



P.O. Box 3569
Hailey, ID 83333
(208) 726-4411
www.archbc.org

Application for ARCH Housing

Dear Applicant,

Please fill out the attached application in full and return it to ARCH Community Housing Trust by any of the following ways.

- Scan and email to ben@archbc.org
- Deliver in person to Blaine Manner at 706 S. Main St. in Hailey.
- Mail to ARCH, PO Box 3569, Hailey, ID 83333

Thank you!

Estimado solicitante,

Por favor, rellene la solicitud adjunta en su totalidad y devolverlo a ARCH Community Housing Trust por cualquiera de las siguientes maneras.

- Escanear y enviar por correo electrónico a ben@archbc.org
- Entregar en persona a Blaine Manner en 706 S. Main St. en Hailey
- Enviar por correo a ARCH, PO Box 3569, Hailey, ID 83333

¡Muchos Gracias!

Sincerely,
ARCH Community Housing



FOR OFFICE USE ONLY:

Date: _____ Requested Bedroom Size: _____ Special Needs: _____
 Time: _____ Date Occupancy Desired: _____ Gross Annual Income \$ _____
 Tax Credit Unit Type: [] Market [] 60% [] 50% [] 40% [] 30%
 Resident Manager Signature: _____ Unit # - Add on to Existing Household _____

Name of Apartment Complex: _____

Applicant Name: (Last, First, Middle Initial) _____

Telephone: (_____) _____ **Cell Phone:** (_____) _____

Current Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

How did you hear about this apartment community? [] Flyers or Brochures; [] Newspaper; [] Yellow Pages;
 [] Website; [] Drive By; [] Housing Assistance Listing; [] Resident Referral (Name of Resident _____)

Do you have a housing voucher? (If yes, supporting documentation required) [] YES [] NO

Are you on a Waiting List to receive a housing voucher? (If yes, supporting documentation required) [] YES [] NO

Were you referred to us by another agency? [] YES [] NO If yes, which one? _____

Are you a veteran of the US Armed Forces? (optional) [] YES [] NO [] Decline to Answer

Do you have an animal that will be moving with you? [] YES [] NO

A. HOUSEHOLD COMPOSITION – Please list all names of those who will occupy the unit, even on a part-time basis

Name (Last, First, Middle Initial)	Relationship to Applicant	Date of Birth	Social Security #	Full-Time Student* Yes or No

• **Full-time student is defined as any individual who attends full-time (for a minimum of five months per calendar year), an educational organization which normally maintains a regular faculty and curriculum. (This includes kindergarten and elementary school children.)**

If all household members are students as defined on previous page, answer the following questions by checking "Yes" or "No".

- | | YES | NO |
|--|-----|-----|
| 1. Have you been or will you be a full-time student for five months during the current calendar year?..... | [] | [] |
| If YES, who: _____ | | |
| 2. Do you receive assistance under Title IV of the Social Security Act?..... | [] | [] |
| 3. Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act, or under other similar Federal, State, or local laws? | [] | [] |
| 4. Are you a single parent with children who are not a dependent of another individual other than the parent of such children? | [] | [] |
| 5. Are you the dependent of another individual? If YES, who: | [] | [] |
| 6. Are you married, and are you eligible to file a joint income tax return?..... | [] | [] |
| 7. Are you receiving or have you ever received Foster Care assistance?..... | [] | [] |

B. RESIDENCE HISTORY – The last 5 years (If you need additional space, please attach a separate sheet of paper):
Please provide detailed information regarding where you lived for the last five years. Include places where you lived with friends, family, or someone else and include their contact information as the "landlord". If you owned a home, complete section 1, cross out the remaining sections and check the box at the bottom.

- 1. Name of Present Landlord** _____ Monthly Rent: \$ _____
Address of Present Landlord _____ City _____ State _____ Zip _____
Relationship: Landlord Family Friend Other _____
Your Present Address: _____ City _____ State _____ Zip _____
Telephone of Present Landlord: _____ Dates of Residency: _____ to _____
- 2. Name of Prior Landlord:** _____ Monthly Rent: \$ _____
Address of Prior Landlord: _____ City _____ State _____ Zip _____
Relationship: Landlord Family Friend Other _____
Your Prior Address: _____ City _____ State _____ Zip _____
Telephone of Prior Landlord: _____ Dates of Residency: _____ to _____
- 3. Name of Prior Landlord:** _____ Monthly Rent: \$ _____
Address of Prior Landlord: _____ City _____ State _____ Zip _____
Relationship: Landlord Family Friend Other _____
Your Prior Address: _____ City _____ State _____ Zip _____
Telephone of Prior Landlord: _____ Dates of Residency: _____ to _____
- 4. Name of Prior Landlord:** _____ Monthly Rent: \$ _____
Address of Prior Landlord: _____ City _____ State _____ Zip _____
Relationship: Landlord Family Friend Other _____
Your Prior Address: _____ City _____ State _____ Zip _____
Telephone of Prior Landlord: _____ Dates of Residency: _____ to _____

C. AUTOMOBILE:

Make _____ Model _____ Year _____ License # _____
Make _____ Model _____ Year _____ License # _____

D. ELIGIBILITY for ALL members of household - ** Members do not need to be related.**

YES NO

1. Have you or any members of your household been evicted for non-payment of rent or damages? [] []
2. Are you or any member of your household currently an illegal user of a controlled substance? [] []
If the answer is YES, has that person successfully completed a controlled substance recovery program, or are they presently enrolled in such a program?.. [] []
3. Have you or any member of your household ever been convicted of illegal manufacture or distribution of a controlled substance?..... [] []
4. Have you or any members of your household been evicted from federally assisted housing for drug-related criminal activity? [] []
5. Have you or any members of your household been convicted for a sexual offense or a violent crime? [] []
6. Are you or any member of your household required to register as a Sex Offender under any lifetime State sex offender registration programs?.. [] []
7. Have you or any members of your household been convicted of a felony, misdemeanor (other than traffic violation), or crime involving fraud or dishonesty?..... [] []
If YES: In What state? _____; Type of Conviction _____; Date of Conviction _____
8. Are you or any member of your family currently abusing alcohol? [] []
9. Is any member of your family currently charged with criminal activity? [] []
10. Has any member of your household ever been responsible for willful damage of property? [] []
11. Do you understand that only persons listed on this application may live in the unit unless you obtain prior written approval from management?..... [] []
12. Do you understand that if any false or incomplete information is included on this application, it is grounds for rejection of your application or termination of your tenancy? [] []

E. INCOME INFORMATION Please list the name of the household member receiving the type of income and circle the correct source. If none, write N/A:

Household Member Name	Source of Income	Gross Monthly Amount
	<i>Employment</i>	
	<i>Unemployment - Worker's Comp</i>	
	<i>Social Security - SSI - SSD - SSDI</i>	
	<i>Food Stamps - Public Assistance</i>	
	<i>Child Support - Alimony</i>	
	<i>Family Support (Not living in the unit)</i>	
	<i>Veteran's Benefits - Military Pay</i>	
	<i>Cash Assistance (AFDC-TANF-AABD)</i>	
	<i>Student Income (Financial Aid, scholarships, grants)</i>	
	<i>Medicare - Medicaid</i>	
	<i>Pensions - Annuities - Life Insurance</i>	
	<i>Other: Self Employment - Real Estate Rentals - Bank Account Interest</i>	
	<i>Lump sum payments from inheritances, lottery winnings, insurance settlements, capital gains, etc.</i>	

F. ASSETS: List all assets owned by household members:

Type of Account	Account Balance	Location of Account	Asset Owner (Household Member)	% Annual Interest
<i>Checking Accounts</i>				
<i>Savings Accounts</i>				
<i>Stocks/Bonds/CD's</i>				
<i>Real Estate</i>				
<i>Pensions/Retirement & Trusts</i>				
<i>Cash</i>				
<i>Personal Property held as an Investment</i>				
<i>Other</i>				

Have you sold or given as gifts any real property or other assets in the past two years? [] YES [] NO

If yes, please explain: _____

G. List all states in which you have lived or had a license to drive in the last five years:

In Case of Emergency Notify:

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

TO REMAIN ON THE WAITING LIST YOU MUST CONTACT THE RESIDENT MANAGER AND UPDATE THIS APPLICATION EVERY 90 DAYS. BY SIGNING BELOW YOU ARE REQUESTING NOTIFICATION (INCLUDING TELEPHONE NOTIFICATION) RELATING TO THE AVAILABILITY OF APARTMENTS UNTIL SUCH TIME AS YOU ARE REMOVED FROM THE WAITING LIST OR HAVE RECEIVED HOUSING.

PLEASE NOTE: This is a preliminary application. Additional information may be requested at a later date to complete the application process. Your signature below certifies that the statements made in this application are true and correct, and gives consent to the Management to verify the information contained in this application, to order credit reports and to request criminal background histories.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Other Adult's Signature _____ Date _____

Other Adult's Signature _____ Date _____

APARTMENTS ARE RENTED TO ALL ELIGIBLE APPLICANTS IN ACCORDANCE WITH FAIR HOUSING LAWS

The Housing Company does not discriminate on the basis of race, color, creed, religion, sex, age, handicap, familial status, national origin or because applicant is a recipient of federal, state or local public assistance.

REASONABLE ACCOMMODATIONS POLICY STATEMENT

The Housing Company does not discriminate against persons with disabilities in its housing services and structures. The Housing Company provides equal opportunity to all persons with disabilities and provides accommodations to meet the needs of persons with disabilities upon request if the accommodation is both reasonable and financially feasible. Management may require verification that the applicant/resident is disabled and is in need of accommodation because of the disability, if the need is not readily apparent to Management. Requests for accommodation will be processed as quickly as possible. The person in the position named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, Part 8 dated June 2, 1988). Position: Regional Property Manager, The Housing Company, P. O. Box 6943, Boise, ID 83707-0943, Voice: 208-331-4890, TDD: 800-545-1833, ext. 628