access my/our credit profiles and criminal history from any or all credit repositories and criminal data sources.

Signature of Applicant

Date Signed

Signature of Spouse/Co-Applicant

Date Signed

APPLICANT NAME: (please print)

(First Name) (MI) (Last Name)

Social Security Number _____ DOB ____ / ____ / ____

Current Street Address: _____ City: _____ State: _____ Zip: _____

Current Mailing Address: _____ City: _____ State: _____ Zip: _____
(if different than Current Street Address)

Previous Street Address: _____ City: _____ State: _____ Zip: _____

Employer's Name: _____ Phone # (____) _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

SPOUSE/CO-APPLICANT: (please print)

(First Name) (MI) (Last Name)

Social Security Number _____ DOB ____ / ____ / ____

Current Street Address: _____ City: _____ State: _____ Zip: _____

Current Mailing Address: _____ City: _____ State: _____ Zip: _____
(if different than Current Street Address)

Previous Street Address: _____ City: _____ State: _____ Zip: _____

Employer's Name: _____ Phone # (____) _____

Employer's Address: _____ City: _____ State: _____ Zip: _____



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COMPLEX: _____

RESIDENT MANAGER _____

I/we hereby authorize The Housing Company to access my/our credit profiles and criminal history from any or all credit repositories and criminal data sources.

Signature of Applicant

Date Signed

Signature of Spouse/Co-Applicant

Date Signed

APPLICANT NAME: (please print)

(First Name) (MI) (Last Name)

Social Security Number _____ DOB ____ / ____ / ____

Current Street Address: _____ City: _____ State: _____ Zip: _____

Current Mailing Address: _____ City: _____ State: _____ Zip: _____
(if different than Current Street Address)

Previous Street Address: _____ City: _____ State: _____ Zip: _____

Employer's Name: _____ Phone # (____) _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

SPOUSE/CO-APPLICANT: (please print)

(First Name) (MI) (Last Name)

Social Security Number _____ DOB ____ / ____ / ____

Current Street Address: _____ City: _____ State: _____ Zip: _____

Current Mailing Address: _____ City: _____ State: _____ Zip: _____
(if different than Current Street Address)

Previous Street Address: _____ City: _____ State: _____ Zip: _____

Employer's Name: _____ Phone # (____) _____

Employer's Address: _____ City: _____ State: _____ Zip: _____



LANDLORD VERIFICATION

Date: _____

To Former Management Company or Landlord:

From: _____

Return this verification to the person listed here

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant

Date

Subject: Verification of Information, Supplied by an Applicant, for Housing Assistance.

Name of Applicant: _____ Applicant's Former Address: _____

Information Being Requested:

1. How long was tenancy: Move In Date: _____ Move Out Date: _____
2. Was Proper Notice Given: Yes () No () Was Lease fulfilled? Yes () No ()
3. Was deposit returned? Yes () No () How was unit left at move-out? _____
4. Amount of Monthly Rent \$ _____ Paid on time? Yes () No ()
5. How many times was rent late? _____ How many NSF checks? _____
6. Did Tenant maintain the housing safe, clean, and in good condition? Yes () No ()
Explain: _____
7. Did Tenant have unauthorized person or pet at any time? Yes () No ()
Explain: _____
8. Did Tenant have a history of violating rental agreement? Yes () No ()
Explain: _____
9. Did Tenant or household members cause destruction/damage to housing? Yes () No ()
Explain: _____
10. Did Tenant have a history of violence or harassment to neighbors? Yes () No ()
Explain: _____
11. Was there any knowledge of drug related or criminal activity? Yes () No ()
Explain: _____
12. Would you rent to this Tenant again? Yes () No ()
Explain: _____

Information Provided By:

Please Print Name

Title

Date

Signature

Telephone Number



LANDLORD VERIFICATION

Date: _____

To Former Management Company or Landlord:

From: _____

Return this verification to the person listed here

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant

Date

Subject: Verification of Information, Supplied by an Applicant, for Housing Assistance.

Name of Applicant: _____ Applicant's Former Address: _____

Information Being Requested:

1. How long was tenancy: _____ Move In Date: _____ Move Out Date: _____
2. Was Proper Notice Given: Yes () No () Was Lease fulfilled? Yes () No ()
3. Was deposit returned? Yes () No () How was unit left at move-out? _____
4. Amount of Monthly Rent \$ _____ Paid on time? Yes () No ()
5. How many times was rent late? _____ How many NSF checks? _____
6. Did Tenant maintain the housing safe, clean, and in good condition? Yes () No ()
Explain: _____
7. Did Tenant have unauthorized person or pet at any time? Yes () No ()
Explain: _____
8. Did Tenant have a history of violating rental agreement? Yes () No ()
Explain: _____
9. Did Tenant or household members cause destruction/damage to housing? Yes () No ()
Explain: _____
10. Did Tenant have a history of violence or harassment to neighbors? Yes () No ()
Explain: _____
11. Was there any knowledge of drug related or criminal activity? Yes () No ()
Explain: _____
12. Would you rent to this Tenant again? Yes () No ()
Explain: _____

Information Provided By:

Please Print Name

Title

Date

Signature

Telephone Number



LANDLORD VERIFICATION

Date: _____

To Former Management Company or Landlord:

From: _____

Return this verification to the person listed here

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant

Date

Subject: Verification of Information, Supplied by an Applicant, for Housing Assistance.

Name of Applicant: _____ Applicant's Former Address: _____

Information Being Requested:

1. How long was tenancy: Move In Date: _____ Move Out Date: _____
2. Was Proper Notice Given: Yes () No () Was Lease fulfilled? Yes () No ()
3. Was deposit returned? Yes () No () How was unit left at move-out? _____
4. Amount of Monthly Rent \$ _____ Paid on time? Yes () No ()
5. How many times was rent late? _____ How many NSF checks? _____
6. Did Tenant maintain the housing safe, clean, and in good condition? Yes () No ()
Explain: _____
7. Did Tenant have unauthorized person or pet at any time? Yes () No ()
Explain: _____
8. Did Tenant have a history of violating rental agreement? Yes () No ()
Explain: _____
9. Did Tenant or household members cause destruction/damage to housing? Yes () No ()
Explain: _____
10. Did Tenant have a history of violence or harassment to neighbors? Yes () No ()
Explain: _____
11. Was there any knowledge of drug related or criminal activity? Yes () No ()
Explain: _____
12. Would you rent to this Tenant again? Yes () No ()
Explain: _____

Information Provided By:

Please Print Name

Title

Date

Signature

Telephone Number



PROFESSIONAL REFERENCE

Date: _____

To: _____

From: _____

Return this verification to the person listed here

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant

Date

Subject: Verification of Information Supplied by an Applicant for Housing Assistance.

Name of Applicant: _____

Information Being Requested

1. Are you related to the Applicant? YES()NO()
If you are related what is your relationship? _____
2. How long have you known the Applicant? _____
3. How do you know the Applicant? _____
4. To your knowledge does the Applicant keep their residence clean and in good condition? YES()NO()
Comments: _____
5. Does this Applicant have a history of violence or harassment to their neighbors or others? YES()NO()
Explain: _____
6. To your knowledge does this applicant have a history of drug related or criminal activity? YES()NO()
Explain: _____
7. If you were a Landlord would you rent to this Applicant? YES()NO()
Comments: _____
8. Are there any other comments that you would like to make about this applicant?

Information provided by:

Please Print Name

Title

Date

Signature

Telephone Number



PROFESSIONAL REFERENCE

Date: _____

To: _____

From: _____

Return this verification to the person listed here

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant

Date

Subject: Verification of Information Supplied by an Applicant for Housing Assistance.

Name of Applicant: _____

Information Being Requested

1. Are you related to the Applicant? YES()NO()
If you are related what is your relationship? _____

2. How long have you known the Applicant? _____

3. How do you know the Applicant? _____

4. To your knowledge does the Applicant keep their residence clean and in good condition? YES()NO()
Comments: _____

5. Does this Applicant have a history of violence or harassment to their neighbors or others? YES()NO()
Explain: _____

6. To your knowledge does this applicant have a history of drug related or criminal activity? YES()NO()
Explain: _____

7. If you were a Landlord would you rent to this Applicant? YES()NO()
Comments: _____

8. Are there any other comments that you would like to make about this applicant?

Information provided by:

Please Print Name

Title

Date

Signature

Telephone Number



PROFESSIONAL REFERENCE

Date: _____

To: _____

From: _____

Return this verification to the person listed here

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant

Date

Subject: Verification of Information Supplied by an Applicant for Housing Assistance.

Name of Applicant: _____

Information Being Requested

1. Are you related to the Applicant? YES()NO()
If you are related what is your relationship? _____
2. How long have you known the Applicant? _____
3. How do you know the Applicant? _____
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Comments: _____
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Explain: _____
6. To your knowledge does this applicant have a history of drug related or criminal activity? YES()NO()
Explain: _____
7. If you were a Landlord would you rent to this Applicant? YES()NO()
Comments: _____
8. Are there any other comments that you would like to make about this applicant?

Information provided by:

Please Print Name

Title

Date

Signature

Telephone Number



APPLICATION PROCESS ACKNOWLEDGEMENT

RE: Resident Selection Plan

I have been given the opportunity to read a copy of the Resident Selection Plan for _____ Complex.

Please check one of the following:

I have read and understand the Resident Selection Plan.

I have declined the opportunity to read the Resident Selection Plan.

(Applicant Signature)

(Date)

(Co-Applicant Signature)

(Date)

(Resident Manager Signature)

(Date)

Resident Manager: Forward this Acknowledgement to the main office with application.



APPLICATION PROCESS ACKNOWLEDGEMENT

RE: Resident Selection Plan

I have been given the opportunity to read a copy of the Resident Selection Plan for _____ Complex.

Please check one of the following:

I have read and understand the Resident Selection Plan.

I have declined the opportunity to read the Resident Selection Plan.

(Applicant Signature)

(Date)

(Co-Applicant Signature)

(Date)

(Resident Manager Signature)

(Date)

Resident Manager: Forward this Acknowledgement to the main office with application.



Household Demographic Reporting Form

Tax Credit and HOME Developments

Development Name _____ Unit Number _____

Name of Head of Household _____

Name of Household Member _____

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	<input type="checkbox"/>
Not-Hispanic or Latino	<input type="checkbox"/>
Racial Categories*	Select One
White	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>

***Definitions of these categories may be found on the reverse side.**

Is the household member named above disabled (circle one): Yes No

Completion of this form is voluntary.

If you choose not to complete it please mark this box and sign below.

Signature

Date

Instructions for the Household Demographic

A. General Instructions:

This form is to be completed by applicants and current residents who are seeking to or currently reside in Low-income Housing tax Credit properties.

Owner and agents are required to offer the applicants/residents the option to complete the form at initial application. Once the form is completed it need not be completed again unless the head of household or household composition changes.

There is no penalty for persons who do not complete this form and this information is voluntary. However, if applicants and current residents do not complete the form, owners or agents will have to provide demographic information for the household for reporting purposes to HUD. **Parents or guardians are to complete the form for children under the age of 18.**

The Household Demographic Form should be part of the application and placed in the tenant file for future reference.

Ethnicity: Select one from this category.

Race: Select one from this category.

Disability: Circle the appropriate response (yes or no) for the household member. According to the Fair Housing Act, disability is defined as:

1. A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201 available at http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201
2. "Handicap" does not include current, illegal use of or addition to a controlled substance
3. An individual shall not be considered to have a handicap solely because that individual is a transvestite.

The housing credit agency administering its low-income housing credit program must,, to the best of its ability, provide this disability status information pursuant to 42 U.S.C. 1437z-8. However, it is the tenant's voluntary choice whether to provide the information, and questions to the tenant requesting the information must so state. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate.

**RESIDENT SELECTION PLAN
AFFORDABLE AND MARKET RENTAL HOUSING**

INTRODUCTION: The procedures used for selection of residents shall be implemented in compliance with the applicable local, state and federal statutes and regulations applicable to the development.

NON-DISCRIMINATION: The management agent shall comply with all federal, state and local fair housing and civil rights laws and with all equal opportunity requirements as required by law, including without limitation HUD administrative procedures. Federal laws forbid discrimination based on race, color, creed, religion, sex, age, disability, familial status, or national origin. Discrimination against a particular social or economic class is also prohibited (for example: welfare recipients; single parent households, etc.) These requirements apply to all aspects of tenant relations including without limitation: accepting and processing applications, selecting residents from among eligible Applicants on the waiting list, assigning units, certifying and re-certifying eligibility for assistance, granting accommodation and terminating tenancies.

ELIGIBILITY RULES:

General Rules:

1. Household must meet eligibility criteria for the specific apartment community:
 - a. Family Apartment Communities do not restrict occupancy to a certain population.
 - b. Elderly Apartment Communities restrict occupancy to:
 - i) Elderly Households of two or more persons with at least one person who is 62 years of age or older;
 - ii) A Single Person who is 62 years of age or older;
 - iii) A household whose head, spouse or sole member is Disabled.
2. Each household member must provide consents for verification of all sources of income or other information relative to occupancy in the community.
3. The household must evidence ability to meet the financial responsibilities of residing in the apartment community including payment of rent and utilities.

Rules applicable to apartments federally assisted with Housing Credits or a combination of Housing Credits and federal HOME funding:

1. The household's income may not exceed applicable Income Limits designated for affordable units. The limits which apply vary by county and income target for specific apartments.
 - a. Management will require verification of family composition when it is necessary to do so in order to determine income eligibility.
2. Restrictions apply to households in which all occupants are full-time students as defined herein.

Rules applicable to apartments federally assisted with only federal HOME funding:

1. The household's income may not exceed applicable Income Limits designated for affordable units. The limits which apply vary by county and income target for specific apartments.
2. Each member of the household who is 6 years or older must provide a valid social security card (or evidence of Social Security Number acceptable to management) or evidence application for the card if social security number has not been assigned.
 - a. Applicant must submit Social Security numbers (for all household members 6 years or older) within 60 days of application in order to remain on the waiting list.

ELIGIBILITY OF SINGLE PERSONS: Eligible Single Persons include those persons 18 years of age or older or a Single Person under 18 years of age who has been emancipated through marriage under Idaho law.

APPLICATION REQUIREMENTS: Anyone who wishes to secure housing must fully complete the application form provided by management and pay the application fee. The information provided must contain enough information for management to make an initial determination of the income eligibility of the household; the size of unit desired or needed and sufficient information to screen Applicant's prior landlord history. Applicants must consent to management's requirement to secure a credit and criminal background history and must provide sufficient information to enable management to secure such reports. Incomplete applications will not be processed.

CHANGES IN INCOME OR FAMILY COMPOSITION FOR WAITING LIST APPLICANTS: If an Applicant's income changes to an amount which is no longer eligible under the limitations of the assistance program by the time the application reaches the

top of the waiting list, written notice will be given advising the Applicant that: (1) they are not presently eligible; (2) the Applicant could become eligible if the household income decreases, the number of household members changes, or the Income Limit changes, and (3) asks whether or not the Applicant wishes to remain on the waiting list.

If an Applicant's Family composition changes resulting in a need for a different apartment size, management will, upon notification by Applicant, place the Family on the appropriate waiting list, maintaining their current waiting list status.

OCCUPANCY STANDARDS: Occupancy standards have been established to ensure that units are not overcrowded or underutilized. The number of occupants in a unit must be in accordance with the occupancy standards as set forth by The Housing Company based upon local law and Agency regulations. These occupancy standards are subject to change during the lease term if changes in laws, ordinances, or regulations much such changes necessary. The minimum occupancy limit will correspond to the number of bedrooms. The maximum occupancy limit will depend on local law and regulations, and the square footage of usable sleeping areas as defined by local law and suggested Agency guidelines. Notwithstanding the above, The Housing Company shall have the right to make reasonable accommodations for individuals with disabilities and may adjust occupancy limits to further the goal of providing reasonable accommodations. Minimum and maximum limits are as follows:

UNIT SIZE	MINIMUM	MAXIMUM
1	1	3
2	2	5
3	3	7
4	4	9

Generally, the presumptive standard is two (2) persons per bedroom. Household composition will be considered when applying this general rule.

DETERMINING UNIT SIZE AT MOVE-IN FOR FEDERALLY ASSISTED UNITS: The management agent must balance the need to avoid overcrowding with the need to make the best use of available space and to avoid unnecessary subsidy in federally assisted units. To determine how many bedrooms a Family may have, the management agent shall count:

1. all full-time members of the household;
2. children who are away at school but live with the Family during school recesses;
3. children who are subject to a joint custody agreement but live in the unit at least 50% of the time;
4. an unborn child or children who are in the process of being adopted or whose custody is being obtained by an adult;
5. foster children or children who are temporarily absent due to placement in a foster home;
6. live-in attendants; and
7. foster adults.

The management agent shall not provide bedroom space for persons who are not members of the household, such as adult children on active military duty, permanently institutionalized Family members or visitors.

OVERCROWDED OR UNDER-UTILIZED UNITS IN FEDERALLY ASSISTED UNITS: Units, which are smaller or larger than needed by the Applicant, may be assigned if doing so will not cause serious overcrowding. The action may not conflict with local codes. Larger units than indicated by the number of household members may only be issued if no units of appropriate size are available. In such cases, the Family must agree to move to the correct sized unit, at its own expense, when one becomes available. After move-in, if a unit becomes overcrowded or under-used because of changes in household composition, the management agent will require the Family to move to an appropriate sized unit when one becomes available. The decision regarding such transfers will be made subject to income eligibility rules and other applicable requirements of governing regulations. In such instances, transfers will take priority over any preference or chronologically-placed Applicants on the waiting list.

OVERCROWDED OR UNDER-UTILIZED UNITS IN MARKET-RATE UNITS: Management will use the following criteria to determine over-crowded utilization for market rate units. In determining overcrowded status, management will count:

1. all full-time members of the household;
2. children who are away at school but live with the Family during school recesses;
3. children who are subject to a joint custody agreement but live in the unit at least 50% of the time;
4. an unborn child or children who are in the process of being adopted or whose custody is being obtained by an adult;
5. foster children or children who are temporarily absent due to placement in a foster home;
6. live-in attendants; and
7. foster adults.

Under-utilization is not a consideration in a market rate apartment.

PREFERENCES: Management will observe preferences listed below, prioritized in the order of the list:

Accommodation for Existing Residents: Requests for reasonable accommodation from existing residents requiring unit transfers will take priority over all waiting list Applicants. Accommodation results when a third-party-verified disability requires a change or repairs which make it easier for the existing resident to reside in the community. Reasonable costs associated with unit transfers or repairs will be covered by management, unless doing so will cause an undue financial and administrative burden.

Units Specifically Designed for Disabled or Handicapped Persons: When attempting to fill a unit that has features designed to meet the needs of disabled persons, management will grant a preference to households with Disabled members (who otherwise qualify) and need the accessible features of the unit. For example, units designed for accessibility to individuals with mobility, hearing or vision impairments, will be rented to households that require the features provided in those units. This preference will be granted upon proper notification by Applicant and verification of need by management.

Elderly Properties: Properties that are designed for the elderly must verify that the applicant household qualifies as an elderly household. An elderly household is one in which the head of household, spouse and/or co-head is 62 years of age or older, or disabled. A disabled person need not be 62 or older in order to qualify at certain properties designated for the elderly.

Preference for Applicant's Receiving Rental Assistance or who are on Housing Authority Waiting Lists for Rental Assistance: Applicants who provide evidence that they are recipients of rental assistance or a statement from a public housing authority indicating that they are on a waiting list for rental assistance will be given priority on the waiting list over applicants who do not receive rental assistance or who are not on a housing authority waiting list. This preference will be given for 100% of the total residential units and applied first to applicants who have received rental assistance and secondly to applicants who are on the waiting list.

Transfers for Existing Tenants: Regardless of the Rental Assistance Preference, no waiting list preference shall be granted to households transferring between units in a specific apartment community or between apartment communities located within the same market area which are owned or managed by The Housing Company. Households seeking such transfers shall receive only chronological status on the waiting list.

PROCESSING STEPS: The development shall be rented and occupancy maintained on a first-come, first-served basis with preferences taken into consideration. All persons wishing to be admitted to the development or placed on the waiting list must complete an application, supply all documentation required and pay an application fee. Prospective tenants submitting incomplete applications will not be considered for occupancy. The initial application shall be timed and dated when received, and the resident manager shall maintain at the rental office a chronological list of all Applicants (categorized on a bedroom size and, when applicable, income target requirement). Applicants may be included on more one or more waiting list, depending upon the needs of the Family and management's determination of overcrowding or under-utilization. Preference households and existing residents requiring unit transfers because of accommodation will move ahead of chronological status Applicants. Applicants shall be offered housing (after meeting all selection criteria requirements including the verification process), placed on the waiting list, or declined. Potentially eligible Applicants who have met tenant selection criteria and for whom the right size and/or income target unit is not available will be placed on the waiting list and will be contacted when an appropriate unit becomes available. The Applicant must contact the development's resident manager every 90 days to remain on the waiting list. Applicants who fail to provide acceptable landlord references, credit history or who have a criminal background will be notified that they have been removed from the waiting list.

When an appropriate unit is available, the waiting list shall be reviewed to identify the Applicant who meets preference criteria or whose name is chronologically at the top of the list. The resident manager shall interview the Applicant; confirm and update all information provided on the application; update credit reports older than one year; obtain current information regarding income and Family composition as applicable and necessary to certify eligibility and determine resident's rent payment. The Applicant shall be informed that a final decision on eligibility cannot be made until all verifications are complete and current income has been verified.

Applicants, whose position on the waiting list enables application processing, will receive only two consecutive notices of housing availability. If the Applicant is unable or decides not to complete the application process, the Applicant shall be removed from the waiting list upon receiving the second notice and must reapply for eligibility. The waiting list shall be updated every three months and may be closed for one or more unit sizes when the average wait for admission is more than a year.

Applicants for apartments funded solely with federal HOME funding will be required to supply a Social Security number and verification of the same for each Family member, age six years or older.

SCREENING CRITERIA: The following factors shall be considered in screening Applicant for occupancy:

1. Demonstrated ability to meet financial obligations and to pay rent on time.
2. History as a good resident.

3. History of disturbing neighbors or destroying property.
4. Applicant's credit history.
5. Ability to maintain (or with assistance would have the ability to maintain) the housing in a decent and safe condition based on living or housekeeping habits and whether such habits adversely affect the health, safety or welfare of the household and other residents in the community.
6. Ability to meet all obligations of tenancy.
7. Current use or history of using illegal drugs or current use or history of abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of others.
8. History of felony or misdemeanor convictions by any household member involving crimes of physical violence against persons or property, fraud, dishonesty and any other criminal activity including, but not limited to, Drug-Related Criminal Activity.
9. Any household member, including a Live-In Aide, has been evicted from assisted housing within three years as a result of Drug-Related Criminal Activity.
10. Any household member has Registered Sex Offender status, or is subject to a lifetime registration requirement under at State sex offender registration program..
11. Income Limit qualification.
12. Full-time student status for Applicants seeking housing in units federally assisted with Housing Credits.

Note: Live-In Aides will be screened for drug abuse and criminal activity and must sign required release forms.

REFERENCES; CRIMINAL AND CREDIT HISTORY: Management will require consent of all adult household members and Live-In Aides for verification of references and permission to seek criminal background history.

Landlord References: Landlord references will be required for up to five (5) years, including the present landlord. Applicants, who have been previous homeowners, must be able to demonstrate that they have made mortgage payments in a timely manner.

Applicants, who have had no previous rental or homeownership history, must provide references from present and former employers, teachers or clergy. Further, such Applicants must agree to monthly inspections of their apartment to continue until management deems that the Applicant is maintaining the apartment in a clean, safe and sanitary condition.

Unfavorable landlord or professional references may result in removal from the waiting list.

Credit History: Credit reports will be ordered for each Applicant. The credit report will be reviewed to determine the Applicant's history of meeting financial obligations including payments for rent, utilities, loans, revolving credit cards, and other obligations. Applicant's credit history must be acceptable to management before they will be approved to occupy a unit. The credit report will be reviewed to:

1. confirm current address;
2. confirm credit sources included on the application;
3. confirm current and past employment listed on the application; and
4. to determine whether the Applicant has an acceptable credit history.

Applicants, whose credit histories are unacceptable, will be declined and removed from the waiting list. An unacceptable credit history is one that reflects consistent, past-due payments of more than 90 days; a history of repeated insufficient fund checks; derogatory credit (repossessions, foreclosures, judgments, collections, charge-offs, liens, bankruptcy not yet discharged etc); delinquent or charge off debt due other apartment communities; or unpaid utility company collections which would prohibit applicant from obtaining services. The lack of credit history or past due payments or derogatory credit relating to medical expense or student loans will not be considered as grounds for declining an Applicant. Consideration will be granted when current credit history demonstrates a pattern of improvement; history of rent payment overshadows other debt issues or Applicant can demonstrate acceptable reasons for credit history. Applicants may wish to provide an explanation that evidences efforts to correct credit deficiencies through payment plans or other work out solutions. If such explanation is acceptable to management, further screening may be conducted and written confirmation of payment plans may be required from the creditor(s).

In the event of decline based upon credit, the Applicant has 14 days to provide an explanation and request further consideration. Management will provide a copy of Applicant's credit report upon request. It is the Applicant's responsibility to contact the credit-reporting agency to resolve any items that have been incorrectly reported.

Criminal Activity Reports:

A criminal activity report will be ordered for each Applicant, and an Applicant with a history that includes felonious crimes, serious misdemeanors, Drug-Related crimes violent crimes or sexual crimes will be declined and removed from the waiting list. Reports will be obtained from local and/or state records. Consideration will be granted to applicants with past non-violent criminal records occurring five years or more ago with no further criminal record. If the Applicant has resided in a state other than Idaho and has a past felony conviction, a report will be required from that state or federal organization. Applicants will be required to certify that they or members of their household are not Registered Sex Offenders. Registered Sex Offenders will not be admitted to the apartment community.

DECLINING APPLICANTS: Applicants may be declined if any one of the following categories applies:

1. Failure to meet one or more of the screening criteria.
2. Information required by the application and income verification process is not provided.
3. Failure to respond to written requests for information.
4. Declaration by Applicant that they are no longer interested in housing.
5. Unacceptable credit history.
6. Income exceeds the appropriate Income Limit if applicable.
7. Inability to appropriately maintain housing in a decent safe and sanitary condition.
8. Applicant is single, under 18 years of age and has never been emancipated through marriage under Idaho law.
9. Family size is too large for available units, and serious overcrowding would result in providing a smaller unit.
10. History of unjustified and chronic nonpayment of rent and financial obligations.
11. History of disturbing the quiet enjoyment of others.
12. A risk of intentional damage or destruction to the unit or surrounding premises by the Applicant or those under the Applicant's control.
13. History of violence and harassment of others.
14. History of violations of the terms of previous rental agreements such as destruction of a unit or failure to maintain a unit in a decent, safe, and sanitary condition.
15. Criminal history includes felony or misdemeanor conviction for Drug Related Activity, violent crimes, sexual crimes, physical violence against persons or property, fraud, dishonesty or any other criminal activity (excepting traffic violations) which, at the sole discretion of management is deemed a risk to the well being of the community.
16. Illegally using a controlled substance or abusing alcohol in a way that may interfere with the health, safety and well being of other residents. Waiver of this requirement is subject to Applicant demonstrating they are no longer engaging in such activity and producing evidence of participation in or completion of a supervised rehabilitation program.
17. Applicant or a member of the household is a Registered Sex Offender under any state sex offender registration program.
18. Applicant or a household member has engaged in or threatened abusive or violent behavior towards any staff member of management or another resident.
19. Applicant or a member of household was evicted from housing within three years as a result of Drug-Related Criminal Activity.
20. Application is incomplete, or is found to contain false information.
21. Appropriately sized housing is not and will not be available in the apartment community.
22. Apartments federally subsidized with Housing Credits: All household members are full-time students and do not qualify for student exemptions. If all household members are full-time students, they must meet at least one of the following exemptions to be eligible for an affordable unit:
 - a. Receive assistance under Title IV of the Social Security Act;
 - b. Be enrolled in a job-training program receiving assistance under the JTPA or other similar federal, state or local laws;
 - c. Be a single parent with children who are not dependents of another individual; or
 - d. Students who are married, have filed and will file a joint income tax return.

If an Applicant is declined, the Applicant will be notified in writing with an explanation of the reasons for decline. The Applicant will be notified that they have 14 days to respond in writing or to request a meeting to discuss the decline. All declined applications and supportive documentation shall be maintained at the management agent's home office in a manner that assures confidentiality.

