



1277 Shoreline Lane · Boise, Idaho 83702 (208) 336-4610

(208) 345-8990 Fax TDD # 1-800-545-1833 Ext. 298

Application and Tenant Selection Information

Completed applications for the **NORTHWOOD PLACE APARTMENTS** should be returned to the rental office located at **1277 Shoreline Ln.~ Boise, ID 83702**, between the hours of **9:00 am** and **5:00 pm** or by calling **PAM KIRBY** at **208-726-7358**.

Before returning the application, make sure that all items are complete. If the question does not apply to you, write N/A in the blank. Please use only one color of ink when completing the application. If you make an error, draw a single line through the mistake and initial the correction. **DO NOT USE WHITE OUT**. Make sure to sign and date the application.

When returning the application, please bring the following items:

- ✓ **A \$ 25.00 application fee for each adult member of the household. (Section 8 properties are excluded from this fee.)**
- ✓ **Valid photo identification for every adult aged 18 or older**
- ✓ **Social Security Cards for each household member**

If there are two or more unrelated adults who will be members of the household, each must complete a full application package.

Eligibility will be determined based upon these factors and applicant(s) will be notified **in writing** within 10 days of application as to the acceptance or denial of their application. If no unit is available at the time of acceptance, application name will be placed on the waiting list. For additional information about eligibility or screening, please ask to see a copy of our Resident Selection Policy.

Syringa Property Management, Inc. Is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act (ADA). If you require assistance in the form of reader, interpreters, large print, or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible. If you are mobility impaired and do not have access to our rental office, we can make arrangements to meet you at a different office, your home, or another accessible location. If you are hearing impaired we employ a TDD relay system to aid in communication.



This institution is an equal opportunity provider.





APPLICATION FOR HOUSING

For office use only:

Time Rec'd: _____

Date Rec'd: _____

Mgr's Initials: _____

Annual Income: _____ Family Size: _____

Bedroom Size: _____

This application is for:

NORTHWOOD PLACE APARTMENTS

If need of any assistance, contact:

Pam Kirby

Phone: 208-726-7358

Applicant Information

Applicant Name: _____
First Middle Last

Current Address: _____
Street City State Zip

Daytime Phone: _____ Message Phone: _____

Apartment Size Requested: Studio One Bedroom Two Bedroom Three Bedroom
 Four Bedroom Especially Equipped Handicap Unit (Specify) _____

Have you ever applied for or currently holding a Section 8 waiting Certificate or Voucher? Yes No

Are you currently residing in a HUD Assisted unit? Yes No

You may be eligible for an annual \$400 allowance if you or your co-applicant are: Handicapped or Disabled Elderly (62 or Older) and you meet other eligibility requirements. Verification of eligibility may be required.

Do you have a pet? Yes No

Do you certify that, if eligible, this will be your primary residence? Yes No

How did you hear about us? Publications Referral Other _____

List ALL persons who will occupy the apartment even on a part time basis:

Occupant(s) Name	Relationship	Social Security #	Birth Date	Student Y / N
	Applicant			

Do you anticipate any changes to the number of people living in the household during the next 12 months? Yes No
If yes, please explain:

Student Status

If any of the intended occupants are students (part-time and full-time), complete the following:

1. Do you receive financial assistance for school from private sources or an institution? Yes No
2. Do you currently reside with your parents/guardian? Yes No
3. Are you over age 24 with a dependant child in the household? Yes No

*Full time student is defined as a person who has been, is, or will be attending school at an educational institution during any five (5) months of the current calendar year. (Including k-12 students) If all the intended occupants are full-time students, complete the following:

4. Do you receive cash assistance from Health & Welfare/DES or Title IV of the Social Security Act? Yes No
5. Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act or under similar Federal, State, or local laws? Yes No
6. Are you a single parent with dependent children? Yes No
7. Are you married and eligible to file a joint income tax return? Yes No
8. Are you a veteran? Yes No
9. Are you or any adult member in the household, a graduate of the Foster Care Program? Yes No

Income: Please list the name of the family member receiving the income beside the type of income. If none, use N/A.

<u>Household Name</u>	<u>Source of Income</u>	<u>Gross Monthly Amount</u>
	Social Security, SSI, or SSDI	\$
	Cash Assistance (AFDC or TANF)	\$
	Food Stamps / Medicaid / Medicare	\$
	Unemployment Benefits / Workman's Comp	\$
	Child Support / Alimony	\$
	Pension, Veteran's Benefits, Life Insurance, Annuities	\$
	Student Income (Grants, scholarships, or financial aid)	\$
	Family Support	\$
	Other, i.e. Military Pay, Rental Income from Real Estate, Self-employed,	\$

Is any household member currently employed?

Yes No

If yes, list below:

Name:			
Current Employer:		Amount:	per
Address:		Phone Number:	
Length of time:		Fax Number:	

Name:			
Current Employer:		Amount:	per
Address:		Phone Number:	
Length of time:		Fax Number:	

If no, are you currently seeking employment?

Yes No

Amount Anticipated:		
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**** If seeking employment, please attach copy of previous year's tax returns. ****

If not currently employed, please list your previous employment:

Name:			
Previous Employer:		Amount:	per
Address:		Phone Number:	
Length of time:		Fax Number:	

Asset Information

Asset	Yes	No	Balance	Acct #	Asset Information Name and Address
Checking					
Savings					
CD Account					
Money Market					
Whole Life Insurance					
Investments Stocks, Bonds, IRAs					
Annuities					
Trust Accounts					
Real Estate					
Cash on Hand					

Have you, or any household member, disposed of any assets for less than fair market value within the past two years?

Yes No

Additional Information

Have you, or any member of your household, been convicted of a felony? Yes No

Have you, or any member of your family, been convicted of illegal manufacture or distribution of a controlled substance? Yes No

Are you, or any member of your household, a registered sex offender under any state sex offender registration programs? Yes No

Is any member of your household currently charged with any criminal activity but not yet been convicted? Yes No

Have you, or any member of your household, ever been evicted from housing? Yes No

If yes to any of the above, please explain: _____

Deductions

Do you have out of pocket child care expenses for a child under the age of 13 and the child care enables you to work or go to school? Yes No

Do you receive child care reimbursement? Yes No

Medical Expenses: Elderly or Disabled Families Only

Households whose head, co-head, or spouse is age 62 or older OR has a disability may deduct certain medical costs.

Do you have or will have unreimbursed medical expenses or expenses related to a disability? Yes No

Housing Information

List the past residences of the last five years.

Apartment Lease Home Own Home Other

Applicants Current Address: _____
Street City State Zip

Monthly Rent: _____ Phone: _____

Dates of Residency: _____ to _____

Current Landlord or Mortgage Company: _____

Address of Landlord or Mortgage Company: _____
Street City State Zip

Apartment Lease Home Own Home Other

Applicants Previous Address: _____
Street City State Zip

Monthly Rent: _____ Phone: _____

Dates of Residency: _____ to _____

Previous Landlord or Mortgage Company: _____

Address of Landlord or Mortgage Company: _____
Street City State Zip

Apartment Lease Home Own Home Other

Applicants Previous Address: _____
Street City State Zip

Monthly Rent: _____ Phone: _____

Dates of Residency: _____ to _____

Previous Landlord or Mortgage Company: _____

Address of Landlord or Mortgage Company: _____
Street City State Zip

References

If you have never rented before or cannot furnish five years of landlord history, please complete the following for references of persons who you have known for at least two years who are not a relative or friend.

Name: _____ Phone: _____

Address: _____

Type of Reference: (i.e. Teacher, Pastor, Employer)

Name: _____ Phone: _____

Address: _____


Type of Reference: (i.e. Teacher, Pastor, Employer)


In Case of Emergency, Contact:

Name: _____ Phone: _____

Address: _____

I hereby swear that to the best of my knowledge, the above information is true, correct and complete. I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise, I will notify management immediately. Failure to do so may cause a delay in the process of my household for occupancy or may cancel my household's application for occupancy altogether.

 _____
Signature of Applicant Date

 _____
Signature of Co - Applicant Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction



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RE: _____

Return to: **NORTHWOOD PLACE APARTMENTS**
c/o Syringa Property Management, Inc.
1277 Shoreline Ln.- Boise, ID 83702

To Whom It May Concern:

The person(s) named above is a resident/applicant for Section 42 Housing, or a program which has rents that are subsidized by the U.S. Government. Federal regulations require that in order for a family to be eligible for this type of housing, the income of the family, as well as their assets must not exceed certain established limits. The information requested below will be held in **STRICT CONFIDENCE** as is required under the provisions of the applicable law and will be used only to determine the eligibility of the family for the housing. Thank you for your cooperation.

Resident Manager

Date

Telephone Number

Fax Number

Section B: Applicant(s): Sign, date and enter Social Security Number.

AUTHORIZATION TO RELEASE INFORMATION

All adult household members must sign below.

Tenant/Applicant Signature

Date

_____/_____/_____
Social Security Number

Tenant/Applicant Signature

Date

_____/_____/_____
Social Security Number

Tenant/Applicant Signature

Date

_____/_____/_____
Social Security Number

Tenant/Applicant Signature

Date

_____/_____/_____
Social Security Number

This form expires one year from date of signature.



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Gender, Race, & Ethnicity Appendix (T/C)

The following information is requested by the U. S. Department of Housing and Urban Development in compliance with Section 2835(d) of the Housing and Economic Reform Act of 2008 (HERA). U.S.C. 1437 requires that the State agency administering Section 42 of the Internal Revenue Code of 1986 (LIHTC) to furnish HUD information concerning the race, ethnicity, family composition, age, income and disability status, as well as other information from each household residing in a property which received funding through such agency.

You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. If you choose not to furnish the information, the owner or owner representative is required to note the race, ethnicity, sex, and disability status of individual household members on the basis of visual observation or derived from other sources.

Please enter the appropriate number and letter in the columns below. To avoid entering each occupant name again, enter the Race, Ethnicity, Gender and disability status of each person in the order they are listed on Part 1 of the application. The first row is filled out for you as an example.

Occupant(s)	Race	Ethnicity	Gender	Disability Status Y / N
<i>Example</i>	<i>5</i>	<i>A</i>	<i>F</i>	<i>Y</i>
1.				
2.				
3.				
4.				
5.				
6.				

Choices for Race are:

- 1 – American Indian or Alaskan Native*
- 2 – Asian*
- 3 – Black or African American*
- 4 – Native Hawaiian or Pacific Islander*
- 5 – White*
- N/A – Do not wish to answer*

Choices for Ethnicity are:

- A – Hispanic/Latino*
- B – Non-Hispanic Latino*
- N/A – Do not wish to answer*

Choices for Gender are:

- M – Male*
- F – Female*
- N/A – Do not wish to answer*

