

Eastern Idaho Community Action Partnership
 Aspen Park Apartments
 2135 Alan
 Idaho Falls, Idaho 83404
 (208) 528-9117
 Fax (208) 528-9973

APPLICATION FOR HOUSING

Eastern Idaho Community Action Partnership: Phone # (208) 522-5391
 TDD # 1-800-377-1363

Application for Housing At: **ASPEN PARK APARTMENTS**

Size Unit Desired: 2-Bdrm Apartment 3-Bdrm Apartment Accessible Unit

Applicant Name: _____ Telephone: _____

Present Address: _____

Present Landlord: _____ Telephone: _____

Former Landlord: (minimum 5 years history required – additional sheets providing information can be attached): If you have no rental history, professional references may be required.

Landlord's Address: _____

Monthly Housing cost (including utilities): _____ Length of Residency: _____

Former Landlord: _____ Telephone: _____

Landlord's Address: _____

Monthly Housing Cost (including utilities): _____ Length of Residency: _____

Household Information:

NAME	BIRTHDATE	SEX	SOCIAL SECURITY NO.	RELATIONSHIP

Landlord Reference Continued...

(Continued from front page of application)

Tenant history is needed for the past five (5) years.

Former Landlord _____ Phone #: _____

Landlord's Address: _____

Monthly Housing Cost: _____ Length of residency: _____

Former Landlord _____ Phone #: _____

Landlord's Address: _____

Monthly Housing Cost: _____ Length of residency: _____

Former Landlord _____ Phone #: _____

Landlord's Address: _____

Monthly Housing Cost: _____ Length of residency: _____

Former Landlord _____ Phone #: _____

Landlord's Address: _____

Monthly Housing Cost: _____ Length of residency: _____

Former Landlord _____ Phone #: _____

Landlord's Address: _____

Monthly Housing Cost: _____ Length of residency: _____

Is any member of the household a full time student? Yes No

Do you have a car? _____ Yes _____ No

Make: _____ Year: _____ License Number: _____

Do you have a pet? _____ Yes _____ No

Type: _____ Breed: _____ Weight: _____

**LIST ALL SOURCES OF INCOME AND AMOUNTS RECEIVED BY ALL HOUSEHOLD MEMBERS.
(WAGES, CHILD SUPPORT, SOCIAL SECURITY AND DISABILITY PAYMENTS, PENSIONS, ETC.)**

NAME OF FAMILY MEMBER	SOURCE OF INCOME	AMOUNT (WK/MO/YR)

LIST ALL CHECKING AND SAVINGS ACCOUNTS, IRA'S CD'S ETC.

FAMILY MEMBER	BANK NAME	BANK ADDRESS	ACCOUNT TYPE	CURRENT BALANCE

LIST ANY REAL ESTATE THAT YOU CURRENTLY OWN:

Description and Address: _____

Current Market Value: _____

Balance Due on Mortgage: _____

What are your plans for the Real Estate if you move to one of our apartments? _____

Have you given away or sold any property or other assets in the past two years?

Yes _____ No _____ If yes, please describe:

Personal References:

NAME	TELEPHONE NUMBER	KNOWN HOW LONG

How did you hear about the property?

Newspaper ____ **Flyer** ____ **Phonebook** ____

APPLICANT'S CERTIFICATION

Please read each item below carefully before you sign.

1. I hereby certify that the information provided in this application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and is subject to acceptance or rejection. Additional information and verifications may be necessary to complete the application process.
3. I hereby give management authorization to verify the information in this application.
4. I understand that I have the right to make a written request within twenty-one days of the Notice of Action regarding this application to receive additional information about the nature, scope and outcome of this initial investigation.
5. I give management permission to run a Credit and Criminal Background Report.

Applicant's Signature

Date

Co-Applicant's Signature

Date

FOR OFFICE USE ONLY

Date & Time Received: _____ Received by: _____

Accepted Rejected Notification sent: _____

Reviewed by: _____