



EASTERN IDAHO COMMUNITY ACTION PARTNERSHIP

P.O. Box 51098
935 E Lincoln Rd
Idaho Falls, ID 83405
(208) 522-5391
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1-800-632-4813

PRELIMINARY APPLICATION FOR HOUSING

EICAP properties are non-smoking communities.
Smoking is prohibited in the units and complex property

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This is a preliminary application.

Applicants 62 or older as of January 31, 2010 and do not have a SSN and were receiving HUD Rental Assistance at another location on January 31, 2010 are exempt from disclosing and providing verification of SSN

If preliminary qualifications are met, you will be placed on a waiting list for an individual unit. Additional information and verifications will be necessary to complete the full application process.

Head of Household Full Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Please check the box of your preferred complex(s) and return your application to that complex.

- Aspen Park
Camas Street Apts.
Twin Pines
Lakeview Family Apts.
Market Lake Apts.
S. Fremont Sr. Housing
Riverside Sr. Housing
Teton View Sr. Housing
Lost River Sr. Housing

Size of Unit Desired: 1-Bedroom 2-Bedroom 3-Bedroom ADA Accessible

Reasonable Accommodation request. \_\_\_\_\_

How did you hear about this rental property? \_\_\_\_\_

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

Is any member of the household subject to a state sex offender registry program? No Yes. If Yes,

Household member name: \_\_\_\_\_

What State(s): \_\_\_\_\_

Are you currently receiving housing subsidy? Yes No



RSVP



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**Household Information**

**List the head of household first, then all other individuals that will reside in the unit.**

Name	Birth Date	Gender	Race/Ethnicity	Social Security	Relationship
					Head of Household

**Income Information**

**ALL sources of household members' income (wages, child support, social security, retirement etc.)**

Name of Family Member Receiving the Income	Source of Income	Amount per (Wk / Mo / Yr)

**Assets**

**List all Checking, Savings, IRA's, CD's, Investments, etc.**

Name on the Account	Institution Name	Institution Address	Account Type	Account Balance

List any real estate you currently own or are purchasing.

Description	Address	Current Value	Outstanding

Have you transferred, given away or sold any real estate or other assets in the past two (2) years?

No  Yes if yes, please describe: \_\_\_\_\_

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## Rental History

Please provide up to five (5) years rental history, including your current landlord information. If you have no rental history, professional references may be required.

### Current Information:

Complex or Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_

Landlord Telephone Number: \_\_\_\_\_ Move IN Date: \_\_\_\_\_ Monthly Rent \_\_\_\_\_

### Previous Information:

1. Complex or Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Landlord Telephone Number: \_\_\_\_\_ Move IN Date: \_\_\_\_\_ Move OUT Date: \_\_\_\_\_

2. Complex or Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Landlord Telephone Number: \_\_\_\_\_ Move IN Date: \_\_\_\_\_ Move OUT Date: \_\_\_\_\_

3. Complex or Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Landlord Telephone Number: \_\_\_\_\_ Move IN Date: \_\_\_\_\_ Move OUT Date: \_\_\_\_\_

4. Complex or Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Landlord Telephone Number: \_\_\_\_\_ Move IN Date: \_\_\_\_\_ Move OUT Date: \_\_\_\_\_

5. Complex or Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Landlord Telephone Number: \_\_\_\_\_ Move IN Date: \_\_\_\_\_ Move OUT Date: \_\_\_\_\_

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## Screen Criteria

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

1. Demonstrated ability to pay rent on time.
2. History as good resident. Landlord reference(s)
3. Favorable credit history.
4. History of good housekeeping habits.
5. Ability to meet the obligations of tenancy.
6. Self sufficiency
7. Criminal background checks
8. Current use or history of using illegal drugs or current use or history of abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of others.
9. Income qualification limit.

*Please refer to EICAP's Resident Selection Policy for complete eligibility and screening information*

List all states applicant and all household members have resided in the past.

NAME	States Resided In	HOW LONG

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Each household member 18 years of age or older must sign below.  
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 understand that I have the right to make a written request, within 14 days of the NOTICE OF ACTION regarding this application in order to receive additional information about the nature, scope and outcome of the initial investigation.
4. I give Eastern Idaho Community Action Partnership, Inc. and its agent permission to run a credit and criminal background report.
5. I hereby give Eastern Idaho Community Action Partnership, Inc. and its agent authority to verify the information in this application.

**EICAP rental properties are non-smoking communities.  
There is no smoking in the units or on the premises**

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Head of Household

date

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Applicant

date

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Applicant

date

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Application

## FOR OFFICIAL USE ONLY

Date and time Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Accepted \_\_\_\_ Rejected: \_\_\_\_ Date of Notification: \_\_\_\_\_