

**RENTAL APPLICATION**

Property Name Mountain Falls Apartments I & II  
 Address 1275 S. Woodruff Ave  
 City/State/Zip Idaho Falls, Id 83404  
 Phone 208-524-9910  
 How did you hear about us?  
 \_\_\_\_\_

For Office Use Only	
Original	Update
Date Received	_____
Time Received	_____
Received By	_____
Apt. Size Requested	<input type="checkbox"/> 0 BR <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR

**HOUSEHOLD SUMMARY INFORMATION**

**List each household member applying to reside in the apartment.**

M E M B E R	First Name	MI	Last Name	Social Security Number	Date of Birth	Relationship to Head of Household	Student *	Sex *
1						Head of Household		
2								
3								
4								

\* Student -enrolled as a Full time or Part time student at an institute of higher education? – Answer “Yes” or “No”

\*Sex – Answer one of the following indicating - “M”– Male, “F”– Female, “O” – Other, or “ND” – Not Disclosed.

Are all members of your household – regardless of age or type of school – full time students?  Yes  No

Are there any unborn, adopted or foster children you are in the process of adding to your household within the next year?  Yes  No

Do you anticipate adding any other persons to your household within the next Year?  Yes  No

**GENERAL HOUSEHOLD INFORMATION**

Current Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  N/A  
 Email \_\_\_\_\_  N/A

Preferred Language \_\_\_\_\_

Do you have pets?  Yes  No

Do you have a Service Dog or Other Assistance or Emotional Support Animal?  Yes  No

Are you temporarily displaced due to a disaster?  Yes  No

Are you homeless or lacking a fixed nighttime residence?  Yes  No

**Accessibility Needs:**

**Does any household member require the features of an accessible unit due to a disability?**  Yes  No

Accessibility features may include: Roll in shower, roll under sinks, wider doorways, wheelchair turnaround in the kitchen and bathroom, lowered light switches and/or peephole, accessible appliance controls, strobe lights on the doorbell and/or smoke alarm

**RENTAL HISTORY**

**Applicant's name must have been on the lease/mortgage for any reference to be valid. Lack of rental history will not be considered a negative factor. A minimum of 3 years rental history and landlord references must be provided.**

Current Landlord/Lender Name: \_\_\_\_\_ Charges paid per month \$ \_\_\_\_\_

Apartment Community Name (If applicable) \_\_\_\_\_

Street Address/City/State/Zip \_\_\_\_\_

Landlord/Lender Address if different: \_\_\_\_\_

Phone Number \_\_\_\_\_ Move in Date \_\_\_\_\_

Do you live in subsidized housing?  Yes  No If Yes, are you currently receiving assistance?  Yes  No  
If Yes, what program? \_\_\_\_\_

Previous Landlord/Lender Name: \_\_\_\_\_ Charges paid per month \$ \_\_\_\_\_

Apartment Community Name (If applicable) \_\_\_\_\_ Move in Date \_\_\_\_\_

Street Address/City/State/Zip \_\_\_\_\_

Landlord/Lender Address if different: \_\_\_\_\_

Phone Number \_\_\_\_\_ Move out Date \_\_\_\_\_

\_\_\_\_ I/We have never rented/owned a home. Please explain living arrangements:  
\_\_\_\_\_

List additional information below or on a separate sheet of paper.

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

**MEMBER INFORMATION – MEMBER 1 (Head of Household)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Check here if you do not have a social security number, and were 62 or older as of January 31, 2010, and were receiving subsidy at another location as of January 31, 2010.

Are you a U.S. Military Veteran?  Yes  No

**Race\*** (Choose all that apply)

American Indian  Alaska Native  Asian  African American  Native Hawaiian  Pacific Islander  White  Other

**Ethnicity\***

Hispanic or Latino  Not Hispanic or Latino

*\*This information is gathered for statistical purposes only.*

**A Public Records search will be conducted on each adult occupant.**

List all states where you have ever lived (regardless of duration) \_\_\_\_\_

Are you subject to a state sex offender lifetime registration requirement?  Yes  No

If yes, where? \_\_\_\_\_

Do you have any felonies or misdemeanors involving the following? (If yes, identify the year the incident occurred.)

Sexual Misconduct  Yes  No Year \_\_\_\_\_

Are you currently engaged in illegal drug use?  Yes  No

Illegal possession, manufacture, sale and/or distribution of a controlled substance?  Yes  No Year \_\_\_\_\_

Physical crime against a person or persons and/or another person's property?  Yes  No Year \_\_\_\_\_

Have you been evicted from Federally Assisted Housing in the last 3 years for drug-related criminal activity?

Yes  No

**Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies.**

**Lack of credit history will not be considered a negative factor.**

Have you ever filed bankruptcy?  Yes  No If Yes, please provide Court and Case Number \_\_\_\_\_

**MEMBER INFORMATION # \_\_\_\_\_**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Check here if you do not have a social security number, and were 62 or older as of January 31, 2010, and were receiving subsidy at another location as of January 31, 2010.

Are you a U.S. Military Veteran?  Yes  No

**Race\*** (Choose all that apply)

American Indian  Alaska Native  Asian  African American  Native Hawaiian  Pacific Islander  White  Other

**Ethnicity\***

Hispanic or Latino     Not Hispanic or Latino

**\*This information is gathered for statistical purposes only.**

Are you 18 years of age or older?     Yes     No (If No, go to next section)

**A Public Records search will be conducted on each adult occupant.**

List all states where you have ever lived (regardless of duration) \_\_\_\_\_

Are you subject to a state sex offender lifetime registration requirement?     Yes     No

If yes, where? \_\_\_\_\_

Do you have any felonies or misdemeanors involving the following? (If yes, identify the year the incident occurred.)

Sexual Misconduct     Yes     No    Year \_\_\_\_\_

Are you currently engaged in illegal drug use?     Yes     No

Illegal possession, manufacture, sale and/or distribution of a controlled substance?     Yes     No  
Year \_\_\_\_\_

Physical crime against a person or persons and/or another person's property?     Yes     No  
Year \_\_\_\_\_

Have you been evicted from Federally Assisted Housing in the last 3 years for drug-related criminal activity?

**Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Lack of credit history will not be considered a negative factor.**

Have you ever filed bankruptcy?     Yes     No    If Yes, please provide Court and Case Number \_\_\_\_\_

**INCOME**

**Income sources. (Indicate gross income before any deductions or garnishments occur.)**

Does anyone in your household receive any income from employment?     Yes     No    If Yes, please complete section below.

Member #	Employer	Employer Phone	Start Date	Full/Part Time	Monthly Amount

Does anyone in your household receive any Unemployment Benefits?     Yes     No    If Yes, please complete section below.

Member #	Issuing Agency	Issuing State	Start Date	Monthly Amount

Does anyone in your household receive any of the following benefits?     Yes     No    If Yes, please complete section below.

Member #	Source of income	Monthly Amount
	Social Security	

	Dual Entitlement – Indicate Claim Number _____	
	Federal Supplemental Security Income	
	SSP (State portion of Supplemental Security Income)	
	Long/Short Term Disability	
	Retirement, Pension or Annuity	

Does anyone in your household have any of the following sources of income?  Yes  No If Yes, please complete section below.

Member #	Source of income	Monthly Amount
	Rental Income	
	Child Support	
	Alimony	
	General Assistance (TANF)	
	Business Income	
	Financial Assistance with any other person helping pay any bills on a regular basis	
	Other – Please Specify:	

**ASSETS**

Indicate all household members with any of the following. If none, indicate "N/A" in Member #.

Member #		Single or Joint	Balance
	Checking Account(s)		
	Savings Account(s)		
	Certificate(s) of Deposit		
	Money Market Account(s)		
	Retirement Account(s)		

	Mutual Fund(s)		
	Stocks/Bonds		
	Whole Life Insurance		
	EFT, Direct Express or Benefits Debit Cards		
	Cash on Hand		
	Other:		

Do you or any member of your household own real estate (Home, Land, etc.)?  Yes  No  
 If yes, estimated value \_\_\_\_\_

Do you or any member of your household own a collection held as an investment?  Yes  No  
 If yes, estimated value \_\_\_\_\_

Have you or any member of your household disposed of any assets, within the last two years, for less than fair market value?  Yes  No

If yes, please complete the following:

Date of disposal: \_\_\_\_\_ Amount received: \$ \_\_\_\_\_ Estimated fair market value: \$ \_\_\_\_\_

**EXPENSES**

**Medical/Disability**

Is the Head, Spouse, or Co-Head of your household either age 62 or older or disabled?  Yes  No If Yes, complete the following.

Monthly Medicare Premiums (including Part D): \$ \_\_\_\_\_ Monthly prescription copay costs: \$ \_\_\_\_\_

Monthly Medical Insurance costs: \$ \_\_\_\_\_ Other medical/disability expenses: \$ \_\_\_\_\_

Within the last 12 months:

Installment payments on Doctor Bills: \$ \_\_\_\_\_ Hospital installment payments: \$ \_\_\_\_\_

**Childcare**

Is the Head, Spouse, or Co-Head of your household paying expenses for the care of a child under the age of 13?  Yes  No If Yes, complete the following.

Does this care allow the household member to  Work  Seek Employment, or  Further academic or vocational education?

Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

**Please complete the attached HUD 92006 form.**

I/We certify the information given in this application is accurate and complete. I/We understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, and credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

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. 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. **Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring the applicant household to reapply. All inactive and denied applications will be held for three years as required by federal regulation.**

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed by mail to the following person, responsible for related policies:  
CCH 504 Coordinator, 303 Hegenberger Road, Suite 201, Oakland, CA 94621, (510) 632-6712, TTY via 711 National Relay.

**I/WE CERTIFY ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE.**

Signature Member 1: \_\_\_\_\_

Signature Member 2: \_\_\_\_\_

Signature Member 3: \_\_\_\_\_

Signature Member 4: \_\_\_\_\_

Date: \_\_\_\_\_