



1277 Shoreline Lane · Boise, Idaho 83702 (208) 336-4610 Phone ~ (208) 345-8990 Fax, TDD #1-800-545-1833 Ext. 298

Application and Tenant Selection Information

Completed applications for the River View Apartments should be returned to the rental office located at 256 West 3rd St, Burley, ID 83318 between the hours of _____ and _____ or by calling (208) 878-4488.

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 all adults 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**
- ✓ **Birth Certificates for each minor**

Complete one (1) application per Household.

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.



1. Syringa Property Management, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.
2. The person 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 (24 CFR, part 8 dated June 2, 1988)

Dianne Hunt
1277 Shoreline Ln., Boise, ID 83702
208-336-4610
TDD (800) 545-1833 Ext. 298



This institution is an equal opportunity provider and employer.



APPLICATION FOR HOUSING

For office use only:

Time Rec'd: _____

Date Rec'd: _____

Mgr's Initials: _____

This application is for: **River View**

Criminal/Credit Report #: _____

Phone Number:
(208) 878-4488

Applicant Information

Applicant Name: _____
First Middle Last

Current Address: _____
Street City State Zip

Daytime Phone: _____ Message Phone: _____

Email Address: _____

Apartment Size Requested: Studio 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom

Specially Equipped Handicap Unit (Specify) _____

How did you hear about us? Publications Referral Other _____

Yes/No

1	Have you ever applied for or currently hold a Section 8 waiting Certificate or Voucher?
2	Are you currently residing in a HUD or USDA assisted unit?
3	Do you have a pet?
4	Do you certify that, if eligible, this will be your primary residence?
5	You may be eligible for an annual \$400 allowance if you or your co-applicant are Handicapped or Disabled, or 62 or older and you meet other eligibility requirements. Verification of eligibility may be required. Do you believe you may qualify for this allowance?

List ALL persons who will occupy the apartment:

Marital Status: M=Married D=Divorced Sep=Separated S=Single

Occupant(s) Name	Relationship	Social Security #	Birth Date	Marital Status	Sex F / M	Student* Y / N
	Applicant					

*Full-time or Part-time, answer Yes

Household Information:

Yes/No

6	Do you have a household member who is absent from the home due to (circle all that apply): Employment, Military Service, Placement in foster care, Temporarily in nursing home or hospital, Permanently confined to nursing home, Away at school, Other? (please list):
7	Do you have a live-in attendant? List name:

8		Do you expect changes in your household in the next 6 months due to (circle all that apply): Pregnancy, Adopting a child(ren), Obtaining custody of a child(ren), Obtaining joint custody of a child(ren), Receiving a foster child(ren), Other? Please list date(s) of expected change(s):
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9		List Estimated Monthly Household Income. This includes: Employment, Social Security, SSI, or SSDI, Cash Assistance (AFDC or TANF), Unemployment Benefits / Workman's Comp, Child Support / Alimony, Pension, Veteran's Benefits, GI Bill, Life Insurance, Annuities, Student Income (Grants, scholarships, financial aid), Family Support / Church Welfare, Self-Employment, Military Pay, Rental Income from Real Estate, Lump Sum Payments. \$
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10		List Estimated Household Assets. This includes: Checking, Savings, CD Acct, Money Market, Whole Life Insurance, Investments Stocks, Bonds, IRAs, Annuities, Trust Accounts, Real Estate, Cash on Hand, Other Assets. \$
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Additional Information:
Yes/No

11		Do you receive help to pay your rent from any other source?
12		Are you, or any member of your household, a registered sex offender under any state sex offender registration programs?
13		Has any household member been convicted of a felony?
14		List All States all household members have ever lived in:
15		Has any household member been convicted of illegal manufacture or distribution of a controlled substance?
16		Has any household member been charged with any criminal activity but not yet convicted?
17		Have you, or any member of your household ever been evicted from housing?
18		Are all household members United States citizens or qualified aliens?

Housing Information: List the past 2 addresses where you paid rent or made a mortgage payment.

Address	<input type="checkbox"/> Apartment <input type="checkbox"/> Lease Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other						
	Applicants Current Address:						
	Street:		City:		State:	Zip:	Phone:
	Monthly Rent:	Dates of Residency		Landlord or Mortgage Company (if other was checked, please specify):			
	\$	From:	To:				
Address of Landlord or Mortgage Company:							



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 RE: XX

Return to: River View
 256 West 3rd St
 Burley, ID 83318

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	(208) 878-4488	Fax Number	(208) 878-4489

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

AUTHORIZATION TO RELEASE INFORMATION
All adult household members must sign below.

<input checked="" type="checkbox"/>	_____	_____ / ____ / ____	_____
	Tenant/Applicant Signature	Date	Social Security Number
<input checked="" type="checkbox"/>	_____	_____ / ____ / ____	_____
	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



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