



EASTERN IDAHO COMMUNITY ACTION PARTNERSHIP

P.O. Box 51098
935 E Lincoln Rd
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 are used in screening applicants for occupancy:

1. Demonstrated ability to pay rent on time.
2. Have a clean and upstanding Rental History. Landlord reference(s)
3. Favorable credit history.
4. Have a history of good housekeeping.
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 choose the ones that you would like for us to add your name to the waiting list.

We require that your contact information is current if you would like to stay on our waiting list.

Once you are at the top of a waiting list, we will contact you to complete a **final application process.**

You **MUST** fill the application out completely. **If you fail to fill the application out completely; we will have no choice but to add you to the waiting list, then immediately send you a rejection letter by mail, therefore denying your application. You will then need to re-apply.**

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.

**** You will be placed on all Waiting lists that you qualify for under the complex you choose.**

Are you in need of an ADA unit? _____ Main Level? _____ Special Need? _____

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
Deposit - \$400
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



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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?

IF YES, YOU DO NOT QUALIFY FOR HOUSING WITH EICAP.

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? If yes/Who? _____. Where _____

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? If yes/Who? _____ Year? _____

Yes No Have you ever been convicted of the illegal manufacture or distribution of a controlled substance? If yes/Who? _____ Year? _____

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? If yes/Who? _____ Year? _____

Yes No Are you, or anyone who will be occupying the unit, currently enrolled as a student in an institute of higher education? If yes/Who? _____ Name of School? _____

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? Have you ever received a lease violation for your animal? _____. If yes, how did you remedy the violation? _____

Yes No Do you have a service animal or reasonable accommodation? Have you ever received a lease violation for your animal? _____. If yes, how did you remedy the violation? _____

Yes No Is any member of the household a U.S. Military veteran?

Yes No Have you ever had Bed Bugs? Did you receive treatment for the Bed Bugs? _____ How long ago did you have Bed Bugs? _____ would you be willing to allow your furniture and bedding to be checked for Bed bugs if your approved for housing? _____.

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. If you
feel that you cannot keep from smoking on the premises, or
in the units; Please do not Apply.**

Head of Household

Date

Applicant

Date

Applicant

Date

Application

Date

EICAP 11/11/2018



RSVP

