



# Rental Application

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## Application Requirements

Thank you for your interest in Teton View 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) 745-9097 or stopping by our office located at 410 Annis Highway, Rigby, ID during the hours of 9 am - 4:30 pm 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.



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# 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) \_\_\_\_\_

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: \_\_\_\_\_

**Return Application to:**

Teton View Apartments  
 410 Annis Highway  
 Rigby, ID 83442  
 Phone: (208) 745-9097  
 Fax (208) 745-9244  
 Date Received: \_\_\_\_\_  
 Time Received: \_\_\_\_\_  
 App Paid: \_\_\_\_\_

**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	_____	Head of Household 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



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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: \$ _____



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# Rental Application

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: \_\_\_\_\_

Deductions

7. Do you have out of pocket child care expenses for a child under the age of 13 and the child care enables you to work or go to school?  Yes  No
8. Do you receive child care reimbursement?  Yes  No
9. Do you have or will have unreimbursed medical expenses or expenses related to a disability?  Yes  No



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

RETURN: Teton View Apartments  
 410 Annis HWY  
 Rigby, ID 83442  
 208-745-9097 or FAX 208-745-9244

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  
 \_\_\_\_\_  
 208-745-9097  
 Telephone Number

\_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 208-745-9244  
 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.



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# Rental Application

## Gender, Race, & Ethnicity Appendix (RD)

The following information is requested by USDA Rural Development (per instructions on HB-2-3560, Chapter 6, 6.18 A.):

THE INFORMATION REGARDING RACE, ETHNICITY, AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL HOUSING SERVICE THAT THE FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND DISABILITY ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER IS REQUIRED TO NOTE THE RACE, ETHNICITY, AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

Please enter the appropriate number and letter in the columns below. To avoid entering each occupant name again, enter the Race, Ethnicity and Gender of each person in the order they are listed on Part 1 of the application. The first row is filled out for you as an example.

Occupant(s)	Race	Ethnicity	Gender	Disabled
<i>Example</i>	<i>5</i>	<i>A</i>	<i>For M</i>	<i>Y or N</i>
1.				
2.				
3.				
4.				
5.				
6.				

Choices for Race are:

- 1 – American Indian or Alaskan Native
- 2 – Asian
- 3 – Black or African American
- 4 – Native Hawaiian or Pacific Islander
- 5 – White
- N/A – Do not wish to answer

Choices for Ethnicity are:

- A – Hispanic/Latino
- B – Non-Hispanic/Latino
- N/A – Do not wish to answer

Choices for Gender are:

- M – Male
- F – Female
- N/A – Do not wish to answer

Choices for Disabled According to the Fair Housing Act are:

- Y – Disabled/Handicap
- N – Not Disabled or Handicap
- N/A – Do not wish to answer



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