

APPLICATION RESIDENTIAL

LIBERTY PARK
VINE TERRACE
NEZ PERCE
SHORELINE PLAZA NORTH
HOBBLER PLACE

Applicant Name

Date

The Applicant has submitted the sum of \$ 20.00 per adult, which is non-refundable payment for a credit check and processing charge of this application. Such sum is not a rental payment or security deposit. This amount will be retained by management to cover the cost of processing the application as furnished by the applicant; any false information will constitute grounds for denial of application. If you will need a reasonable accommodation, please notify us in advance so we can make appropriate arrangements

(For: OFFICE USE ONLY)

Date

Time



**BOISE CITY / ADA COUNTY HOUSING AUTHORITY
RESIDENTIAL
APPLICATION FORM**

Name of Complex _____

Address of Complex _____

APARTMENTS ARE TO BE RENTED TO ALL PEOPLE ACCORDING TO FAIR HOUSING LAWS

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

Present Address _____ City _____ State _____ Zip _____

Social Security # _____ Date of Birth _____

Drivers license number # _____

Name of Applicants Employer _____ Telephone _____

Business Address _____ City _____ State _____ Zip _____

Length of Employment _____ Position _____ Gross Income (Mo./Wk./Yr.) \$ _____

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

Present Address _____ City _____ State _____ Zip _____

Social Security # _____ Date of Birth _____

Drivers license number # _____

Name of Co-Applicants Employer _____ Telephone _____

Business Address _____ City _____ State _____ Zip _____

Length of Employment _____ Position _____ Gross Income (Mo./Wk./Yr.) \$ _____

Residence History (Must Provide at Least Three Years History)

Name of Present Landlord _____ Telephone _____

Landlord's Address _____ City _____ State _____ Zip _____

Dates of Residency (When) _____ Monthly Housing Cost \$ _____

Name of Previous Landlord _____ Telephone _____
Previous Address _____ City _____ State _____ Zip _____
Dates of Residency (When) _____ Monthly Housing Cost \$ _____

Name of Previous Landlord _____ Telephone _____
Previous Address _____ City _____ State _____ Zip _____
Dates of Residency (When) _____ Monthly Housing Cost \$ _____

Name of Previous Landlord _____ Telephone _____
Previous Address _____ City _____ State _____ Zip _____
Dates of Residency (When) _____ Monthly Housing Cost \$ _____

Bank References:

Savings _____ Address _____ Account # _____
Checking _____ Address _____ Account # _____
Loan _____ Address _____ Account # _____

Credit References:

Name _____ Balance _____ Payment _____ Account # _____
Name _____ Balance _____ Payment _____ Account # _____
Name _____ Balance _____ Payment _____ Account # _____
Name _____ Balance _____ Payment _____ Account # _____

Personal References:

(3 persons not related to you, whom you have known at least one year).

Name _____ Address _____ Telephone _____
Name _____ Address _____ Telephone _____
Name _____ Address _____ Telephone _____

Do you own any pets? YES _____ NO _____

If YES, Describe _____

Automobile:

Make _____ Color _____ Model _____ Year _____ License # _____

Make _____ Color _____ Model _____ Year _____ License # _____

Make _____ Color _____ Model _____ Year _____ License # _____

I. HOUSEHOLD COMPOSITION

A. Please provide the following information:

Names of Members of Household	Relationship	Birthdate mo/da/yr	Social Security #	Place of Employment	Full-time Student* Yes or No

*Full-time student is defined as persons who have been, are, or will be attending school at an educational institution with regular faculty and students during five months of the current calendar year (including elementary, junior high and high school students).

- B. Have you ever been evicted from any rental unit? Yes _____ No _____
 Have you ever willfully or intentionally refused to pay rent? Yes _____ No _____
- C. Have you ever been convicted of a felony? Yes _____ No _____
- D. Are you currently using illegal drugs? Yes _____ No _____
- E. Have you ever been convicted of sale, distribution, or possession of illegal drugs?
 Yes _____ No _____

III. INCOME FROM ASSETS

A. List all assets owned by household members including:

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

IV. ANTICIPATED INCOME FOR HOUSEHOLD MEMBERS

List all income anticipated to be received by members of the household* who are 18 years of age or older during the 12-month period beginning the date of this application.

*Note: Members do not need to be related to be members of the household.

HOUSEHOLD MEMBERS

<u>Type of Income</u>	Name _____ Age _____	Name _____ Age _____	Name _____ Age _____	Name _____ Age _____
A. Wages, salaries, tips, commissions, bonus, etc.				
B. Interest, dividends, other income from assets				
C. Net income from a business				
D. Payment from annuities, insurance policies, retirement funds, pensions, disability or death benefits, etc.				
E. Unemployment and disability compensation, worker's compensation, severance pay, etc.				
F. Social Security Benefits, Welfare assistance payments				
G. Alimony, child support payments, etc.				
H. Regular periodic payments or gifts from persons not living in household				
I. Regular/special pay and allowances of a member of the armed forces				
K. Other Income				
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

Please use additional sheets if needed.

In Case of Emergency, Notify

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

VI. APPLICANT CERTIFICATION

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the Agent to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements of information are punishable under Federal law.

Signature of Head of Household: _____

Date: _____

Signature of Co-Tenant: _____

Date: _____

PLEASE NOTE, THIS IS A PRELIMINARY APPLICATION. ADDITIONAL INFORMATION MAY BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF APPLICANTS. 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 AND TO THE OBTAINING OF A CREDIT BUREAU INVESTIGATION.

To remain on the waiting list you must contact the Resident Manager and update this application at least every 90 days.

Applicant's Signature _____ Date _____

Co-Applicants Signature _____ Date _____