

## APPLICATION PACKAGE INSTRUCTIONS 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.**  
**“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.

- **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.
- **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).
- **Each adult member** of the household **must complete and sign a separate form** for each of the following documents:
  - **Records Release & Hold Harmless**
- **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.
- **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 5-years’ previous 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).
- **Application Process Acknowledgement:** The Resident Selection Policy is enclosed for your review. Please sign the acknowledgement.
- **Child Support and Child Custody Documentation when applicable:**
  - a. Please provide a copy of Divorce Decree or Court Order if available.
- **Household Demographic Form:** At the option of applicant(s), separate forms are to be completed by each adult member of the household and separate forms are to be completed by parent or guardian for each child under 18 years of age.
- **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 05/2019

**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:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**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) | Relationship to Applicant | Date of Birth | Social Security # | Full-Time Student*<br>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".

- |  | YES | NO |
|--|-----|----|
| 1. Have you been or will you be a full-time student for five months during the current calendar year? .....<br>If YES, who: _____                                      | q   | q  |
| 2. Do you receive assistance under Title IV of the Social Security Act?.....   | q   | q  |
| 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? ..... | q   | q  |
| 4. Are you a single parent with children who are not a dependent of another individual other than the parent of such children? .....                                   | q   | q  |
| 5. Are you the dependent of another individual? If YES, who:.....  | q   | q  |
| 6. Are you married, and are you eligible to file a joint income tax return? .....  | q   | q  |
| 7. Are you receiving or have you ever received Foster Care assistance? .....   | q   | q  |

**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? ..... Q Q
- 2. Are you or any member of your household currently an illegal user of a controlled substance? ..... Q Q  
 If the answer is **YES**, has that person successfully completed a controlled substance recovery program, or are they presently enrolled in such a program? .. ..... Q Q
- 3. Have you or any member of your household ever been convicted of illegal manufacture or distribution of a controlled substance? ..... Q Q
- 4. Have you or any members of your household been evicted from federally assisted housing for drug-related criminal activity?..... Q Q
- 5. Have you or any members of your household been convicted for a sexual offense or a violent crime? ..... Q Q
- 6. Are you or any member of your household required to register as a Sex Offender under any lifetime State sex offender registration programs? .. ..... Q Q
- 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? ..... Q Q  
 If **YES**: In What state? \_\_\_\_\_; Type of Conviction \_\_\_\_\_; Date of Conviction \_\_\_\_\_
- 8. Are you or any member of your family currently abusing alcohol?..... Q Q
- 9. Is any member of your family currently charged with criminal activity? ..... Q Q
- 10. Has any member of your household ever been responsible for willful damage of property? ..... Q Q
- 11. Do you understand that only persons listed on this application may live in the unit unless you obtain prior written approval from management? ..... Q Q
- 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?..... Q Q

**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<br/>(Financial Aid, scholarships, grants)</i>  |                      |
|                       | <i>Medicare - Medicaid</i>   |                      |
|                       | <i>Pensions - Annuities - Life Insurance</i>   |                      |
|                       | <i>Other: Self Employment - Real Estate<br/>Rentals - Bank Account Interest</i>                                  |                      |
|                       | <i>Lump sum payments from inheritances,<br/>lottery winnings, insurance settlements,<br/>capital gains, etc.</i> |                      |

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

| Type of Account                                | Account Balance | Location of Account | Asset Owner<br>(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 &amp; 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** \_\_\_\_\_

**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

**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.

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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:** \_\_\_\_\_

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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.

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**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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## CREDIT & CRIMINAL REPORT REQUEST

**COMPLEX: Sunset Landing Apartments**

**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

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_





**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**

1. Please list the dates of residency that the individual named above resided with you during the last five years:

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

2. What is your relationship to the individual named above? \_\_\_\_\_

3. How long have you known the Applicant? \_\_\_\_\_

4. Does the Applicant keep their portion of the residence clean and in good condition? YES( ) NO( )

Comments: \_\_\_\_\_

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

Explain: \_\_\_\_\_

6. If you were a Landlord would you rent to this Applicant? YES( ) NO( )

Comments: \_\_\_\_\_

7. 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

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



**APPLICATION PROCESS ACKNOWLEDGEMENT**  
**RE: Resident Selection Plan**

I have been given the opportunity to read a copy of the Resident Selection Plan for  
**Sunset Landing Apartments.**

**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.



**Idaho Housing and Finance Association (IHFA)  
Demographic Profile Reporting Form**

Development Number: \_\_\_\_\_  
 Unit Number: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

Development Name: \_\_\_\_\_  
 Household Name: \_\_\_\_\_

| HOUSEHOLD COMPOSITION |            |           |    | Relationship to Head-of- Household |                          |                           |                          |                           |                          |                          |
|-----------------------|------------|-----------|----|------------------------------------|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| Mbr #                 | FIRST NAME | LAST NAME | MI | Head                               | Spouse                   | Adult/<br>Co-<br>Resident | Child                    | Foster<br>Child/<br>Adult | Live-in<br>Aide          | Other                    |
| 1                     |            |           |    | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2                     |            |           |    | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3                     |            |           |    | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4                     |            |           |    | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5                     |            |           |    | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6                     |            |           |    | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7                     |            |           |    | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

| ETHNIC CATEGORIES*     | Check ONE for each household member. |                          |                          |                          |                          |                          |                          |
|------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                        | HOH<br>Mbr #1                        | Mbr #2                   | Mbr#3                    | Mbr#4                    | Mbr#5                    | Mbr#6                    | Mbr#7                    |
| Hispanic or Latino     | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not Hispanic or Latino | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choose Not to Disclose | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| RACIAL CATEGORIES*                      | Check ALL that applies for each household member. |                          |                          |                          |                          |                          |                          |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | HOH<br>Mbr #1                                     | Mbr #2                   | Mbr#3                    | Mbr#4                    | Mbr#5                    | Mbr#6                    | Mbr#7                    |
| White                                   | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Black/ African American                 | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American Indian/ Alaskan Native         | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asian                                   | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Native Hawaiian/ Other Pacific Islander | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choose Not to Disclose                  | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| DISABILITY STATUS   | Check ONE for each household member. |                                 |                                 |                                 |                                 |                                 |                                 |
|---|--------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
|   | HOH<br>Mbr #1                        | Mbr #2                          | Mbr#3                           | Mbr#4                           | Mbr#5                           | Mbr#6                           | Mbr#7                           |
| Are any household members disabled according to the Fair Housing Act? Please check yes or no. | Yes<br><input type="checkbox"/>      | Yes<br><input type="checkbox"/> | Yes<br><input type="checkbox"/> | Yes<br><input type="checkbox"/> | Yes<br><input type="checkbox"/> | Yes<br><input type="checkbox"/> | Yes<br><input type="checkbox"/> |
|   | No<br><input type="checkbox"/>       | No<br><input type="checkbox"/>  | No<br><input type="checkbox"/>  | No<br><input type="checkbox"/>  | No<br><input type="checkbox"/>  | No<br><input type="checkbox"/>  | No<br><input type="checkbox"/>  |
| Choose Not to Disclose  | <input type="checkbox"/>             | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        |

**\*Please refer to the attached page for definitions of race, ethnicity, and disability.**

\_\_\_\_\_  
Resident Signature                      Date                      Resident Signature                      Date

\_\_\_\_\_  
Resident Signature                      Date                      Resident Signature                      Date

## 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. Senior Apartment Communities restrict occupancy for the majority of units to households with at least one person 55 years of age or older;
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. licable 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. 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. 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

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:**

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.

s 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. The number of preferences per household and then the date/time the application was received determines the location on the wait list.

Preference will be given for a minimum of 100% of the units to persons who are on Public Housing Authority Waiting Lists.

Waiting list preference in leasing will be given to persons with HUD Veterans Affairs Supportive Housing (VASH) vouchers.

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.

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 documents 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 one or more waiting list, depending upon the needs of the Family and man -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 contacted when an appropriate

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 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. 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 (repossession, 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 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, 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 assure confidentiality.

Violence Against Women and Justice Department Reauthorization Act of 2005: In accordance with the Act, admission to the apartment community will not be denied on the basis that the Applicant is or has been a victim of domestic violence, dating violence or stalking if Applicant otherwise qualifies for admission. Applicant may request protection under the Act by completing the Certification of Domestic Violence, Dating Violence or Stalking (HUD form 50066) and Management will verify the certification as allowed by the Act.

#### DEFINITIONS:

APPLICANT includes all adult members of the Family or household.

DISABLED PERSON is a person with a disability as defined by Section 223 of the Social Security Act or as generally defined in 42 USC Section 6001(8) as a severe, chronic disability which:

1. is attributable to a mental/or physical impairment or combination of mental and physical impairments;
2. was manifested before age 22;
3. is likely to continue indefinitely;
4. results in substantial limitations in three (3) or more of the following areas of major life activities: self care, receptive and responsive language, learning mobility, self direction, capacity for independent living, and economic Self Sufficiency;
5. or the other services which are of lifelong, or extended duration and are individually planned and coordinated; and
6. is a person with a physical or mental impairment that:
  - a. is expected to be of long, continued and indefinite duration;
  - b. and
  - c. improved by more suitable housing conditions;
7. Is a person with a developmental disability.

DRUG RELATED CRIMINAL ACTIVITY Drug Related Activity means the illegal manufacture, sale, distribution or use of a drug or the possession with the intent to manufacture, sell or distribute a controlled substance. Drug-Related Criminal Activity does not include the use or possession, if the household member can demonstrate that they:

1. have an addiction to a controlled substance, has a record of such an impairment, or is regarded as having such an impairment; and
2. have recovered from such addictions and do not currently use or possess controlled substances. The household member must submit evidence of participation in, or successful completion of, a treatment program as a condition to being allowed to reside in the unit.

FAMILY is one or more persons in a household whose income and resources are available to meet the Family's needs.

FULL-TIME STUDENT is defined as an individual who attends full-time (for a minimum of five months per calendar year) an educational institution which normally maintains a regular faculty and curriculum. This definition applies to school aged children, including kindergarten and elementary students.

INCOME LIMITS are defined as those income limitations published by organizations regulating the development.

LIVE-IN AIDE/ATTENDANT is a person who lives with an Elderly or Disabled individual(s), is essential to that , and would not be living in the unit except to

provide the support services. While a relative may be considered to be a Live-in Aide/Attendant, the relative can reside in the unit as a Live-in Aide/Attendant only if the tenant requires special care. The Live-in Aide qualifies for occupancy only as long as the tenant requires supportive services and may not qualify for continued occupancy as a Remaining Family Member. A household may NOT designate a Family member as head of household solely to qualify the Family as a Senior Household. Live-In Aides may be evicted for violation of house rules.

REMAINING MEMBER HOUSEHOLD is a person who remains in a unit following a decrease in Family composition.

SENIOR HOUSHOLD is a household households with at least one person 55 years of age or older.

SINGLE PERSON is a person who intends to live alone.