

# PUBLIC HOUSING PRE-APPLICATION

**\*\*\*This application is NOT for Section 8 Housing\*\*\***

SICHA has Public Housing units at Cinnabar Court in Caldwell, ID and Syringa Court in Glenns Ferry, ID.

Please select your choice of location below and give a brief explanation why the other location is not acceptable or if you want to be on the waiting list for both units, indicate that. **You do not have to be willing to live at both locations to remain on the waiting list for the location of your choice.**

Explain your choice: \_\_\_\_\_  
 Caldwell (Canyon County) \_\_\_\_\_ Glenns Ferry (Elmore County) \_\_\_\_\_

I WOULD LIKE MY NAME PLACED ON THE SECTION 8 HOUSING CHOICE VOUCHER WAITLIST.

YES / NO (circle one)

## APPLICATION – PUBLIC HOUSING

NAME OF APPLICANT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 PRESENT ADDRESS \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_

Office Use Only Date & Time Received: _____ _____
<u>BC,SS,DI</u> _____ _____ _____ _____ _____ _____

LEGAL NAMES OF APPLICANT AND ALL FAMILY MEMBERS WHO WILL BE LIVING IN UNIT					FULL TIME
FULL NAME	RELATIONSHIP	SEX	BIRTHDATE	SOCIAL SECURITY NO.	STUDENT
1) _____	HEAD	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____	_____

PLEASE LIST ADDITIONAL FAMILY MEMBERS ON A SEPARATE SHEET OF PAPER.

**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. FOR HUD STATISTICAL PURPOSES ONLY. Please identify your race and ethnicity by checking one box in each of the two categories below:

- |   |   |
|---|---|
| Race:   | Ethnicity:                                      |
| <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic or Latino     |
| <input type="checkbox"/> American Indian/Alaska Native  | <input type="checkbox"/> Not-Hispanic or Latino |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander   |   |

2. SOURCE(S) OF FAMILY INCOME; 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: \_\_\_\_\_

3. 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.

Date \_\_\_\_\_ Signature of Head of Household \_\_\_\_\_

When this pre-application is received in our office, your name will be placed on the waiting list for which you applied. Due to limited funding we are unable to tell you how long it may be until assistance can be provided.

During this waiting period it is essential that you report changes of address, telephone number, family composition and income status to this office. Failure to report changes may affect your application. If mail addressed to you is returned by the post office as undeliverable, your name will be removed from the waiting list.



SICHA is an equal opportunity provider and employer  
 377 Cornell St. Middleton, ID 83644 ~ (208) 585-9325 ~ Fax (208) 585-9326  
 Hearing impaired – call Idaho Relay at 7-1-1



# 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  
Schools & Colleges  
Welfare agencies  
Medical Providers  
Child Care Providers  
Credit Providers

Public Housing Agencies  
Law Enforcement Agencies  
Support & Alimony Providers  
Past & Present Employers  
State Unemployment Agencies  
Social Security Administration

Courts & Post Offices  
Veterans Administration  
Retirement Systems  
Utility Companies  
Banks/Financial Institutions  
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

### 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 the relationship? \_\_\_\_\_

WHAT IS THE ADDRESS OF THE RENTAL UNIT? \_\_\_\_\_

\*PROVIDE THE PAST 10 YEARS OF ADDITIONAL PREVIOUS LANDLORDS INFORMATION WITH NAME, MAILING ADDRESS, PHONE NUMBER, RELATIONSHIP (IF ANY), AND THE ADDRESS OF RENTAL UNIT ON A SEPARATE SHEET OF PAPER.

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