



City of Boise Rental Housing Application

If you need help understanding this document, please notify a staff member. This document can be provided in a format accessible to persons with disabilities and/or persons with limited English proficiency.

Return completed application to:
City of Boise Rental Housing
Attn: Housing & Community Development Division
PO Box 500
Boise, ID 83701-0500
or via email to: propertymanagement@cityofboise.org

Application Date: _____

General Information

APPLICANT: _____ **PHONE:** _____

CURRENT ADDRESS: _____ **EMAIL:** _____

CITY: _____ **ST:** _____ **ZIP:** _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY: _____ **ST:** _____ **ZIP:** _____

CO-APPLICANT: _____ **PHONE:** _____

CURRENT ADDRESS: _____ **EMAIL:** _____

CITY: _____ **ST:** _____ **ZIP:** _____

MAILING ADDRESS (IF DIFFERENT): _____

Emergency Contact Information

CONTACT: _____ **PHONE:** _____

ADDRESS: _____ **EMAIL:** _____

CITY: _____ **ST:** _____ **ZIP:** _____ **RELATIONSHIP:** _____

CONTACT: _____ **PHONE:** _____

ADDRESS: _____ **EMAIL:** _____

CITY: _____ **ST:** _____ **ZIP:** _____ **RELATIONSHIP:** _____

Please list all languages that are spoken in the home:

What is your preferred spoken language? _____



Household Composition

PLEASE INCLUDE ALL HOUSEHOLD MEMBERS EXPECTED TO LIVE IN THE UNIT.

HOUSEHOLD MEMBER'S NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	AGE	SEX	SOCIAL SECURITY NUMBER

Do you plan to have anyone live with you in the future who is not listed above? Yes No

Are you employed by the City of Boise? Yes No

Have you been employed by the City of Boise in the past year? Yes No

*City of Boise Planning and Development Services employees currently employed or employed within the previous year, are prohibited from living in City-owned housing because it constitutes a conflict of interest. CFR §92.356 (HOME) and CFR §570.611 (CDBG)

Housing unit requested:

1st Choice: Studio 1 Bedroom 2 Bedroom 3 Bedroom Other _____

2nd Choice: Studio 1 Bedroom 2 Bedroom 3 Bedroom Other _____

Would you or anyone in your household benefit from a special needs unit? Yes No
(Mobility, vision, or hearing impairment)

If yes, please identify the special need: _____

Have you or any other person listed on this application been known by different name or used a different social security number? Yes No

If yes, please explain: _____

IT IS THE RESPONSIBILITY OF THE APPLICANT TO INFORM THE CITY OF BOISE RENTAL HOUSING OF ANY CHANGES TO CONTACT INFORMATION OR HOUSEHOLD COMPOSITION.



Previous Rental History

Have you or any co-applicant ever lived in housing managed by the City of Boise? Yes No

If yes, please note when and where: _____

Do you or any co-applicant owe money to the City of Boise for non-payment of rent? Yes No

APPLICANT

Current Landlord Name: _____ Phone: _____

Your Current Address: _____ Unit# _____

City: _____ State: _____ Zip: _____ Monthly Rent: \$ _____

Moved In (Month/Year): _____ Reason for Leaving _____

Prior Landlord Name: _____ Phone: _____

Your Prior Address: _____ Unit# _____

City: _____ State: _____ Zip: _____ Monthly Rent: \$ _____

Moved Out (Month/Year): _____ Reason for Leaving _____

CO-APPLICANT

Current Landlord Name: _____ Phone: _____

Your Current Address: _____ Unit# _____

City: _____ State: _____ Zip: _____ Monthly Rent: \$ _____

Moved In (Month/Year): _____ Reason for Leaving _____

Prior Landlord Name: _____ Phone: _____

Your Prior Address: _____ Unit# _____

City: _____ State: _____ Zip: _____ Monthly Rent: \$ _____

Moved Out (Month/Year): _____ Reason for Leaving _____

Have you or any co-applicant been evicted for:

Unpaid Rent? Yes No If yes, please explain: _____

Property Damage? Yes No _____

Other? Yes No _____



Employment and Income Information

APPLICANT

EMPLOYER: _____ PHONE: _____ FAX: _____

EMPLOYER ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PRESENT JOB: _____ EMPLOYED SINCE (MONTH/YEAR): _____

CURRENT MONTHLY GROSS INCOME/WAGES: \$ _____

Other Income

OTHER MONTHLY INCOME: \$ _____

OTHER INCOME SOURCES: _____

TOTAL MONTHLY GROSS INCOME: \$ _____

CO-APPLICANT

EMPLOYER: _____ PHONE: _____ FAX: _____

EMPLOYER ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PRESENT JOB: _____ EMPLOYED SINCE (MONTH/YEAR): _____

CURRENT MONTHLY GROSS INCOME/WAGES: \$ _____

Other Income

OTHER MONTHLY INCOME: \$ _____

OTHER INCOME SOURCES: _____

TOTAL MONTHLY GROSS INCOME: \$ _____

Banking Information

1. Bank Name: _____ Fax # _____

Name on the account: _____ Account # _____

2. Bank Name: _____ Fax # _____

Name on the account: _____ Account # _____

3. Bank Name: _____ Fax # _____

Name on the account: _____ Account # _____



Applicant Background Information: Criminal History

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS:

Does any applicant/co-applicant have any criminal convictions? Yes No

Crime: _____

State and county where convicted: _____ Date: _____

Crime: _____

State and county where convicted: _____ Date: _____

Crime: _____

State and county where convicted: _____ Date: _____

Is any applicant/co-applicant currently using drugs? Yes No

Has any applicant/co-applicant ever been convicted of the illegal manufacture or distribution of a controlled substance? Yes No

Has any applicant/co-applicant been convicted of drug-related or violent criminal activity within the past five (5) years? Yes No

Is any applicant/co-applicant subject to the registration requirements of any state’s sex offender registration program? Yes No

Notice of Right to Reasonable Accommodations

In accordance with Section 504 of the Rehabilitation Act of 1973, as amended, no otherwise qualified individual with disabilities shall, solely by reason of his/her disability, be excluded from the participation in, be denied the benefit of, or be subjected to discrimination under any program or activity of the City of Boise. Please be advised that the City of Boise has units with accessibility features for persons with mobility impairments. Please let staff know if you would like to be considered for one of these units.

Service or Companion Animal

Do you have any pets? Yes No

If you need a service or companion animal as a **reasonable accommodation** to a disability, please complete a reasonable accommodation request form with authorization by a health professional. The reasonable accommodation form is found in the Occupancy Selection Criteria and Grievance Procedure packet included with your housing application.

The City of Boise has a no-pet policy with the following exceptions: tenants residing in a single-family residence with back yards will be allowed to maintain one outside dog with the payment of an additional \$500 pet deposit. All multi-family apartments have a strict no-pet policy due to inadequate square footage and the lack of exterior exercise area for animals. **Your lease could be subject to termination if you are found to have an unauthorized pet.**

If you are requesting a **reasonable accommodation** for a service or companion animal, please complete the reasonable accommodation request form and describe the animal here:

Type: _____ Weight/Height: _____



Notice of Nondiscrimination

The City of Boise prohibits discrimination in housing on the basis of race, color, sex, sexual orientation, gender identity/expression, national origin, religion, familial status, disability and age. If you believe that you have experienced housing discrimination, you can file a grievance with the City of Boise by mail, addressed to: Section 504 Coordinator, City Hall, 150 N. Capitol Blvd., Boise, Idaho 83702.

Declaration of U.S. Citizenship or Eligible Non-Citizen Status

Section 121 of the Immigration Reform and Control Act of 1986 (IRCA), as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), requires verification of citizenship and immigration status of applicants applying for many federal, state, and local public benefits. Each applicant for benefits must declare in writing whether they are a citizen or national of the United States, and if not, that they are in a satisfactory immigration status.

All family members, regardless of age, must declare their citizenship or immigration status. Applicants who hold a non-citizen student visa are ineligible for assistance, as are any non-citizen family members living with the student.

I/We have the following citizenship or immigration status (Circle **A** for Applicant; **C** for Co-Applicant):

- A C** A natural born citizen.
- A C** A lawful permanent resident alien of the U.S.
- A C** A refugee admitted to the U.S. under section 207 of the INA.
- A C** An Asylee under section 208 of the INA.
- A C** An alien whose removal has been withheld under section 243(h) of the INA effective prior to April 1, 1997, or whose removal has been withheld under section 241 (b)(3).
- A C** An alien paroled in the U.S. under section 212(d)(5) of the INA for a period of at least one (1) year.
- A C** A conditional entrant pursuant to section 203(a)(7) of the INA in effect prior to April 1, 1980.
- A C** An American Indian born in Canada to whom the provisions of section 289 of the INA apply.
- A C** A Cuban/Haitian entrant as defined in section 501(e) of the refugee education assistance act of 1980.
- A C** An Amerasian immigrant pursuant to section 584 of the foreign operations, exporting, financing and related programs appropriations act of 1988.
- A C** Other Status (explain): _____

Applicant Certification

I certify that, if selected to participate in the City of Boise Rental Housing Program, the unit I occupy will be my only residence. I understand the above information is being collected to determine my eligibility for the program. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law and may be reason for denial of my application. I understand I acquire no rights to a housing unit until I sign a lease agreement with the City of Boise and pay a rental deposit **equal to one month's rent**.

I, the applicant/co-applicant, agree to all the above statements and sign of my/our own free will.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

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**CONSUMER AUTHORIZATION/INITIATION
FOR PROCUREMENT OF CONSUMER INVESTIGATIVE REPORT**

This is to inform you that by signing this authorization you have initiated a consumer investigative report based on information provided by you and submitted to owner/landlord/agent. By signing below, you authorize a third-party investigator to provide a consumer investigative report to owner/landlord/agent. All statements made on the application submitted will be verified.

I understand I acquire no rights to a rental unit until I sign a rental agreement. I understand that upon signing this authorization, a consumer investigation regarding all statements made on the application will be initiated. I understand I have the right to dispute the accuracy of information reported, and upon written request, the right to a complete and accurate disclosure of the nature and scope of the investigation and/or a written summary of my rights under the Fair Credit Reporting Act. I certify that all statements made on the application are true and correct to the best of my knowledge. I am aware that false, misleading or incomplete information may result in denial of tenancy or subsequent eviction. I authorize owner/landlord/agent to make or request from an outside agency inquires to any credit reporting mediums concerning my credit history. I further authorize owner/landlord/agent to conduct or request from an outside agency a consumer investigation about rental history, employment history, banking, conduct of character, mode of living, criminal charges, evictions, and any other information deemed necessary.

Signature of Applicant: _____ Date: _____

Please print name: _____

Signature of Co-Applicant: _____ Date: _____

Please print name: _____

Owner/Agent/Landlord: _____ Date: _____



CDBG/HOME BENEFICIARY DATA RECORD

The U.S. Department of Housing and Urban Development requires periodic reports on the race, ethnicity, and disability status of applicants. This data is for statistical analysis with respect to reporting civil rights compliance for the City of Boise.

PROVIDING THIS INFORMATION IS VOLUNTARY AND IS NOT A CONDITION OF RECEIVING SERVICES

Housing applied for: CITY OF BOISE RENTAL HOUSING

Total applicants/clients in household applying for housing or services: _____

Is the Head of Household female? Yes No

What is the primary language spoken by the household? _____

Elderly Status	Head of Household	All Other Applicants
How many members in household are age 62 or over?		
Veteran Status	Head of Household	All Other Applicants
How many members in the household are veterans?		

Ethnic Categories	Head of Household	All Other Applicants
How many household members are of Hispanic or Latino ethnicity:		
How many household members are NOT of Hispanic or Latino ethnicity:		

Total (should be the same as total applicants above)

Racial/Multi-Racial Categories (please indicate number of household members that apply to each racial category):	Head of Household	All Other Applicants
American Indian or Alaska Native		
American Indian or Alaska Native and White		
American Indian or Alaska Native and Black or African American		
Asian		
Asian and White		
Black or African American		
Black or African American and White		
Native Hawaiian or Other Pacific Islander		
White		
Other Multi-racial (please specify):		

Total (should be the same as total applicants above)

Does anyone in the applicant household have a disability*? Yes No

*Please ONLY indicate yes or no. Do not provide information regarding the nature or severity of any disability.

How many persons in your household have a disability, if any? _____

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