



Revised 10/2022 for Skyview

FOR OFFICE USE ONLY:

Date: _____ Requested Bedroom Size: _____ Special Needs: _____
 Time: _____ Date Occupancy Desired: _____ Gross Annual Income \$ _____
 Resident Manager Signature: _____ Unit # - Add on to Existing Household _____

THE HOUSING COMPANY RESIDENTIAL APPLICATION FORM

Name of Apartment Complex: Skyview Apartments

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

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

(Pets must be approved by management.)

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 # |
|------------------------------------|---------------------------|---------------|-------------------|
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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 _____

B. 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? YES NO

2. Are you or any member of your household currently an illegal user of a controlled substance? YES NO

If the answer is **YES**, has that person successfully completed a controlled substance recovery program, or are they presently enrolled in such a program? .. YES NO

3. Have you or any member of your household ever been convicted of illegal manufacture or distribution of a controlled substance? YES NO

4. Have you or any members of your household been evicted from federally assisted housing for drug-related criminal activity? YES NO

5. Have you or any members of your household been convicted for a sexual offense or a violent crime? YES NO

6. Are you or any member of your household required to register as a Sex Offender under any lifetime State sex offender registration programs? .. YES NO

7. Have you or any members of your household been convicted of a felony, misdemeanor (other than traffic violation), or crime involving fraud or dishonesty?
 If YES: In What state? _____; Type of Conviction _____; Date of Conviction _____
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>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>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** _____

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):*

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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

