

## Application Requirements

Thank you for your interest in Kacy Meadows Apartments when looking for your next home! HOPE Management is committed to providing the best service in order to assist you in choosing a housing complex that fits your needs. Please feel free to contact us at any time should you need assistance with completing this application at (208) 543-2740 or stopping by our office located at 37 Kacy Meadows Lane, Buhl, ID 83316 during the hours of 10am - 2pm Monday through Friday.

An application fee of \$25.00 per adult is required to complete the background screening.

Only one application per household is required regardless of marital status.

To ensure that you are able to have a quick and smooth move in, please be sure to do the following:

- ✓ Make sure all blanks are complete. If the question does not apply to you, fill in N/A.
- ✓ Please do not use white out ever.
- ✓ If you make a mistake, draw a single line through the mistake and initial next to it.
- ✓ Make sure that all adults sign and date the application.
- ✓ Bring copies of all household members' social security cards and all occupants who are over 18's identification at the time you drop off the application.
- ✓ Sign the application.

Eligibility will be determined based upon this property's Resident Selection Criteria (available upon request) and the applicant(s) will be notified **in writing** within 10 days of the applications receipt as to the acceptance or denial of the application. If there is not a unit available, the applicant will be placed on the waiting list.

HOPE Property Management, LLC. is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act (ADA). If you require assistance in the form of readers, interpreters, large print, or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible. If you are mobility impaired and do not have access to our rental office, we can make arrangements to meet you at a different office, your home, or another accessible location.





# Rental Application

Desired Move In Date: \_\_\_\_\_  
 Applicants Name: \_\_\_\_\_  
 Current Physical Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Return Application to:**

Kacy Meadows Apartments  
 37 Kacy Meadows Land  
 Buhl, ID 83316  
 Phone: (208) 543-2740  
 Fax (208) 543-4639

Date Received: \_\_\_\_\_  
 Time Received: \_\_\_\_\_  
 App Paid: \_\_\_\_\_

Apartment Bedroom Size Seeking:  One  Two  Three  
 Specially Equipped Handicap Unit (Specify) \_\_\_\_\_

Do you certify that, if eligible, this will be your primary residence?  Yes  No  
 Have you ever applied for or currently holding a Section 8 waiting Certificate or Voucher?  Yes  No  
 If Yes, do you currently have a Section 8 Voucher?  Yes  No  
 Are you currently residing in a HUD/RD Assisted unit?  Yes  No  
 Do you have a pet?  Yes  No  
 Are you:  Homeless  Disabled/Handicap  52 or Older  62 or Older  Victim of Domestic Violence  
 How did you hear about us?  Online  Publications  Referral  Other: \_\_\_\_\_

### Household Information

1. List all occupants beginning with the Head of Household including Live in Aides, foster children and foster adults who will be occupying the house. (Head of Household is the person whose name is at the top of this Application. All other adults are Co-Heads)

	Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Date of Birth	Age	Sex M/F	Social Security Number
#1	_____	Self	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____	_____
#5	_____	_____	_____	_____	_____	_____
#6	_____	_____	_____	_____	_____	_____
#7	_____	_____	_____	_____	_____	_____

2. Are there any anticipated changes to the number of people living in the household in the next 12 months?  Yes  No  
 If yes, please explain: \_\_\_\_\_

3. Is any adult member of your household separated, but not divorced? If Yes, who? \_\_\_\_\_  Yes  No

4. All occupants listed above who have attended (in the last calendar year) or will be attending an educational institution in the next 12 months.

Household Member	Educational Institution	Full or Part Time	Financial Assistance?
_____	_____	<input type="checkbox"/> Full / <input type="checkbox"/> Part	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Full / <input type="checkbox"/> Part	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Full / <input type="checkbox"/> Part	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Full / <input type="checkbox"/> Part	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Full / <input type="checkbox"/> Part	<input type="checkbox"/> Yes <input type="checkbox"/> No



"This Institution is an Equal Opportunity Provider"



Income / Asset Information

1. List all amounts of unearned income that the household is currently receiving or anticipating on receiving in the next 12 months:

Social Security, SSI, SSDI:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Cash Assistance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Food Stamps:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Unemployment Benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Workman's Comp:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Child Support / Alimony:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Pension / Veterans' Benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Student Income:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Family Support:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____

2. Is any household member currently employed?  Yes  No

If yes, list below:

Applicant Name:		Monthly: \$	Hourly: \$	Hours/Wk:
Current Employer:				
Work Address:		Phone Number:		
Length of time:		Fax Number:		
Applicant Name:				
Current Employer:		Monthly: \$	Hourly: \$	Hours/Wk:
Work Address:		Phone Number:		
Length of time:		Fax Number:		

3. If no, are you currently seeking employment?  Yes  No

Amount Anticipated:	Annual Income: \$ _____
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*\*\* If seeking employment, please attach copy of previous year's tax returns. \*\**

Please list your previous employment:

Applicant Name:		Monthly: \$	Hourly: \$	Hours/Wk:
Previous Employer:				
Work Address:		Phone Number:		
Length of time:		Fax Number:		

4. Has any household member sold or given away assets for less than fair market value with the past two years?  Yes  No

Household Member: _____	Asset Type: _____	Value: \$ _____	Cash Value: \$ _____
Household Member: _____	Asset Type: _____	Value: \$ _____	Cash Value: \$ _____
Household Member: _____	Asset Type: _____	Value: \$ _____	Cash Value: \$ _____



1. List all household members' assets including bank accounts, cash on hand, stocks, bonds, land and real estate, ect.

Household Member	Type of Asset (checking/saving, CD, cash card)	Account Number Bank Name	Current Value	Interest Rate
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%

Additional Information

2. Have you, or any member of your household, been charged with or convicted of a felony?  Yes  No

Name of Household Member: \_\_\_\_\_

If yes, when? \_\_\_\_\_

Date parole or probation ends? \_\_\_\_\_

3. Have you, or any member of your family, been charged with or convicted of illegal manufacture or distribution of a controlled substance?  Yes  No

Name of Household Member: \_\_\_\_\_

If yes, when? \_\_\_\_\_

Date parole or probation ends? \_\_\_\_\_

4. Are you, or any member of your household, a registered sex offender under any state sex offender registration programs?  Yes  No

Name of Household Member: \_\_\_\_\_

If yes, when? \_\_\_\_\_

Date parole or probation ends? \_\_\_\_\_

5. Is any member of your household currently charged with any criminal activity but not yet been convicted?  Yes  No

Name of Household Member: \_\_\_\_\_

If yes, when? \_\_\_\_\_

Date parole or probation ends? \_\_\_\_\_

6. Have you, or any member of your household, ever been evicted from housing?  Yes  No

If yes, please explain: \_\_\_\_\_





# Rental Application

Housing Information: List the past residences of the last five years for all adult members. (Attach additional pages if necessary)

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

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

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_\_\_ Move Out \_\_\_\_\_

Current Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: \_\_\_\_\_ Landlord/Mortgage Fax: \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

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

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_\_\_ Move Out \_\_\_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: \_\_\_\_\_ Landlord/Mortgage Fax: \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

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

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_\_\_ Move Out \_\_\_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: \_\_\_\_\_ Landlord/Mortgage Fax: \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

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

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_\_\_ Move Out \_\_\_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: \_\_\_\_\_ Landlord/Mortgage Fax: \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

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

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_\_\_ Move Out \_\_\_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: \_\_\_\_\_ Landlord/Mortgage Fax: \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_



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References

1. If you have never rented or cannot provide a complete five years of rental history, please provide three professional references. (professional references can include co-workers, supervisors, community members, teachers, religious leaders, probation, etc.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship:  Work  Community  Other \_\_\_\_\_ If not professional:  Friend  Family

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship:  Work  Community  Other \_\_\_\_\_ If not professional:  Friend  Family

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship:  Work  Community  Other \_\_\_\_\_ If not professional:  Friend  Family

Emergency Contact

1. In case of Emergency, who do we have your permission to contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I hereby swear that to the best of my knowledge, the above information is true, correct and complete. I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise, I will notify management immediately. Failure to do so may cause a delay in the process of my household for occupancy or may cancel my household's application for occupancy altogether.

I certify that only those persons listed in this application will occupy the apartment if my application is approved and move in occurs. I also certify that I will maintain no other place of residence. I understand that any additions to the household may only be done with management's approval through the application process. I agree to notify management in writing

I understand the Resident Selection Plan is available to me upon request, that it summarizes the procedures for processing applications, and I also understand that I must meet the requirements set-forth in the Resident Selection Plan.

\_\_\_\_\_  
Signature – Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Adult Member

\_\_\_\_\_  
Date

Signature – Head of Household NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction



RE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RETURN: \_\_\_\_\_  
 Kacy Meadows Apartments  
 37 Kacy Meadows Lane  
 Buhl, ID 83316

To Whom It May Concern:

The person(s) named above is a resident/applicant for Section 42 Housing, or a program which has rents that are subsidized by the U.S. Government. Federal regulations require that in order for a family to be eligible for this type of housing, the income of the family, as well as their assets must not exceed certain established limits. The information requested below will be held in STRICT CONFIDENCE as is required under the provisions of the applicable law and will be used only to determine the eligibility of the family for the housing. Thank you for your cooperation.

Resident Manager \_\_\_\_\_  
 \_\_\_\_\_  
 208-543-2740  
 Telephone Number

\_\_\_\_\_ Date  
 \_\_\_\_\_  
 208-543-4639  
 Fax Number

Section B: Applicant(s): Sign and date.

**AUTHORIZATION TO RELEASE INFORMATION**  
All adult household members must sign below.

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_ Date

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_ Date

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_ Date

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_ Date

This form expires one year from date of signature.





# Rental Application

Project Name: Kacy Meadows Apartments

Unit #: \_\_\_\_\_

\_\_\_\_\_  
Name of Head of Household

\_\_\_\_\_  
Name of Member #2

\_\_\_\_\_  
Name of Member #3

\_\_\_\_\_  
Name of Member # 4

\_\_\_\_\_  
Name of Member #5

\_\_\_\_\_  
Name of Member #6

**This form to be completed by Applicant / Tenant**

You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain tenant data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

**Check all those apply for each household member.**

(a) Racial Categories	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6
1) White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) American Indian or Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Native Hawaiian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Check all that applies for each household member.**

(a) Ethnic Categories	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6
1) Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Non-Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Disability Status for each household member**

Disabled according to Fair Housing Act?	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6
1) Disabled (check if YES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I / We were given the opportunity to furnish the above listed information for our household but chose not to.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member