



## BOISE CITY / ADA COUNTY HOUSING AUTHORITY APPLICATION FOR ASSISTANCE

**If you will need a reasonable accommodation, please notify us in advance so we can make appropriate arrangements.**

**Please print clearly and legibly.**

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ Primary Speaking Language: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MESSAGE PHONE: \_\_\_\_\_ Do you need assistance with language interpretation? Y / N

HOUSEHOLD COMPOSITION AND CHARACTERISTICS Are you Homeless? Y / N

**1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the Head.**

Member's Full Name	Relation to Head of Household	Birth Date MM / DD / YYYY	Age	Sex M / F	Disabled Y / N	Social Security Number
	SELF					

Has any household member used another name or social security number? Please explain: \_\_\_\_\_

2. Race of Head of Household: (Check one – used for statistical purposes only)  
 White     Black or African American     Asian     American Indian/Alaskan Native

3. Ethnicity of Head of Household (Check one – used for statistical purposes only)  
 Native Hawaiian / Other Pacific Islander  
 Hispanic or Latino     Not Hispanic or Latino

4. Does anyone live with you now who is not listed above?     Yes     No

5. Does anyone plan to live with you in the future not listed above?     Yes     No

6. How many people live in your unit? \_\_\_\_\_ How many bedrooms do you have? \_\_\_\_\_

7. Do you own any real property?     Yes     No

8. Are you now living in a federally subsidized housing unit? \_\_\_\_\_

9. Have you ever lived in Public Housing?     Yes     No

10. Have you ever participated in the Certificate or Voucher Program?     Yes     No

If yes, enter the date(s) of occupancy: \_\_\_\_\_



11. Have you ever been evicted from Public Housing, Indian Housing, a Section 23 or Section 8 Program?  
 Yes       No  
 If yes, provide the following information: When? \_\_\_\_\_ For what reason? \_\_\_\_\_  
 \_\_\_\_\_ Name of Housing Authority/Owner: \_\_\_\_\_
12. Do you owe money to any Housing Authority?     Yes       No
13. Has any member of your family been evicted from an assisted housing program within the last three (3) years because of drug activity?       Yes       No
14. Have you ever had your assistance or tenancy terminated in a subsidized Housing Program for fraud, non-payment of rent or failure to cooperate in recertification procedures?     Yes       No
15. Has any household member been charged with drug-related or violent criminal activity within the past three (3) years?       Yes       No
16. Is any household member subject to a lifetime registration requirement under a State sex offender registration program?     Yes       No
17. Name and address of current landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

**LIST ALL HOUSEHOLD INCOME:**

Household Member Name	Source of Income/Type of Income	Annual Income

**ASSETS:**

List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

Household Member Name	Bank Name	Type of Account	Account Number	Balance

PLEASE NOTE: YOU MAY BE ELIGIBLE FOR AN ADDITIONAL DEDUCTION IF YOU, YOUR SPOUSE, OR A HOUSEHOLD MEMBER ARE DISABLED. HOWEVER, YOU MUST VOLUNTEER THE INFORMATION IN WRITING, AS YOU ARE NOT REQUIRED TO REPORT ANY DISABILITY. IF YOU HAVE NOT PROVIDED DISABILITY INFORMATION AND ANY REQUIRED VERIFICATION, YOU WILL NOT RECEIVE THE ADDITIONAL ALLOWANCE.

Special Medical Problems: \_\_\_\_\_

I have a disability and a case manager. I authorize the Housing Authority to release information to my case manager.	Case Manager's Name
Agency	Telephone Number

Applicant names are placed on the waiting list by date and time of application. Date and time of application will be the primary selection criteria, and local preference secondary.



**LOCAL PREFERENCES:**

**I HEREBY CERTIFY THAT I DO QUALIFY FOR A LOCAL PREFERENCE AS DESCRIBED BELOW BECAUSE:  
(PLEASE CHECK THE STATEMENT(S) THAT PERTAINS TO YOU)**

- \_\_\_\_\_ I am a current Public Housing Resident that is under or over housed.
- \_\_\_\_\_ I am working at least 20 or more hours per week.
- \_\_\_\_\_ I am participating in a job training program and/or attending school full-time.
- \_\_\_\_\_ I am elderly (62 or older), disabled or handicapped and unable to work.
- \_\_\_\_\_ I am a single parent with a child under the age of six.
- \_\_\_\_\_ I am fleeing my home due to domestic violence.
- \_\_\_\_\_ I am currently being assisted by a Boise City/Ada County Housing Authority grant program with limited funding.

I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE UNDERSTAND THAT, BY SUBMISSION OF THIS APPLICATION FOR TENANCY, I/WE AGREE TO PROVIDE VERIFICATION OF INCOME, ASSETS, AND HOUSEHOLD COMPOSITION, SIGN A LEASE AGREEMENT, AND SIGN AN OWNER'S CERTIFICATION OF COMPLIANCE WITH HUD'S TENANT ELIGIBILITY AND RENT PROCEDURES, FOR HUD 50058/50059 WHEN REQUIRED BY THE HOUSING AUTHORITY.

WARNING: 18 U.S.C. 1001 PROVIDES, AMONG OTHER THINGS, THAT WHOEVER KNOWINGLY AND WILLINGLY MAKES OR USES A DOCUMENT OR WRITING CONTAINING ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OF ENTRY IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

**PLEASE NOTE: YOU MUST NOTIFY THIS AGENCY IN WRITING OF ANY CHANGE OF ADDRESS, PHONE NUMBER AND/OR FAMILY STATUS.**

Applicant's Name (Please print)	Date	Co-Applicant's Name (Please print)	Date
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Applicant's Signature	Co-Applicant's Signature
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Please return application to: ELIGIBILITY  
BOISE CITY/ADA COUNTY HOUSING AUTHORITY  
1276 W RIVER STREET STE 300  
BOISE ID 83702

Agency Contact Information: Phone: (208) 345-4907  
Fax: (208) 345-4909

Visit our website at: [www.bcacha.org](http://www.bcacha.org)



## **TO STAY ON THE WAITING LIST YOU MUST:**

1. Report changes of address, phone, income, household members or local preference in writing within 10 working days of the change.

and

2. Respond to requests made by Housing Authority.

**FAILURE TO DO SO MAY RESULT IN  
REMOVAL OF YOUR NAME FROM THE  
WAITING LIST!**

Information may be sent or delivered to:

Boise City/Ada County Housing Authority  
1276 W River Street Suite 300  
Boise ID 83702

or email changes to:

[amorrone@bcacha.org](mailto:amorrone@bcacha.org)