



Brought to you by Idaho Housing and Finance Association

Revised 05/08/2025 - APP1

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



Brought to you by Idaho Housing and Finance Association

Revised 05/08/2025 - APP1

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

☐ Yes ☐ No

AUTOMOBILE:

MAKE	MODEL	YEAR	LICENSE PLATE #

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

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

☐ 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

Income Source		Monthly Amount	Household Member
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		

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			



Brought to you by Idaho Housing and Finance Association

Revised 05/08/2025 - APP1

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: _____





Brought to you by Idaho Housing and Finance Association

Revised 05/08/2025 - APP1

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).

