



**APPLICATION & RENEWAL**

**12-10**

APPLICANT NAME: \_\_\_\_\_ Home Phone \_\_\_\_\_.

CURRENT ADDRESS: \_\_\_\_\_ Message Phone \_\_\_\_\_.

CITY – ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NAME AND ADDRESS OF APPLICANT'S NEAREST RELATIVE:

\_\_\_\_\_  
 \_\_\_\_\_

**LEGAL NAMES OF APPLICANT AND ALL FAMILY MEMBERS WHO WILL BE LIVING IN UNIT**

Applicants who were 62 or older and receiving rental assistance from HUD as of January 31, 2010 may not be required to provide verification of a social security number

	<u>FULL NAME</u>	<u>SOC SEC NO.</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>BIRTHDATE</u>
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____

**HOUSING SOUTHWEST NO. 2 DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, GENDER, PHYSICAL OR MENTAL DISABILITY, FAMILIAL STATUS, SEXUAL ORIENTATION, GENDER IDENTITY OR MARITAL STATUS.**

**SOURCES OF INCOME**

<u>EMPLOYER</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>FAMILY MEMBER EMPLOYED</u>
_____	_____	_____	_____
_____	_____	_____	_____

<u>EMPLOYMENT INCOME</u> - \$ _____ /MONTH OR \$ _____ /WEEK			
<u>OTHER INCOME:</u>		<u>PUBLIC ASSISTANCE:</u>	
Social Security (Head)	\$ _____ /Mo.	Worker	_____
Social Security (Spouse)	\$ _____ /Mo.	TAFI	\$ _____ /Mo.
State Supplement	\$ _____ /Mo.		
Supplemental Security	\$ _____ /Mo.		
V A Pension/Disability	\$ _____ /Mo.	<u>EDUCATIONAL</u>	
Other Pension	\$ _____ /Mo.	Scholarships	\$ _____ /Mo.
Child Support	\$ _____ /Mo.	Grants/Work Study	\$ _____ /Mo.
Unemployment Comp.	\$ _____ /Mo.	V A Allowances	\$ _____ /Mo.



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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 ASSISTANCE RECEIVED – FROM \_\_\_\_\_ TO \_\_\_\_\_

**COMPLETE THE FOLLOWING ONLY IF A FAMILY MEMBER IS ELDERLY, DISABLED, OR HANDICAPPED:**

Do you request a handicapped/disabled/elderly adjustment to your income and/or a special accessible unit? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you request an auxiliary aid? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you request an income adjustment for out-of-pocket medical expenses? YES \_\_\_\_\_ NO \_\_\_\_\_

**Current Landlord**

Name Address Phone# How long lived there

**Previous Landlord**

Name Address Phone# How long lived there

Under what name did you rent and address of unit you rented

**Previous Landlord**

Name Address Phone# How long lived there

Under what name did you rent and address of unit you rented

**Previous Landlord**

Name Address Phone# How long lived there

Under what name did you rent and address of unit you rented

List all states in which the household members have resided \_\_\_\_\_

**RENT SUBSIDY DOES NOT INCLUDE DEPOSIT – TENANT IS RESPONSIBLE FOR ALL REQUIRED DEPOSIT(S)**

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

**WARNING:** SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL, FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

“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 \$5,000. 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*.

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Hearing Impaired - call Idaho Relay at 7-1-1