



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
---------------------------------	------	------------------------------------	------

Applicant's Signature	Co-Applicant's Signature
-----------------------	--------------------------

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



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 mailed, emailed, or delivered to:

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

or email changes to:

eligibility@bcacha.org

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.