Application Requirements

Thank you for your interest in Brandon Bay & Kenmare Trace 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 643 South 12th Street or stopping by our office during the hours of 8:00am-4:00pm Monday-Friday Monday through Friday.

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.
- ✓ A non-refundable application fee of **$25.00 per adult** is required to complete the background screening.
- ✓ 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.

Preliminary Approval and Further Verification: Upon receiving your application, you will receive an initial application approval letter within 10 days. This preliminary approval is subject to further verification processes, including credit, criminal, and landlord reference checks, as well as income and student eligibility assessments. It is important to understand that the application may still be rejected after this initial approval.

For any inquiries or assistance with your application, feel free to reach out to us via:

- Email: brandonkenmare@hopemanagement.net
- Phone: (208) 642-1850
- Regular Mail: 643 South 12th Street, Payette, ID 83661

Eligibility will be determined based upon this property's Resident Selection Criteria (available upon request).

HOPE Property Management, LLC and the owner are committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act (ADA), or any status protected by Federal, State or Local Law, Regulation or Ordinance in the Leasing or Management of the units and residential community. 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 another accessible location near the rental office.

HOUSEHOLD INFORMATION

Desired Move-In Date: _____

Applicant's Name: _____

Current Physical Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

Phone Number: ( ) _____

Email: _____

Preferred method of contact: ☐ Email ■ Mail ☐ Phone

Apartment Bedroom Size Seeking: ☐ One ☐ Two ☐ Three

☐ Specially Equipped Handicap Unit (Specify) _____

Return Application to:

Brandon Bay & Kenmare Trace
643 South 12th Street
Payette, ID 83661
brandonkenmare@hopemanagement.net
Phone: (208) 642-1850
Fax: (208) 642-8902
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 *First, Middle Initial, Last*	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. Please select Yes or No for each household member as listed/# above.

	Member Student Status			Educational Institution	Financial Assistance/Semester Amount?		
#1	☐ Yes	☐ No	If Yes, ☐ Full / ☐ Part		☐ Yes	☐ No	$
#2	☐ Yes	☐ No	If Yes, ☐ Full / ☐ Part		☐ Yes	☐ No	$
#3	☐ Yes	☐ No	If Yes, ☐ Full / ☐ Part		☐ Yes	☐ No	$
#4	☐ Yes	☐ No	If Yes, ☐ Full / ☐ Part		☐ Yes	☐ No	$
#5	☐ Yes	☐ No	If Yes, ☐ Full / ☐ Part		☐ Yes	☐ No	$
#6	☐ Yes	☐ No	If Yes, ☐ Full / ☐ Part		☐ Yes	☐ No	$
#7	☐ Yes	☐ No	If Yes, ☐ Full / ☐ Part		☐ Yes	☐ No	$

INCOME DECLARATION

Passive Income Information

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

Social Security, SSI, SSDI:	☐Yes	☐No	Member Name(s): _____	Monthly $_____
Welfare Cash Assistance:	☐Yes	☐No	Member Name(s): _____	Monthly $_____
Other Cash Assistance:	☐Yes	☐No	Member Name(s): _____	Monthly $_____
Unemployment Benefits:	☐Yes	☐No	Member Name(s): _____	Monthly $_____
Workman's Comp:	☐Yes	☐No	Member Name(s): _____	Monthly $_____
Child Support/Alimony:	☐Yes	☐No	Member Name(s): _____	Monthly $_____
Pension/Veterans' Benefits:	☐Yes	☐No	Member Name(s): _____	Monthly $_____
Student Income:	☐Yes	☐No	Member Name(s): _____	Monthly $_____
Family Support:	☐Yes	☐No	Member Name(s): _____	Monthly $_____
Trust Fund Payments:	☐Yes	☐No	Member Name(s): _____	Monthly $_____
Church Assistance:	☐Yes	☐No	Member Name(s): _____	Monthly $_____
Recurring Gift Support:	☐Yes	☐No	Member Name(s): _____	Monthly $_____
Rental Income:	☐Yes	☐No	Member Name(s): _____	Monthly $_____
Foster/Adoption Income:	☐Yes	☐No	Member Name(s): _____	Monthly $_____
Other:_____	☐Yes	☐No	Member Name(s): _____	Monthly $_____
Other:_____	☐Yes	☐No	Member Name(s): _____	Monthly $_____

Employment Income Information

1. Is any household member **Currently employed**? ☐ Yes ☐ No If yes, list below: *If Self-Employed, complete next section*

Applicant Name:			
Current Employer:		Monthly: $	Hourly: $ Hours/Wk:
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:	

2. Is any household member(s) **Self-Employed**? (e.g. home business, delivery services, online sales, odd jobs, etc.) ☐ Yes ☐ No
   *** If Yes, previous year's tax returns or current income statements will be requested during move-in process*

Member Name	Income Source	Monthly Income	Additional Details if Necessary
		$	
		$	
		$	

3. **Unemployed Adult Household Members**: Anticipating or Not Anticipating Income in the next 12 months:
   *** If Yes, provide previous year's tax returns or income statements to support anticipated amount if available*

Member Name	Anticipating Income?	Anticipated Income Source	Anticipated Annual Income
	☐ Yes ☐ No		$
	☐ Yes ☐ No		$
	☐ Yes ☐ No		$
	☐ Yes ☐ No		$
	☐ Yes ☐ No		$
	☐ Yes ☐ No		$

ASSET DECLARATION

1. All household members' assets including bank accounts, cash on hand, stocks, bonds, land and real estate. Select ALL that apply, average balance and list any additional assets not listed.

Asset Type	How Many	Cash Balance	% Rate	Asset Type	How Many	Cash Balance	% Rate
Checking Account(s)	_____	$_____	_____	Bank Name(s)	_____		
Savings Accounts(s)	_____	$_____	_____	Bank Name(s)	_____		
Cash on Hand	_____	$_____	_____	Safety Deposit Box	_____	$_____	_____
Deposit Card(s)	_____	$_____	_____	Govt. Benefits Card(s)	_____	$_____	_____
Money Market(s)	_____	$_____	_____	Bank Name(s)	_____		
Deposit CD(s)	_____	$_____	_____	Bank Name(s)	_____		
Whole Life Insurance	_____	$_____	_____	Provider Name(s)	_____		
Stocks/Bonds	_____	$_____	_____	Bitcoin/Virtual Asset	_____	$_____	_____
Real Estate/Property	_____	$_____	_____	Land Contract(s)	_____	$_____	_____
Go Fund Me, etc.	_____	$_____	_____	Trust Fund(s)	_____	$_____	_____
Capital Investment(s)	_____	$_____	_____	Online Account(s)	_____	$_____	_____

2. List Personal Property exceeding basic necessities (i.e., 2nd car, RV/trailer, ATV, collections with value, gold, precious jewelry, etc.)

Asset Type	How Many	Cash Value
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

3. 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: $_____

CRIMINAL HISTORY DECLARATION

1. Have you, or any member of your household, been convicted of a felony? ☐ Yes ☐ No
   Name of Household Member: _____
   If yes, when? _____ Date parole or probation ends? _____

2. Have you, or any member of your family, been convicted of illegal manufacture or distribution of a controlled substance? ☐ Yes ☐ No
   Name of Household Member: _____
   If yes, when? _____ Date parole or probation ends? _____

3. 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? _____

4. Have you or any member of your household previously misrepresented information in the application or recertification process to any housing authority, apartment community or landlord? ☐ Yes ☐ No

HOUSING AND RENTAL HISTORY – 5 YEARS COMPLETE HISTORY

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

Have you, or any member of your household, ever been evicted from housing? ☐ Yes ☐ No
If yes, please explain: _____

☐ 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: _____

PROFESSIONAL CHARACTER REFERENCES

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

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

AUTHORIZATION TO RELEASE INFORMATION TO HOUSING AGENCY

RE: _____

RETURN: Brandon Bay & Kenmare Trace
643 South 12th Street
Payette, ID 83661
brandonkenmare@hopemanagement.net

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 Date

(208) 642-1850 (208) 642-8902
Telephone Number 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.

DEMOGRAPHICS DECLARATION

Project Name: Brandon Bay & Kenmare Trace Unit #: Pending Application

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	❑	❑	❑	❑	❑	❑
2) Black or African American	❑	❑	❑	❑	❑	❑
3) American Indian or Alaskan Native	❑	❑	❑	❑	❑	❑
4) Asian	❑	❑	❑	❑	❑	❑
5) Native Hawaiian or Pacific Islander	❑	❑	❑	❑	❑	❑

Check all that applies for each household member.						
(b)Ethnic Categories	Member #1 (HOH)	Member #2	Member #3	Member #4	Member #5	Member #6
1) Hispanic or Latino	❑	❑	❑	❑	❑	❑
2) Non-Hispanic or Latino	❑	❑	❑	❑	❑	❑

(c) **Disability Status:** Are any household members disabled according to the Fair Housing Act?

❑ Yes ❑ No

❑ 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