

APPLICATION PACKAGE INSTRUCTIONS-CEDAR VIEW

Tax Credit/Home/Market

Thank you for your interest in our apartment community. By scheduling an appointment when returning the application package, the application process can often be expedited. If you are unable to deliver the application in person, you may return the application by mail. We will be happy to place you on the Waiting List once we have received a complete application and the application fee. 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.** Please call _____ at _____ to schedule an appointment.

“ADULT” DEFINED: Any person 18 years or older or an emancipated person.

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

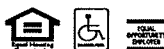
- ◆ Valid identification for all adult persons.
 - If you are personally delivering the application, copies of identification will be made at the office.
 - If you are mailing the application, please provide a legible copy of valid identification.
- ◆ Copies of Social Security cards (or other evidence of number) for all household members (TC & HOME only).
 - If social security cards or other evidence of number is not available, contact Resident Manager for required forms.

The application package includes the following forms, which must be filled out completely.

1. **Application (App 1):** Pages 1 thru 4: Answer *every* question. Be sure to provide complete mailing addresses and accurate telephone numbers. Please 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 the adult(s).
3. **Each adult member** of the household **must complete and sign a separate form** for each of the following documents:
 - **Records Release & Hold Harmless**
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, which will be used to obtain references from your former landlords. If co-applicants have separate landlord references, the co-applicant(s) must also sign Landlord Verification form(s).
 - a. **Residency References:** If you do not have previous 5-years' landlord history, please sign the Residency Reference form, which will be used to obtain references from persons who you lived with during the last five years. If co-applicant(s) do not have Landlord references, they, too, must sign Residency Reference form(s).
6. **Application Process Acknowledgement:** The Resident Selection Policy is enclosed for your review. Please sign the acknowledgement.
7. **Child Support and Child Custody Documentation when applicable:**
 - a. Please provide a copy of Divorce Decree or Court Order if available.
8. **Applicant Certification of Homeless Status:** To be completed by applicants claiming homeless status preference
9. **Verification of Homeless Status:** To be completed by applicants claiming homeless status preference.
10. **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





Revised 04/2017

FOR OFFICE USE ONLY:

Date: _____ Requested Bedroom Size: _____ Special Needs: _____
 Time: _____ Date Occupancy Desired: _____ Gross Annual Income \$ _____
 Tax Credit Unit Type: [] Market [] 60% [] 50% [] 40% [] 30%
 Resident Manager Signature: _____ Unit # - Add on to Existing Household _____

THE HOUSING COMPANY RESIDENTIAL APPLICATION FORM

Name of Apartment Complex: _____

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

Telephone: (_____) _____ Cell Phone: (_____) _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Do you have a housing voucher? (If yes, supporting documentation required)[] YES [] NO

Are you on a Waiting List to receive a housing voucher? (If yes, supporting documentation required)[] YES [] NO

Were you referred to us by another agency? [] YES [] NO If yes, which one? _____

Are you a veteran of the US Armed Forces? (optional)[] YES [] NO [] Decline to Answer

Do you have an animal that will be moving with you?[] YES [] NO

A. HOUSEHOLD COMPOSITION – Please list all names of those who will occupy the unit, even on a part-time basis

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 checking "Yes" or "No".

- 1. Have you been or will you be a full-time student for five months during the current calendar year?
If YES, who:
2. Do you receive assistance under Title IV of the Social Security Act?
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?
4. Are you a single parent with children who are not a dependent of another individual other than the parent of such children?
5. Are you the dependent of another individual? If YES, who:
6. Are you married, and are you eligible to file a joint income tax return?
7. Are you receiving or have you ever received Foster Care assistance?

B. RESIDENCE HISTORY - The last 5 years (If you need additional space, please attach a separate sheet of paper): Please provide detailed information regarding where you lived for the last five years. Include places where you lived with friends, family, or someone else and include their contact information as the "landlord". If you owned a home, complete section 1, cross out the remaining sections and check the box at the bottom.

1. Name of Present Landlord Monthly Rent: \$

Address of Present Landlord City State Zip

Relationship: Landlord Family Friend Other

Your Present Address: City State Zip

Telephone of Present Landlord: Dates of Residency: to

2. Name of Prior Landlord: Monthly Rent: \$

Address of Prior Landlord: City State Zip

Relationship: Landlord Family Friend Other

Your Prior Address: City State Zip

Telephone of Prior Landlord: Dates of Residency: to

3. Name of Prior Landlord: Monthly Rent: \$

Address of Prior Landlord: City State Zip

Relationship: Landlord Family Friend Other

Your Prior Address: City State Zip

Telephone of Prior Landlord: Dates of Residency: to

4. Name of Prior Landlord: Monthly Rent: \$

Address of Prior Landlord: City State Zip

Relationship: Landlord Family Friend Other

Your Prior Address: City State Zip

Telephone of Prior Landlord: Dates of Residency: to

C. AUTOMOBILE:

Make Model Year License #

Make Model Year License #

D. ELIGIBILITY for ALL members of household - ** Members do not need to be related.** YES NO

1. Have you or any members of your household been evicted for non-payment of rent or damages? [] []
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?.. [] []
3. Have you or any member of your household ever been convicted of illegal manufacture or distribution of a controlled substance?..... [] []
4. Have you or any members of your household been evicted from federally assisted housing for drug-related criminal activity? [] []
5. Have you or any members of your household been convicted for a sexual offense or a violent crime? [] []
6. Are you or any member of your household required to register as a Sex Offender under any lifetime State sex offender registration programs?.. [] []
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 _____
8. Are you or any member of your family currently abusing alcohol? [] []
9. Is any member of your family currently charged with criminal activity? [] []
10. Has any member of your household ever been responsible for willful damage of property? [] []
11. Do you understand that only persons listed on this application may live in the unit unless you obtain prior written approval from management?..... [] []
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? [] []

E. INCOME INFORMATION Please list the name of the household member receiving the type of income and circle the correct source. If none, write N/A:

Household Member Name	Source of Income	Gross Monthly Amount
	<i>Employment</i>	
	<i>Unemployment - Worker's Comp</i>	
	<i>Social Security - SSI - SSD - SSDI</i>	
	<i>Food Stamps - Public Assistance</i>	
	<i>Child Support - Alimony</i>	
	<i>Family Support (Not living in the unit)</i>	
	<i>Veteran's Benefits - Military Pay</i>	
	<i>Cash Assistance (AFDC-TANF-AABD)</i>	
	<i>Student Income (Financial Aid, scholarships, grants)</i>	
	<i>Medicare - Medicaid</i>	
	<i>Pensions - Annuities - Life Insurance</i>	
	<i>Other: Self Employment - Real Estate Rentals - Bank Account Interest</i>	
	<i>Lump sum payments from inheritances, lottery winnings, insurance settlements, capital gains, etc.</i>	

F. ASSETS: List all assets owned by household members:

Type of Account	Account Balance	Location of Account	Asset Owner (Household Member)	% Annual Interest
<i>Checking Accounts</i>				
<i>Savings Accounts</i>				
<i>Stocks/Bonds/CD's</i>				
<i>Real Estate</i>				
<i>Pensions/Retirement & Trusts</i>				
<i>Cash</i>				
<i>Personal Property held as an Investment</i>				
<i>Other</i>				

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 _____

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.

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.

Applicant's Signature _____ **Date** _____

Co-Applicant's Signature _____ **Date** _____

Other Adult's Signature _____ **Date** _____

Other Adult's Signature _____ **Date** _____

<u>APARTMENTS ARE RENTED TO ALL ELIGIBLE APPLICANTS IN ACCORDANCE WITH FAIR HOUSING LAWS</u>
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.
<u>REASONABLE ACCOMMODATIONS POLICY STATEMENT</u>
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

**SUPPLEMENT TO RENTAL APPLICATION
TO BE COMPLETED BY EACH ADDITIONAL ADULT HOUSEHOLD MEMEBER**

NAME: (Last, First, MI) _____

RESIDENCE HISTORY - The last 5 years (If you need additional space, please attach a separate sheet of paper):

Please provide detailed information regarding where you lived for the last five years. Include places where you lived with friends, family, or someone else and include their contact information as the "landlord". If you owned a home, complete section 1, cross out the remaining sections, and check the box at the bottom.

1. Name of Present Landlord: _____ Monthly Rent: \$ _____
Address of Present Landlord: _____ City _____ State _____ Zip _____
Relationship: Landlord Family Friend Other _____
Your Present Address: _____ City _____ State _____ Zip _____
Telephone of Present Landlord: _____ Dates of Residency: _____ to _____

2. Name of Prior Landlord: _____ Monthly Rent: \$ _____
Address of Prior Landlord: _____ City _____ State _____ Zip _____
Relationship: Landlord Family Friend Other _____
Your Prior Address: _____ City _____ State _____ Zip _____
Telephone of Prior Landlord: _____ Dates of Residency: _____ to _____

3. Name of Prior Landlord: _____ Monthly Rent: \$ _____
Address of Prior Landlord: _____ City _____ State _____ Zip _____
Relationship: Landlord Family Friend Other _____
Your Prior Address: _____ City _____ State _____ Zip _____
Telephone of Prior Landlord: _____ Dates of Residency: _____ to _____

4. Name of Prior Landlord: _____ Monthly Rent: \$ _____
Address of Prior Landlord: _____ City _____ State _____ Zip _____
Relationship: Landlord Family Friend Other _____
Your Prior Address: _____ City _____ State _____ Zip _____
Telephone of Prior Landlord: _____ Dates of Residency: _____ to _____

Owned Home []



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:** _____

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



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: _____



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



RESIDENCY REFERENCE
(Family, Friends, Other)

Date: _____ From: _____
To: _____

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

- Please list the dates of residency that the individual named above resided with you during the last five years:
From _____ / _____ to _____ / _____
From _____ / _____ to _____ / _____
- What is your relationship to the individual named above? _____
- How long have you known the Applicant? _____
- Does the Applicant keep their portion of the residence clean and in good condition? YES() NO()
Comments: _____
- To your knowledge does this applicant have a history of drug related or criminal activity? YES() NO()
Explain: _____
- If you were a Landlord would you rent to this Applicant? YES() NO()
Comments: _____
- 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 _____ Time _____



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.



Race and Ethnic Data Reporting Form

RM 47
8/27/15

**** Required Information ** One Form for Each Household Member ****

Name of Property	Address of Property
THE HOUSING COMPANY	Tax Credit and/or HOME
Name of Owner/Managing Agent	Type of Assistance or Program Title:
Name of Head of Household	Name of Household Member

**** Voluntary Information **** If you choose not to provide this information, please be sure to check the last box, sign, and date this form

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	
Disability Status*	Check if applicable
Is a household member (or members) disabled as defined on reverse side of this form?	

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

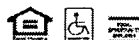
I do not wish to provide this information.

Thank you for assisting us in our federal reporting requirements. Be assured there is no penalty should you decide you do not wish to provide the information.

Signature

Date

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).



Instructions for the Voluntary Disability, Race and Ethnic Data Reporting

A. General Instructions:

To provide annual reporting which is required by the federal funds used to develop this property, management is required by the Federal Government to request that heads of household wishing to be served (applicants) and those that are currently served (tenants) complete this form strictly on a voluntary basis.

Owner and agents are required to offer the applicant/tenant the **option** to complete the form. 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 the form.

1. The two ethnic categories you should choose from are defined below. If both apply to persons in your household, check both.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

3. Definition of Disabled Person: Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment or is regarded as having an impairment. (“Substantially limits” suggests that the limitation is “significant” or “to a large extent”. “Major life activities” means those activities that are of central importance to daily life such as seeing, hearing, walking, breathing, performing manual tasks, caring for one’s self, learning and speaking (this list of major life activities is not exhaustive)).

The "Term" physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency, virus infection, mental retardation, emotional illness, drug addiction and alcoholism. This definition doesn't include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use (24 CFR Part 8.3).

VERIFICATION OF HOMELESS STATUS

Date: _____ From: _____

To: _____

Return this verification to the person listed above

RELEASE: I hereby authorize the release of the information to the above-named individual or organization to verify my eligibility for housing.

Signature of Applicant

Date

Applicant Name: _____ Social Security # _____

Address: _____

Please check applicable homeless definition:

The applicant named above is:

_____ A homeless person/household who lacks a fixed, regular nighttime residence.

_____ A homeless person/household whose primary nighttime residence is:

_____ a shelter for temporary accommodation including welfare hotels, congregate shelters or transitional housing for mentally ill persons;

_____ an institution providing temporary residence for individuals intended to be institutionalized; or

_____ a public or private place designed for, or ordinarily used for a regular sleeping accommodation for human beings.

Information provided by:

Please Print Name

Title

Date

Signature

Telephone #

APPLICANT CERTIFICATION OF HOMELESS STATUS

Please check appropriate definitions:

Applicant hereby certifies that I and my household, if applicable, are :

_____ A homeless person/household lacking a fixed, regular nighttime residence.

_____ A homeless person/household whose primary nighttime residence is:

_____ a shelter for temporary accommodation including welfare hotels, congregate shelters or transitional housing for mentally ill persons;

_____ an institution providing temporary residence for individuals intended to be institutionalized; or

_____ a public or private place designed for, or ordinarily used for a regular sleeping accommodation for human beings.

Your position on the waiting list will be determined by this certification. **AT THE TIME YOUR NAME REACHES THE TOP OF THE WAITING LIST, VERIFICATION OF THESE STATEMENTS WILL BE MADE.**

Print Full Name

Social Security #

Signature

Street Address

Date

City, State and Zip

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*



