

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 within the application package**. Please call The Housing Company at 208-331-4890 to schedule an appointment.

Before returning the application, make sure that all items are completed. If the question does not apply to you, please write N/A. Do not use white out. If you make an error, draw a single line through the mistake and initial the correction. Make sure that all adults sign and date the application. "Adult" is defined as any person 18 years or older or an emancipated person.

When submitting the application, please include the following items:

- ☐ 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 the required forms.
- ☐ **Documentation of income sources when applicable**: Includes, but not limited to employment pay stubs, Social Security benefit letters, and child support and child custody documentation.
- ☐ **Certification of Student Status Form**: One per household
- ☐ **Household Demographic Form**: At the option of the applicant(s), a separate form is to be completed and signed by each adult member over the age of 18 years old. Each household member under the age of 18 will also be added to the household demographic form by the parent or guardian.
- ☐ **Application Fee**: Include a check or money order for the application fee of \$25 for each adult.

Eligibility will be determined based upon these factors and applicant(s) will be notified in writing within 10 days of application as to the acceptance or denial of their application. If no unit is available at the time of acceptance, the application will be placed on the waiting list. For additional information about eligibility or screening, please refer to the Resident Selection Policy.

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

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



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FOR OFFICE USE ONLY

Apartment Community: _____
Date: _____ Time: _____ Requested Bedroom Size: _____
Special Needs: _____ Preference: _____ Annual Income: _____
Unit Add On: _____
Resident Manager Signature: _____

APPLICANT DATA

Applicant Name: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Current Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

How did you hear about this apartment community?

☐ Website ☐ Newspaper ☐ Flyers/Brochures ☐ Drive By ☐ Housing Agency

☐ Resident Referral (Name _____) ☐ Other: _____

The following information is being requested to comply with Equal Opportunity requirements and will not affect your housing:

Primary Language: _____ Translation Need? ☐ Yes ☐ No

Does anyone in the household have special needs? ☐ Yes ☐ No

Are there any special living accommodations required? ☐ Yes ☐ No

If yes, please explain: _____

HOUSEHOLD COMPOSITION

Please list yourself and all persons living in your household.

Household Member Name	Relationship (e.g. Head/Spouse/dependent)	Birthdate	Social Security Number	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose



				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose

- Are you and all members of your household a United States citizen? ☐ Yes ☐ No *If no, please list non-citizens* _____
- Do you anticipate any changes in the household within the next 12 months? ☐ Yes ☐ No _____
- Does anyone live with you who is not listed above? ☐ Yes ☐ No _____
- Do you anticipate changes in the number of students or student status within the next 12 months?
☐ Yes ☐ No
- Is any member of the household 18 years of age, a full-time student and employed? ☐ YES ☐ NO

Please list all household members below and complete

Household Member Name	Student Status	Name of School
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	
	<input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT	

Answer the following ONLY IF household is comprised of ALL FULL-TIME students

- Are any of the students married and entitled to file a joint Federal Income Tax Return with their spouse
☐ Yes ☐ No
- Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF? ☐ Yes ☐ No
- Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act/Job Training Partnership Act, or under similar Federal, State, or local laws? ☐ Yes ☐ No
- Does the household consist of single-parent(s) and their children, and such parent(s) are not dependent on another individual's tax return and such children are not dependent on another individual other than a parent of such child? ☐ Yes ☐ No
- Does the household consist of at least one student who is or was previously under foster care?
☐ Yes ☐ No

UPDATED CONTACT INFORMATION FOR
18+ HOUSEHOLD MEMBERS

Please provide the most up-to-date information for each 18+ member in the household. Emails must be unique to that member.

Please check on each box for preferred contact method.

Head of Household Name: _____

☐ Phone: _____

☐ Email: _____

☐ Mail: _____

2nd Member Name: _____

☐ Phone: _____

☐ Email: _____

3rd Member Name: _____

☐ Phone: _____

☐ Email: _____

4th Member Name: _____

☐ Phone: _____

☐ Email: _____

5th Member Name: _____

☐ Phone: _____

☐ Email: _____

6th Member Name: _____

☐ Phone: _____

☐ Email: _____

HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

1. Do you currently have a Housing Voucher? ☐ Yes ☐ No
2. Are you on the waiting list to receive a Housing Voucher? ☐ Yes ☐ No
3. Are you a veteran of the US Armed Forces? (optional) ☐ Yes ☐ No
4. Are you or any member of your household disabled according to the Fair Housing Act? (optional)
☐ Yes ☐ No ☐ Choose not to answer
5. Do you or any member of your household now live in subsidized housing of any kind?
☐ Yes ☐ No
6. Do you have an animal(s) that will be moving in with you? ☐ Yes ☐ No *If yes, please describe: _____*

7. Have you or any members of your household been evicted for non-payment of rent or damages?
☐ Yes ☐ No
8. Are you or any member of your household currently a user of an illegal controlled substance?
☐ Yes ☐ No
9. If the answer is yes to the question above, has that person successfully completed a controlled substance recovery program, or are they presently enrolled in a program? ☐ Yes ☐ No ☐ N/A
10. Have you or any member of your household ever been convicted of illegal manufacture or distribution of a controlled substance? ☐ Yes ☐ No
11. Have you or any member of your household been evicted from federally assisted housing for drug-related criminal activity? ☐ Yes ☐ No
12. Have you or any member of your household been convicted of a sexual offense or violent crime? ☐ Yes ☐ No
13. 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
14. Have you or any member of your household been convicted of a felony, misdemeanor, or crime involving fraud or dishonesty? ☐ Yes ☐ No *If yes, please list what state, type of conviction and date of conviction: _____*

15. Are you or any member of your household currently charged with criminal activity? ☐ Yes ☐ No
16. Has any member of your household ever been responsible for willful damage to property? ☐ Yes ☐ No
17. Are you or any member of your household separated, but not divorced? ☐ Yes ☐ No
18. If applicant or co-applicant is under the legal age of eighteen (18), have you provided proof of emancipation? ☐ Yes ☐ No



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19. I have received a copy and have been given the opportunity to read the Resident Selection Policy.

☐ Yes ☐ No

AUTOMOBILE:

<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>LICENSE PLATE #</u>

RESIDENTIAL HISTORY

Please include the past 5 years rental history. Include places in which you lived with friends, family, or someone else and include their contact information as the landlord. If you own or have owned a home, please check the box

<u>Household Member</u> <i>(List history of other members if different than HOH)</i>	<u>Landlord Name</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Dates of Residency</u> <i>(MM/YY to MM/YY)</i>	<u>Monthly Rent</u>

☐ OWN(ED) HOME



EMERGENCY CONTACT

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone Number</u>

List all states in which you have resided or had an Identification Card or license to drive in the last 5 years:

HOUSEHOLD INCOME

<u>Income Source</u>		<u>Monthly Amount</u>	<u>Household Member</u>
Employment 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment 3	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment 5	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment Benefits - 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment Benefits - 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security / SSI - 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security / SSI - 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security / SSI - 3	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security / SSI - 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension/Veteran's Pay - 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension / Veteran's Pay - 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Support / Alimony - 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Support / Alimony - 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TANF / AABD - 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TANF / AABD - 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Retirement Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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Lump Sum Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gig Income (DoorDash, Instacart, Uber, Lyft, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gig Income (DoorDash, Instacart, Uber, Lyft, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Source _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Source _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Source _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Source _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

HOUSEHOLD ASSETS

1. Do you have assets of \$51,600 or more? ☐ YES ☐ NO
 2. Have you disposed of any assets for less than Fair Market Value in the past 2 years? ☐ YES ☐ NO
 3. Have you received a tax refund in the past 12 months? ☐ YES ☐ NO
- If yes, how much was received? _____

<u>Asset</u>		<u>Current Balance</u>	<u>Interest Rate</u>	<u>Household Member</u>
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Stocks, Bonds, Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Life Insurance (Whole or Universal)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No			





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Disposed Asset	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Prepaid Debit/Direct Express Card	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			

I/we hereby certify that this information is **TRUE** and **ACCURATE**. I/we understand that any misrepresentation on my/our part will result in my/our housing assistance being terminated. I/we also understand I/we must report any changes in the above information to the housing office in writing. I/we certify I/we have read and understand this information in accordance with federal housing regulations at the time I/we am offered assistance.

By signing below, you are authorizing The Housing Company to access my/our credit profiles, and criminal history from any or all credit repositories and criminal data sources. You are further authorizing The Housing Company to contact present and previous landlords, credit references, and employers and any credit report agency. You have the right to request a written summary of your rights under the Federal Fair housing Act as well as a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to dispute the accuracy of any information provided by the screening service. The name and address of the screening company can be obtained from the Resident Manager.

Please complete all questions fully and sign where indicated. Failure to do so will result in paperwork being returned to you for further information and will delay processing of any necessary changes.

Head of Household: _____ Date: _____

Spouse or Co-Head: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____





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Resident Manager: _____ **Date:** _____

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).



Head of Household Name: _____ **Unit Number:** _____

Students include individuals attending a public or private elementary school, middle or junior high school, senior high school, college, university, technical, trade, or mechanical school. Students do not include individuals participating in on-the-job training or correspondence courses.

PLEASE CHOOSE THE ONE OPTION BELOW THAT BEST DESCRIBES YOUR HOUSEHOLD

There are **no** full-time or part-time students in this household.

There is **at least one household member who has not been and will not be a student** for five months (can be nonconsecutive) or more of the current calendar year.

Name of non-student: _____

All household members are students, but at least one member is not a student more than **part-time.**

Name of part-time student: _____

Provide verification of part-time status.
All household members have been or will be full-time students at least five months (can be nonconsecutive) of the current/upcoming calendar year.

If this option is selected, ALL five of the following questions must be answered.

- | | | | |
|----|--|-----|----|
| 1. | Are all adult students married and entitled to file a joint tax return?
<i>Provide marriage certificate or joint tax return.</i> | Yes | No |
| 2. | Are all adult students single parents with minor children?
<i>Adult students cannot be dependents of someone else and the minor children can only be claimed by a parent. Provide tax return.</i> | Yes | No |
| 3. | Is any student receiving Temporary Assistance to Needy Families (TANF)?
<i>Provide TANF award letter or third-party verification.</i> | Yes | No |
| 4. | Is any student a former recipient of foster care assistance?
<i>Provide foster care paperwork from welfare agency.</i> | Yes | No |
| 5. | Does any student get assistance from Job Training Partnership Act or similar program?
<i>A similar program must receive federal, state, or local government funding and have a mission similar to Job Training Partnership.</i> | Yes | No |

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in the household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in termination of the lease agreement.

This form must be signed by every household member aged 18 or older.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Demographic Profile Reporting Form

Development Number: _____ Development Name: _____

Unit Number: _____ Household Name: _____

Effective Date: _____

Household Composition					Demographic Information		
Member #	First Name	Last Name	MI	Relationship to Head-of-Household	Ethnicity Code	Race Code	Disability Code
1							
2							
3							
4							
5							
6							
7							

Relationship to HoH
Enter one per household member
Head
Spouse
Adult/ Co- Resident
Child
Foster Child/ Adult
Live-in Aid
Other

Ethnicity Codes	
1	Hispanic or Latino
2	Not Hispanic or Latino
3	Choose Not to Disclose

Disability Code -	
Disabled according to the Fair Housing Act	
1	Yes
2	No
3	Choose Not to Disclose

Race Codes	
1	White
2	Black / African American
3	American Indian / Alaska Native
4	Asian (Asian India "4a", Chinese "4b", Filipino "4c", Japanese "4d", Korean "4e", Vietnamese "4f", Other Asian "4g")
5	Native Hawaiian / Other Pacific Islander (Native Hawaiian "5a", Guamanian or Chamorro "5b", Samoan "5c", Other Pacific Islander "5d")
6	Choose Not to Disclose

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date

Supplement to the Demographic Profile Reporting Form

To be completed upon initial occupancy and when a change has occurred.

You currently reside in, a rental housing unit located in a development operating under the Housing Tax Credit Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their ethnicity, race, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. **There is no penalty for those households who do not wish to provide the requested information. However, all adult household members must sign and date at the bottom of this form as proof that the option to disclose was made available.**

NOTE: Please note that the information collected assists program administrators and the federal government in evaluating the benefits, needs and continuing existence of the Housing Tax Credit Program.

The following ethnic and racial definitions are modeled after the OMB-approved form, "Race and Ethnic Data Reporting Form" (HUD 270061), used by the U.S. Department of Housing and Urban Development (HUD):

Household members can select one of the following applicable ethnic definitions:

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".

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.

Household members can select one or more of the following applicable racial definitions:

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.

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.

Black or African American. A person having origins in any of the black racial groups of Africa. A term such as "Haitian" can be used in addition to "Black" or "African American."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

The following instructions regarding disability status were written and approved by HUD's Office of Fair Housing and Equal Opportunity.

The [development] must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant's voluntary choice whether to provide such information, and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the [development] shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year's information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate.

The following definition of "disabled" comes directly from the Fair Housing Act:

Per the Fair Housing Act, the definition of disabled is:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.20, available at: http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201.
- "Handicap" does not include current, illegal use of or addition to a controlled substance.