

SICHA



Date received in SICHA office: _____

APPLICATION FOR RURAL DEVELOPMENT HOUSING-FAMILY

PLEASE INDICATE THE HOUSING FOR WHICH YOU ARE APPLYING:

Cambridge Apts, Cambridge, Idaho _____	Coleman Apts, Council, Idaho _____
Freedom Village I, Payette, Idaho _____	Leisure Village VII, Middleton, Idaho _____
Roseberry Court, McCall, Idaho _____	

NAME OF APPLICANT _____

PRESENT ADDRESS _____

PHONE NUMBER _____

FAMILY COMPOSITION:

NAME OF FAMILY MEMBER	AGE	SEX	BIRTH DATE	SOCIAL SECURITY NO.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INCOME: SOURCE, RATE, AND TYPE OF INCOME (INCLUDE ANY INCOME FROM BANK ACCOUNTS, RENT FROM OWNED PROPERTY, INTEREST FROM SOLD PROPERTY, AND ADD MEDICARE OR MEDICAID TO SOCIAL SECURITY OR SSI INCOME).
HAS ANYONE IN YOUR HOUSEHOLD (THOSE APPLYING FOR THIS HOUSING) WORKED DURING THE PAST 12 MONTHS? Yes / No

NAME OF FAMILY MEMBER	SOURCE OF INCOME	MONTHLY INCOME
_____	_____	_____
_____	_____	_____

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

I CERTIFY THAT THE UNIT APPLIED FOR WILL BE MY ONLY HOUSEHOLD PERMANENT RESIDENCE AND I DO/WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

SICHA



Date received in SICHA office: _____

APPLICATION FOR SENIOR HOUSING

This is Federal Elderly Housing - (62 years of age or older or disabled, over 18 years of age)

PLEASE INDICATE THE HOUSING FOR WHICH YOU ARE APPLYING:

McCall, Idaho _____
Melba, Idaho _____
Payette, Idaho _____

Grand View, Idaho _____
Cambridge, Idaho _____
Middleton, Idaho _____

Cascade, Idaho _____
Marsing, Idaho _____
Homedale, Idaho _____

NAME OF APPLICANT _____

PRESENT ADDRESS _____

PHONE NUMBER _____

FAMILY COMPOSITION:

NAME OF FAMILY MEMBER AGE SEX BIRTH DATE SOCIAL SECURITY NO.

INCOME: SOURCE, RATE, AND TYPE OF INCOME (INCLUDE ANY INCOME FROM BANK ACCOUNTS, RENT FROM OWNED PROPERTY, INTEREST FROM SOLD PROPERTY, AND ADD MEDICARE OR MEDICAID TO SOCIAL SECURITY OR SSI INCOME).

HAS ANYONE IN YOUR HOUSEHOLD (THOSE APPLYING FOR THIS HOUSING) WORKED DURING THE PAST 12 MONTHS? Yes / No

NAME OF FAMILY MEMBER SOURCE OF INCOME MONTHLY INCOME

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

I CERTIFY THAT THE UNIT APPLIED FOR WILL BE MY ONLY HOUSEHOLD PERMANENT RESIDENCE AND I DO/WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

DATE _____

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

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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 _____

SICHA is an equal opportunity provider
377 East Main Street, Middleton, Idaho 83644 Phone (208) 585-9325 • Fax (208) 585-9326
Hearing impaired – call Idaho Relay at 7-1-1

APPLICANT'S PAST AND PRESENT HOUSING RECORD

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

UNDER WHAT NAME WAS ASSISTANCE GIVEN? _____

DATE RECEIVED - FROM _____ TO _____

NAME OF PRESENT LANDLORD _____ Phone # _____

MAILING ADDRESS _____

IS THIS LANDLORD A RELATIVE? _____ (yes/no) If so, what is relationship? _____

WHAT IS THE ADDRESS OF THE RENTAL UNIT? _____

NAME OF PREVIOUS LANDLORD _____ Phone # _____

MAILING ADDRESS _____

IS THIS LANDLORD A RELATIVE? _____ (yes/no) If so, what is relationship? _____

WHAT IS THE ADDRESS OF THE RENTAL UNIT? _____

NAME OF PREVIOUS LANDLORD _____ Phone # _____

MAILING ADDRESS _____

IS THIS LANDLORD A RELATIVE? _____ (yes/no) If so, what is relationship? _____

WHAT IS THE ADDRESS OF THE RENTAL UNIT? _____

NAME OF PREVIOUS LANDLORD _____ Phone # _____

MAILING ADDRESS _____

IS THIS LANDLORD A RELATIVE? _____ (yes/no) If so, what is relationship? _____

WHAT IS THE ADDRESS OF THE RENTAL UNIT? _____

SICHA



ASSET DISPOSITION CERTIFICATION STATEMENT

<u>ASSETS INCLUDE:</u>	DOLLAR VALUE
SAVINGS ACCOUNT NUMBER: _____ Bank name and address _____	\$ _____
CHECKING ACCOUNT NUMBER: _____ Bank name & address: _____	\$ _____
CREDIT UNION ACCT. NUMBER: _____ Name & address: _____	\$ _____
STOCKS & BONDS: _____ Name & address: _____	\$ _____
MORTGAGES OR CONTRACTS ON PROPERTY SOLD: Name & address: _____	\$ _____ \$ _____
PROPERTY OWNED IN ANY STATE: _____ Description: _____	
OTHER ASSETS: Description: _____	\$ _____

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 _____

SICHA



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 allowances, 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 groups or individuals that may be asked to release the authorized information include but are not limited to:

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

Tenant Signature

Date

Tenant Signature

Date

Tenant Signature

Date

SICHA



Please provide the following information with your completed application. Failure to provide this information could delay or result in the rejection of your application.

Records of Earned Income

- Paycheck stub
- W – 2 forms and copy of complete income tax return

Records of Other Income

- Pensions and annuities – latest check stub from issuing institution
- Social Security – current award letter
- Unemployment compensation – determination letter Form 2000, Form UC 30, or latest check stub
- SSI – award letter
- TANF – award letter, recent check stub
- Worker's Compensation – Form DOL 203, recent check stub
- Alimony – copy of court order
- Child Support – copy of court order
- Education scholarships/stipends – award letter
- Trade Union benefits – recent check stub
- Other public assistance – award letter
- Income from assets – credit union/bank/S&L statements, etc.

Asset Information

- Bank statements
- Stock/bond certificates
- Mortgage note
- Income tax return
- Certificate of deposit
- Life Insurance policy

Records of Family Circumstances/Family Composition/Allowances

- Social Security cards/alternative documents
- Birth certificates
- Statement of Disability
- Social Security record
- Work permit
- Income Tax returns
- Adoption papers/Legal documents showing formal adoption being pursued
- Copies of medical bills
- Payment receipts for dependent care, child care, etc.
- Printout from pharmacy for the last year if disabled or a senior