

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

SCREENING CRITERIA:

The following factors shall be used in screening applicants for occupancy:

1. Demonstrated ability to pay rent on time.
2. History as a good resident.
3. Acceptable credit history.
4. History of good housekeeping habits.
5. Ability to meet the obligations of tenancy.
6. Self-sufficiency.
7. Criminal background checks; and
8. Income qualification limits

Thank you for applying at Aspen Park Apartments

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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: 1-Bdrm Apartment 2-Bdrm Apartment 3-Bdrm Apartment Accessible Unit

Applicant Name: _____ Telephone: _____

Present Address: _____

Present Landlord: _____ Telephone: _____

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

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

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: _____

APPLICATION FOR HOUSING

Attachment A

Eastern Idaho Community Action Partnership
357 Constitution Way
P.O. Box 51098
Idaho Falls Idaho 83405-1098
Phone: (208) 522-5391
TDD # 1-800-377-1363

Name: _____

Address: _____

Telephone #: _____

Property: Aspen Park Apartments

Are You: Disabled _____ 62 or over _____

Note*

To live at a Senior Housing Property (Riverside, Teton View, South Freemont or Lost River I or II) the head of the household must be 62 or over, or any age if disabled.

EISSA Housing Staff: Remove this page from the application package and file in a separate file.