

APPLICATION FOR RURAL DEVELOPEMENT FAMILY HOUSING

**Family
New Applicant**

PLEASE INDICATE THE HOUSING FOR WHICH YOU ARE APPLYING:

| | |
|---|--------------------------------------|
| Cambridge Apts., Cambridge, Idaho _____ | Coleman Apts., Council, Idaho _____ |
| Freedom Village, Payette, Idaho _____ | Willow Creek, Middleton, Idaho _____ |
| Roseberry Court, McCall, Idaho _____ | |

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

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/ | | SEX | BIRTHDATE | SOCIAL SECURITY NO. | FULL TIME STUDENT |
|----|-----------|--------------|-----------|-------|-------|-----------|---------------------|-------------------|
| | | | PART TIME | | | | | |
| 1) | _____ | HEAD | _____ | _____ | _____ | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4) | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 5) | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 6) | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

BC, SS, DL

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

DO YOU REQUEST A **HANDICAPPED ACCESIBLE UNIT?** YES or NO (PLEASE CIRCLE ONE)
 DO YOU REQUEST A **HANDICAP/DISABILITY ADJUSTMENT TO YOUR INCOME?** YES or NO (PLEASE CIRCLE ONE)

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: _____



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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



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ACCEPTABLE DOCUMENTATION

RD

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: _____ | |
| 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? Company name/address _____ | _____ | _____ |
| 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 childcare 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 _____ DATE SIGNED _____

SIGNATURE _____ DATE SIGNED _____



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APPLICANT'S PAST AND PRESENT HOUSING RECORD

Applicant(s) Name: _____

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

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

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 |
|---|--------------|-------------|------------------------|
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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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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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