

**RESIDENTIAL  
APPLICATION**

***Carnoustie Apartments  
604 W Fir St  
Shelley, ID 83274***

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**Applicant Name**

**Date**

**(For: OFFICE USE ONLY)**

**Date Received:**

**Time Received:**

**Manager Signature:**



We do not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in our federally assisted programs and activities.  
EQUAL HOUSING OPPORTUNITY



# TOMLINSON & ASSOCIATES

## RESIDENTIAL APPLICATION FORM

Name of Project \_\_\_\_\_  
Address of Project \_\_\_\_\_

**APARTMENTS ARE TO BE RENTED TO ALL PEOPLE ACCORDING TO FAIR HOUSING LAWS**

Applicant Name:(Last, First, Middle Initial) \_\_\_\_\_ Telephone \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

MINORITY: (Please note that completing this section is optional. The information will only be used for our Fair Housing Program).

Are You: White, \_\_\_\_\_ Black, \_\_\_\_\_ American Indian or Alaskan Native, \_\_\_\_\_  
Asian or Pacific Islander, \_\_\_\_\_ Hispanic, \_\_\_\_\_ Non-Hispanic, \_\_\_\_\_ ?

Name of Present Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Landlord's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Residency \_\_\_\_\_ Monthly Housing Cost (including utilities)\$ \_\_\_\_\_

Name of Previous Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Landlord's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Residency \_\_\_\_\_ Monthly Housing Cost (including utilities) \$ \_\_\_\_\_

Name of Applicants Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Employment \_\_\_\_\_ Position \_\_\_\_\_ Gross Income (Mo./Wk./Yr.) \$ \_\_\_\_\_

### Bank References:

Savings \_\_\_\_\_ Address \_\_\_\_\_ Account # \_\_\_\_\_

Checking \_\_\_\_\_ Address \_\_\_\_\_ Account # \_\_\_\_\_

Loan \_\_\_\_\_ Address \_\_\_\_\_ Account # \_\_\_\_\_

### Credit References:

Name \_\_\_\_\_ Balance \_\_\_\_\_ Payment \_\_\_\_\_ Account # \_\_\_\_\_

Name \_\_\_\_\_ Balance \_\_\_\_\_ Payment \_\_\_\_\_ Account # \_\_\_\_\_

Name \_\_\_\_\_ Balance \_\_\_\_\_ Payment \_\_\_\_\_ Account # \_\_\_\_\_

Name \_\_\_\_\_ Balance \_\_\_\_\_ Payment \_\_\_\_\_ Account # \_\_\_\_\_

### Personal References:

(3 persons not related to you, whom you have known at least one year).

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Are you applying for status as handicapped or disabled? YES \_\_\_\_\_ NO \_\_\_\_\_

PETS: Do you own any pets? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, Describe \_\_\_\_\_  
\_\_\_\_\_

**Automobile:**

Make \_\_\_\_\_ Color \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Make \_\_\_\_\_ Color \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Make \_\_\_\_\_ Color \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Please list hobbies, activities and interests you might want to share with other residents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. HOUSEHOLD COMPOSITION**

**A. Please provide the following information:**

Names of Members of Household	Relationship	Birthdate mo/da/yr	Social Security #	Place of Employment	Full-time Student* Yes or No

\*Full-time student is defined as persons who have been, are, or will be attending school at an educational institution with regular faculty and students during five months of the current calendar year (including elementary, junior high and high school students).

**B. If all household members are students as defined above, answer the following questions and provide supporting documentation (ie: current income tax document):**

1. Do you receive assistance under Title IV of the Social Security Act?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar Federal, State or local laws?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are you a single parent with children AND are you and all your children not dependents of anyone else (as defined under Section 152)?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you file a joint income tax return?

Yes \_\_\_\_\_ No \_\_\_\_\_

**C. Does anyone live with you or do you plan to have anyone living with you in the future who is not listed above?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, explain \_\_\_\_\_

D. Have you ever been evicted from public housing or any other Federal housing program?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If YES, Where \_\_\_\_\_ When \_\_\_\_\_  
 Describe Reasons \_\_\_\_\_

E. Have you ever been evicted from other housing? Yes \_\_\_\_\_ No \_\_\_\_\_

F. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

G. Are you currently using illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

H. Have you ever been convicted of sale, distribution, or possession of illegal drugs?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

II. INCOME INFORMATION Please answer each of the following questions.

	YES	NO
A. Is any member of your household employed, full-time, part-time or seasonally?	_____	_____
B. Does any member of your household expect to work for any period during the next twelve months?	_____	_____
C. Does any member of your household work for someone who pays them cash?	_____	_____
D. Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?	_____	_____
E. Does any member of your household now receive or expect to receive unemployment benefits?	_____	_____
F. Does any member of your household now receive or expect to receive child support?	_____	_____
G. Does any member of your household now receive or expect to receive alimony payments?	_____	_____
H. Is any member of your household entitled to alimony payments that he/she is not now receiving?	_____	_____
I. Does any member of your household receive or expect to receive Social Security benefits?	_____	_____
J. Does any member of your household receive or expect to receive Supplemental Security Income benefits?	_____	_____
K. Does any member of your household receive or expect to receive income from a pension?	_____	_____
L. Does any member or your household receive regular cash contributions from individuals not living in the unit or from <u>agencies</u> ?	_____	_____
M. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property?	_____	_____

**III. INCOME FROM ASSETS**

**A. List all assets owned by household members including:**

	Current Balance of Account	Account Number and Location	Asset Owner (Household Member)	%Interest Earned Annually
Checking Accounts				
Savings Accounts				
Stocks/Bonds/CD's				
Real Estate				
Pensions/Retirement				
Personal Property held as an Investment				

**B. Have you sold or given as gifts any real property or other assets in the past two years?**  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, explain and list current market value of the asset: \_\_\_\_\_  
 \_\_\_\_\_

**IV. ANTICIPATED INCOME FOR HOUSEHOLD MEMBERS**

List all income anticipated to be received by members of the household\* who are 18 years of age or older during the 12-month period beginning the date of this application.

\*Note: Members do not need to be related to be members of the household.

**HOUSEHOLD MEMBERS**

<u>Type of Income</u>	Name _____ Age _____	Name _____ Age _____	Name _____ Age _____	Name _____ Age _____
A. Wages, salaries, tips, commissions, bonus, etc.				
B. Interest, dividends, other income from assets				
C. Net income from a business				
D. Payment from annuities, insurance policies, retirement funds, pensions, disability or death benefits, etc.				
E. Unemployment and disability compensation, worker's compensation, severance pay, etc.				
F. Welfare assistance payments				
G. Alimony, child support payments, etc.				
H. Regular periodic payments or gifts from persons not living in household				
I. Regular/special pay and allowances of a member of the armed forces				
K. Other Income				
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____	\$ _____

Please use additional sheets if needed.

**V. SOURCES OF INCOME**

List the sources of income received in each category above:

Family Member \_\_\_\_\_

Type of Income	Sources of Income	Address or Contact Person

Family Member \_\_\_\_\_

Type of Income	Sources of Income	Address or Contact Person

Family Member \_\_\_\_\_

Type of Income	Sources of Income	Address or Contact Person

Family Member \_\_\_\_\_

Type of Income	Sources of Income	Address or Contact Person

**VI. APPLICANT CERTIFICATION**

**I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for the Tax Credit/HOME Housing program units. I/we authorize the Agent to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements of information are punishable under Federal law.**

Signature of Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Co-Tenant: \_\_\_\_\_

Date: \_\_\_\_\_

**COMMENTS/ADDITIONAL INFORMATION**

**In Case of Emergency, Notify:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Applicant has submitted the sum of \$ \_\_\_\_\_ which is a non-refundable payment for a credit check and processing charge of this application. Such sum is not a rental payment or security deposit. This amount will be retained by management to cover the cost of processing application as furnished by the applicant; any false information will constitute grounds for refection of application.**

**I hereby deposit \$ \_\_\_\_\_ with Management as a deposit in connection with this Application for Residency. If for any reason, Management decides to decline my application, the Management will refund the entire deposit to me in full.**

**“If I cancel my reservation, or fail to complete the Lease Agreement, this deposit will be retained as liquidated damages.”**

**PLEASE NOTE, THIS IS A PRELIMINARY APPLICATION. ADDITIONAL INFORMATION MAY BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF APPLICANTS. YOUR SIGNATURE BELOW CERTIFIES THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT, AND GIVES CONSENT TO THE MANAGEMENT TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION AND TO THE OBTAINING OF A CREDIT BUREAU INVESTIGATION.**

**To remain on the waiting list you must contact the Resident Manager and update this application at least every 90 days.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_