

Application Requirements

Thank you for your interest in Sungate 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) 756-4166 or stopping by our office located at 360 Margaret Street, Salmon, ID 83467 during the hours of 8am - 12pm 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: _____
 Apartment Bedroom Size Seeking: One Two Three
 Specially Equipped Handicap Unit (Specify) _____

Return Application to:
 Sungate Apartments
 360 Margaret Street
 Salmon, ID 83467
 Phone: (208) 756-4166
 Fax (208) 742-1958
 Date Received: _____
 Time Received: _____
 App Paid: _____

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"





Rental Application

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: \$ _____



"This Institution is an Equal Opportunity Provider"



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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Rental Application

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: _____
 Sungate Apartments
 360 Margaret Street
 Salmon, ID 83467

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 _____
 208-756-4166
 Telephone Number

_____ Date
 208-742-1958
 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.

Project Name: Sungate 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

