

APPLICATION FOR RURAL DEVELOPEMENT SENIOR/DISABLED HOUSING

(62 years of age or older or disabled, over 18 years of age)

PLEASE INDICATE THE HOUSING FOR WHICH YOU ARE APPLYING:

HSW #1 – Cambridge, ID _____	HSW #3 - McCall, ID _____	HSW #4 - Cascade, ID _____
HSW #5 - Grandview, ID _____	L.V. II -Payette, ID _____	O.M. I & II - Homedale, ID _____
HSW #6 – Melba, ID _____	L. V. X - Middleton, ID _____	O.M. III - Marsing, ID _____

NAME OF APPLICANT (HEAD): _____ PHONE NUMBER _____
 MAILING ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

Office Use Only
Date & Time
Received:

LEGAL NAMES OF APPLICANT AND ALL FAMILY MEMBERS WHO WILL BE LIVING IN UNIT, INCLUDING PART TIME MEMBERS

	FULL NAME	RELATIONSHIP	FULL/ PART TIME	SEX	BIRTHDATE	SOCIAL SECURITY NO.	FULL TIME STUDENT
1)	_____	HEAD	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____	_____

BC, SS, DL

IF FURTHER SPACE IS NEEDED, PLEASE LIST ADDITIONAL FAMILY MEMBERS ON A SEPARATE SHEET OF PAPER.

DO YOU REQUEST EITHER A HANDICAP/DISABILITY ADJUSTMENT TO YOUR INCOME OR A SPECIAL HANDICAPPED ACCESSIBLE UNIT OR BOTH? YES _____ NO _____

SOUTHWESTERN IDAHO COOPERATIVE HOUSING AUTHORITY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, PHYSICAL OR MENTAL DISABILITY OR FAMILIAL STATUS.

1. SOURCE(S) OF FAMILY INCOME, ASSETS AND MEDICAL EXPENSES; CHECK ALL THAT APPLY AND IDENTIFY MONTHLY AMOUNT:

Wages _____
 Social Security _____
 SSI _____
 TANF/Welfare _____
 Self-Employment _____
 Retirement Payments _____
 Unemployment _____
 Military Pay _____
 Child Support/Alimony _____
 Disability Benefits _____
 Other _____
 Current value of all assets: _____ Annual Anticipated Medical Expenses: _____

2. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the public housing program.

3. I CERTIFY THAT THE UNIT WILL SERVE AS MY HOUSEHOLD'S PRIMARY RESIDENCE.

I hereby give permission to the social security administration, the Department of Health & Welfare, or any other pertinent agency or company to release information to Southwestern Idaho Cooperative Housing Authority for the purpose of determining eligibility for USDA Rural Development Rental Assistance.

Date: _____ Signature of Head of Household: _____

Date: _____ Signature of Other Adult Member: _____

The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of the individual applicants based on the basis of visual observation or surname.

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 Hearing impaired – call Idaho Relay at 7-1-1



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Ethnicity for all family members:

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

Name _____
Hispanic or Latino _____
Not Hispanic or Latino _____

Race (mark one or more)

1. American Indian/Alaska Native _____
2. Asian _____
3. Black or African American _____
4. Native Hawaiian or Other Pacific Islander _____

5. White _____

Gender: Male _____ Female _____

Name _____
Hispanic or Latino _____
Not Hispanic or Latino _____

Race (mark one or more)

1. American Indian/Alaska Native _____
2. Asian _____
3. Black or African American _____
4. Native Hawaiian or Other Pacific Islander _____

5. White _____

Gender: Male _____ Female _____

Name _____
Hispanic or Latino _____
Not Hispanic or Latino _____

Race (mark one or more)

1. American Indian/Alaska Native _____
2. Asian _____
3. Black or African American _____
4. Native Hawaiian or Other Pacific Islander _____

5. White _____

Gender: Male _____ Female _____

Name _____
Hispanic or Latino _____
Not Hispanic or Latino _____

Race (mark one or more)

1. American Indian/Alaska Native _____
2. Asian _____
3. Black or African American _____
4. Native Hawaiian or Other Pacific Islander _____

5. White _____

Gender: Male _____ Female _____

Name _____
Hispanic or Latino _____
Not Hispanic or Latino _____

Race (mark one or more)

1. American Indian/Alaska Native _____
2. Asian _____
3. Black or African American _____
4. Native Hawaiian or Other Pacific Islander _____

5. White _____

Gender: Male _____ Female _____

Name _____
Hispanic or Latino _____
Not Hispanic or Latino _____

Race (mark one or more)

1. American Indian/Alaska Native _____
2. Asian _____
3. Black or African American _____
4. Native Hawaiian or Other Pacific Islander _____

5. White _____

Gender: Male _____ Female _____

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EQUAL HOUSING
OPPORTUNITY

RELEASE CONSENT FORM

In signing this consent form you are authorizing Southwestern Idaho Cooperative Housing Authority to request information including but not limited to: identity and marital status, employment income, welfare income, assets, residences and rental activity, Medical or Child care allowance, credit and criminal activity.

The housing authority needs this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. The housing authority may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Sources of Information: The group or individuals that may be asked to release the authorized information include but not limited to:

Previous landlord	Public Housing Agencies	Courts & Post Offices
Schools & Colleges	Law Enforcement Agencies	Veterans Administration
Welfare Agencies	Support & Alimony Agencies	Retirement Systems
Medical Providers	Past & Present Employers	Utility Companies
Child Care Providers	State Unemployment Agencies	Banks/Financial Institutions
Credit Providers	Social Security Administrations	Credit Bureaus

Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members become 18 years of age.

Failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both.

Signature

Date

Signature

Date

Signature

Date

Signature

Date



ACCEPTABLE DOCUMENTATION

We are unable to process your application or determine your eligibility without the following information or verifications. You must provide this information for each person on the application. Provide ALL that apply

Social Security Cards - For every family member, or certification that a number has not been issued. Other acceptable documents (if SSN is provided): or an original SSA-issued document, which contains the name & SSN of the individual; or an original document issued by a federal, state, or local agency, which contains the name and SSN of the individual.

Verification of Legal Identity - For every family member (one of the following): official certificate of birth, naturalization papers, church issued baptismal certificate; current - valid driver's license or DMV ID card, U.S. military ID or discharge (DD 214), U.S. passport, employer ID card, adoption papers, custody agreement, Health & Human Services ID, school records, school ID

Verification of Age - For every family member (if not provided above) - official certificate of birth, US military ID, other documentation from vital statistics, hospital birth certificate, school records or driver's license if birth year is recorded. (church issued baptismal certificate is NOT verification of age)

I. N. S. verification - Form I-551, Form I-94, Form 1-688, Form I-688B or receipt of application for replacement document

Employment information - statement from employer for all family members employed or 2 current consecutive months of check stubs with name and address of employer (include tips if applicable)

Social Security Benefits - A copy of your most recent social security benefit letter can be obtained by calling 1-800-772-1213, Or online at <https://secure.ssa.gov/apps6z/BEVE/main.html>. You can contact your local office at 1-877-836-1560.

Child Support - Copy of divorce/custody documents

Proof of Guardianship of Minor Children if not your natural born child

Unemployment Benefits - monetary determination from Department of Employment

Veteran Benefits - monetary determination from Veterans Administration with VA ID#

Federal tax return (most recent) - including all W-2's and other attachments

Assets - stocks, bonds, CD's, checking and savings (copy of current statements, all pages, all accounts)

Real Property (sole ownership or joint) - copy of tax assessment

Lump Sum - monetary determination and disbursement record

Financial Aid for Education - monetary determination and status of student

Child care expenses - receipts with name and address of provider, statement from provider regarding the amount that you pay out of pocket each month

Medical Expense (paid out of pocket) - receipts, billing statement or printout with providers name and address. (Elderly; or head or spouse disabled only)

Medicare approved drug discount card - send copy or plan statement

Legal Name Change - copy of court order, marriage certificate, etc.

Proof of Disability (if not receiving Social Security) - name and address of physician

Other:

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ASSET DISPOSITION CERTIFICATION STATEMENT

<u>Assets Include:</u>	<u>Dollar Value</u>
Savings Account Number: _____	_____
Name & Address of Bank: _____	_____
Checking Account Number: _____	_____
Name & Address of Bank: _____	_____
Credit Union Acct. Number: _____	_____
Name & Address of Credit Union: _____	_____
Stocks, Bonds, Annuities, IRA's, Life Insurance, etc.: _____	_____
Name & Address: _____	_____
Mortgages or Contracts on Property Sold: _____	_____
Name & Address: _____	_____
Property Owned in any State: _____	_____
Description & Address: _____	_____
Cash on Hand: _____	_____
Other Assets: _____	_____
Description & Address: _____	_____

I HEREBY CERTIFY THAT I HAVE ___/HAVE NOT ___ DISPOSED OF ANY REAL PROPERTY WITHIN THE LAST TWO YEARS. *If you have, please provide details of disposition.* The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

Date: _____

Signature: _____

Date: _____

Signature: _____

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QUESTIONNAIRE OF INCOME – ASSETS

	YES	NO
Do you have: Checking Account: Bank name/branch _____ Savings Account: Bank name/branch _____	_____ _____	_____ _____
Do you have any Money Market Funds, Trusts, IRA/Keogh or other Company Retirement Accounts, Stocks, Bonds, Certificates of Deposit (CD), equity in rental property, any Capital Investments, Personal property held as an investment, or any other accounts? If yes, please explain _____	_____ _____	_____ _____
In the past two years have you received a lump sum payment such as an Inheritance, Lottery winnings, Insurance Settlements (health, accident, or workers comp), Capital Gains, back Social Security Benefits, Unemployment Insurance, or any other lump sum? If yes, please explain _____	_____ _____	_____ _____
Have you disposed of any asset(s) (cash gifts, property or assets placed in nonrevocable trusts) valued at more than \$1000 for less than the Fair Market Value in the past two years? If yes, complete the following: The asset(s) I/we disposed of was: _____ The value of the asset(s) I/we disposed of was \$ _____ The amount received for the asset(s) was \$ _____	_____ _____	_____ _____
Do you own any asset jointly with anyone else? If yes, please explain _____	_____ _____	_____ _____
Do you receive periodic (weekly, monthly or annually) income such as: Retirement Funds (SSA or Company Retirement) _____ Pensions or Annuities _____ Insurance Policies _____ Disability or Death Benefits (SSI or Workers Comp) _____ Other (including wages, child support or unemployment) _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Do you receive income through RSVP or the Foster Grandparent Program?	_____	_____
Are there any full-time students 18 years of age or older in your household? If yes, which member _____ Does this family member receive Financial Aid or an Athletic scholarship?	_____ _____	_____ _____
How do you pay for food, clothes and entertainment? _____		
Do you regularly receive gifts of money or other contributions from persons outside of the household (including parents/guardians) for: Rent _____ Utilities _____ Food _____ Clothing, diapers, household supplies or other _____	_____ _____ _____ _____	_____ _____ _____ _____
Are you or any family member currently enrolled in Federal, State or Local Training Program? If yes, please explain _____	_____	_____
Are there child care expenses to continue your education or to enable you to work? If yes, list provider name, address and phone _____ _____	_____	_____
Is any portion of the expense subsidized _____	_____	_____
Are there any household members temporarily or permanently absent? If so, please explain _____	_____	_____

I/we certify that I/we have been asked the above statements and the answers are true and complete to the best of my/our knowledge. I understand that it is my responsibility to report such changes in income and assets whenever they occur. I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offence, punishable by a \$10,000.00 fine or 10 years imprisonment, or both, to make willful statements of misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

SIGNATURE _____	SIGNATURE _____
SIGNATURE _____	SIGNATURE _____
DATE SIGNED _____	

APPLICANT'S PAST AND PRESENT HOUSING RECORD

(PLEASE PROVIDE LEGIBLE AND VERIFIABLE NAMES, ADDRESS AND PHONE #'S)

Have you lived out of the state of IDAHO in the past three (3) years? Yes _____ No _____

HAVE YOU EVER PARTICIPATED IN ANY FEDERAL HOUSING ASSISTANCE PROGRAMS BEFORE? IF SO WHERE:
(NAME, AND PHONE NUMBER OF HOUSING AUTHORITY PROJECT):

UNDER WHAT NAME WAS ASSISTANCE GIVEN? _____

DATE RECEIVED – FROM _____

TO _____

NAME OF PRESENT LANDLORD _____

PHONE # _____

LANDLORD'S MAILING ADDRESS: _____

IS THE LANDLORD A RELATIVE: _____ (YES/NO)

IS YES, WHAT IS THE RELATIONSHIP? _____

WHAT IS THE ADDRESS OF THE RENTAL UNIT? _____

LEASED: (MONTH/YEAR) FROM _____

TO _____

NAME OF PREVIOUS LANDLORD _____

PHONE # _____

LANDLORD'S MAILING ADDRESS: _____

IS THE LANDLORD A RELATIVE: _____ (YES/NO)

IS YES, WHAT IS THE RELATIONSHIP? _____

WHAT IS THE ADDRESS OF THE RENTAL UNIT? _____

LEASED: (MONTH/YEAR) FROM _____

TO _____

NAME OF PREVIOUS LANDLORD _____

PHONE # _____

LANDLORD'S MAILING ADDRESS: _____

IS THE LANDLORD A RELATIVE: _____ (YES/NO)

IS YES, WHAT IS THE RELATIONSHIP? _____

WHAT IS THE ADDRESS OF THE RENTAL UNIT? _____

LEASED: (MONTH/YEAR) FROM _____

TO _____

NAME OF PREVIOUS LANDLORD _____

PHONE # _____

LANDLORD'S MAILING ADDRESS: _____

IS THE LANDLORD A RELATIVE: _____ (YES/NO)

IS YES, WHAT IS THE RELATIONSHIP? _____

WHAT IS THE ADDRESS OF THE RENTAL UNIT? _____

LEASED: (MONTH/YEAR) FROM _____

TO _____

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TAX RETURN DECLARATION

Applicants Name: _____

Have you filed a tax return for the most recent year? YES _____ NO _____

If yes, please provide a copy of your most current tax return.

Please specify the year of the tax return provided. _____

Signature: _____

Date: _____

(FOR ADDITIONAL ADULT MEMBER(S), UNLESS MARRIED OR FILE TOGETHER THEN JUST COMPLETE TOP)

Applicants Name: _____

Have you filed a tax return for the most recent year? YES _____ NO _____

If yes, please provide a copy of your most current tax return.

Please specify the year of the tax return provided. _____

Signature: _____

Date: _____

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TENANT RECORD OF MEDICAL DEDUCTIONS

Complete this form if the head or co-head of your household is elderly (62 years of age or older) or disabled.
Include ONLY bills of receipts you pay – DO NOT include payments made by Medicare or Private insurance companies.

NAME: _____

ADDRESS: _____

PHONE NO: _____

Name & Address of Doctor, Pharmacy, etc.	Monthly Cost	Amount Paid	Additional Information

I hereby certify that these medical expenses were prescribed by a physician and were paid by me for the family member above. Also, I understand that the bills or receipts for the medical expenses listed above are to be retained by me for 12 months from the date and are to be made available upon request to the Housing Authority for audit.

Signature

Date

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