



EASTERN IDAHO COMMUNITY ACTION PARTNERSHIP

P.O. Box 51098

Idaho Falls, ID 83401
(208) 522-5370 ext. 1068
FAX (208) 522-5453
1-800-632-4813

Welcome, and thank you for applying for EICAP'S affordable housing. Our goal is to be able to provide you with the opportunity qualify for the best housing available. At this time some of our apartments have waiting lists, however, please keep in mind that our waiting lists do move according to resident turnover.

We encourage you to apply so that we can get you approved for a waiting list as fast as possible. **Everyone can apply.** The following factors shall be used in screening applicants 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.

Below is a list of the properties that you may consider as a potential home for you. Please check the box of the ones that you would like to be added to the waiting list.

We require that your contact information is current in order to remain on the waiting list.

Once you are at the top of a waiting list, we will contact you to complete a final application process. At this time, we will ask for further information from you. If you do not have a SS card, Id card, Citizenship information for you or your household members; please work on obtaining that prior to completing the final application process.

We look forward to renting to you!

EICAP Housing Staff



RSVP



PRELIMINARY APPLICATION FOR HOUSING

EICAP properties are non-smoking communities.

Smoking is **prohibited** in the units and the entire property.

SIZE OF UNIT REQUIRED: (CIRCLE ONE)

STUDIO

1 BR

2BR

3BR

Head of Household Full Name: _____

Contact Telephone Number: _____

Current Mailing Address: _____

Email Address: _____

(email address must be a working email, so that we may contact you)

How do you prefer to be contacted? Email _____ Texting _____ Calling _____ Mail _____

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

Aspen Park

2135 Alan St.
Idaho Falls, ID 83404
Tel: (208) 716-8693
Fax: (208) 542-8121

Email: aspen@EICAP.org

Affordable Housing/LIHTC

Rent \$625 - \$695

2-3 Bedroom Apartments

Camas Street Apts.

1417 Camas St.
Blackfoot, ID 83221
Tel: (208) 716-8695
Fax: (208) 542-8137

Email: camas@EICAP.org

Based on 30 % of income

Rural Development

2 Bedroom Apartments

Twin Pines

160 N 1st W
Rexburg, ID 83440
Tel: (208) 716-8694
Fax: (208) 542-8139

Email: twinpines@EICAP.org

Based on 30 % of income

Program Section 8, 236

1-2-3 Bedroom Apartments

Lakeview Family Apts.

681 N 2872 E
Roberts, ID 83444
Tel: (208) 716-8694
Fax: (208) 542-8139

Email: lakeview@EICAP.org

Based on 30 % of income

Rural Development/Home Program

2-3 Bedroom Apartments

Market Lake Apts.

2867 E 680 N
Roberts, ID 83444
Tel: (208) 716-8694
Fax: (208) 542-8139

Email: marketlake@EICAP.org

Based on 30 % of income

Program Section 8

2-3 Bedroom Apartments

S. Fremont Sr. Housing

835 W Main St
St. Anthony, ID 83445
Tel: (208) 716-8694
Fax: (208) 542-8139

Email: sfremont@EICAP.org

Based on 30 % of income

Program Section 8

1-2 Bedroom Apartments

Riverside Sr. Housing

450 J Street
Idaho Falls, ID 83402
Tel: (208) 716-8692
Fax: (208) 542-8136

Email: riverside@EICAP.org

Based on 30 % of income

Program Section 8

1 Bedroom Apartments

Teton View Sr. Housing

1550 Teton View Ln.
Idaho Falls, ID 83402
Tel: (208) 716-8692
Fax: (208) 542-8136

Email: tetonview@EICAP.org

Based on 30 % of income

Program Section 8

1 Bedroom Apartments

Lost River Sr. Housing

555 Water St.
Arco, ID 83213
Tel: (208) 716-8695
Fax: (208) 542-8137

Email: lostriver@EICAP.org

Based on 30 % of income

Rural Development

2-3 Bedroom Apartments



Assistance, advocacy,

Answers on Aging

Area VI Agency on Aging

RSVP



HEAD START

What is your annual income \$ _____
(Please calculate the sum of everyone in the household)

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

RESIDENCE / RENTAL HISTORY

All rental history listed will be verified. Include rentals, living with friends/relatives, shelters, institutions, group homes, etc. Attach additional pages if necessary.

Applicant's Present Address City State Zip Move-in Date Applicant's Present Phone #

Present Landlord Landlord's Phone #

Applicant's Previous Address City State Zip Move-in Date Applicant's Previous Phone #

Previous Landlord Landlord's Phone #

Applicant's Previous Address City State Zip Move-in Date Applicant's Previous Phone #

Previous Landlord Landlord's Phone #

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

NAME	States Resided In	HOW LONG



ELIGIBILITY DETERMINATIONS

- Yes No Are you, or anyone who will be occupying the unit, currently receiving rental assistance from HUD (Voucher or Project Based)?
- Yes No Have you, or anyone who will be occupying the unit, ever been convicted of a criminal offense?
If YES: City _____ State _____ Offense(s) _____
- Yes No Are you, or anyone who will be occupying the unit, required to register as a sex offender in any state?
- Yes No Have you, or anyone who will be occupying the unit, been evicted in the last 3 years from federally assisted housing for drug related criminal activity?
- Yes No Do you qualify for Senior Housing (62 years or over)?
- Yes No Do you require the features of an accessible unit and wish to be on the waiting list for mobility impaired accessible units?
- Yes No Do you require a unit designed for hearing or sight impaired?
- Yes No Are you currently an illegal user of a controlled substance?
- Yes No Have you ever been convicted of the illegal manufacture or distribution of a controlled substance?
- Yes No Has your assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures?
- Yes No Are you, or anyone who will be occupying the unit, currently enrolled as a student in an institute of higher education?
- Yes No Have you been displaced by government action or by a presidential declared disaster?
- Yes No Will this be your primary residence?
- Yes No Do you have a pet?
- Yes No Do you have a service animal?
- Yes No Is any member of the household a U.S. Military veteran?

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

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.

Head of Household _____ Date _____

Applicant _____ Date _____

Applicant _____ Date _____

Application _____ Date _____

EICAP 07/18/2018 MMcBride

