

**APPLICATION FOR AFFORDABLE HOUSING**

**ORCHARD RIDGE INDEPENDENT LIVING**

\*\* Food Program Required \*\*

|                      |                    |
|----------------------|--------------------|
| Office Use Only      |                    |
| Date Received: _____ |                    |
| Time: _____          | Received By: _____ |

Applicants 62 or older as of January 31, 2010 and do not have a SSN and were receiving HUD rental assistance at another location on January 31, 2010, are exempt from disclosing and providing verification of SSN.

**Head of House:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License / State ID # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Spouse:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License / State ID # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**RESIDENT / RENTAL HISTORY**

Please complete the following rental history. Start with your current or most recent address and include all the places where you lived during the last 2 years. Include all records whether or not you were actually listed on the lease and/or where you lived under a different name.

|                               |               |                    |          |              |
|-------------------------------|---------------|--------------------|----------|--------------|
| _____                         | _____         | _____              | _____    | _____        |
| Current Physical Address      | City          | State              | Zip Code | Move In Date |
| _____                         | _____         | _____              | _____    | _____        |
| Facility Name (if applicable) | Landlord Name | Landlord's Phone # |          |              |
| _____                         | _____         | _____              | _____    | _____        |
| Previous Physical Address     | City          | State              | Zip Code | Move In Date |
| _____                         | _____         | _____              | _____    | _____        |
| Facility Name (if applicable) | Landlord Name | Landlord's Phone # |          |              |



## ELIGIBILITY DETERMINATIONS

\*\* If more than one applicant is applying, each household member must answer separately \*\*

- Yes     No    Are you currently being evicted?  
If yes, please explain: \_\_\_\_\_
- Yes     No    Have you or any household member ever been evicted from a rental property?  
If yes, please explain: \_\_\_\_\_
- Yes     No    Are you, or anyone who will be occupying the unit, currently receiving rental assistance from HUD (voucher or Project Based)?
- Yes     No    Have you, or anyone who will be occupying the unit, been required to register as a sex offender?
- Yes     No    Have you, or anyone who will be occupying the unit, been evicted in the last 3 years from federally assisted housing for drug related criminal activity, such as: Use, Possession, Distribution, Trafficking or Manufacture of any illegal drug or illegal controlled substances?  
  
If yes, please explain: \_\_\_\_\_
- Yes     No    Have you or any household member ever been convicted of a crime that posed a threat to the health, safety, or the welfare of others?  
  
If yes, please explain:  
\_\_\_\_\_
- Yes     No    Are you currently an illegal user of a controlled substance?
- Yes     No    Have you ever been convicted of the illegal manufacture or distribution of a controlled substance?
- Yes     No    Has your assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures?
- Yes     No    Do you qualify for Senior Housing (62 years of age or older)?
- Yes     No    Are you, or anyone who will be occupying the unit, currently enrolled as a student in an institute of higher education?
- Yes     No    Have you been displaced by government action or by a presidential declared disaster?
- Yes     No    Do you require the features of an accessible unit and wish to be on the waiting list for a mobility impaired accessible unit?
- Yes     No    Do you require a unit designed for hearing or sight impaired?
- Yes     No    Will this be your primary residence?
- Yes     No    Can you live with others, tolerate their differences, and actively participate in the general community fellowship with a spirit of harmony and good will?

## ELIGIBILITY DETERMINATIONS

Yes  No I understand that I am applying for an apartment that is required by HUD (Housing and Urban Development) to participate in at least one (1) meal a day.

Yes  No Do you have a pet?

Is your pet under 20 pounds?  Yes  No

Is your pet current on all vaccinations and rabies shots?  Yes  No

If No, I understand that I am are required before move in to get my pet up to date on all vaccinations and rabies shots.  Yes  No

Yes  No Do you have a service animal?

Can you provide proper documentation that you have registered service animal?  Yes  No

Please list all states where you have resided: \_\_\_\_\_

How did you learn about this facility? \_\_\_\_\_

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please Return To:

Orchard Ridge Independent Living  
ATTN: Occupancy Specialist  
702 W Walnut Ave  
Coeur d'Alene, ID 83814



|                                   |
|-----------------------------------|
| <b><u>**Office Use Only**</u></b> |
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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing.

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

|  |  |
|--|--|
| Applicant Name:  |  |
| Mailing Address:   |  |
| Telephone No:  | Cell Phone No:   |
| Name of Additional Contact Person or Organization:   |  |
| Address:   |  |
| Telephone No:  | Cell Phone No:   |
| E-Mail Address (if applicable):  |  |
| Relationship to Applicant:   |  |
| Reason for Contact: (Check all that apply)   |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.  |  |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.   |  |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5. 105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |  |

Check this box if you choose not to provide the contact information.

|  |      |
|--|------|
| Signature of Applicant   | Date |
| <p>The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Section 614 of the Housing and Community Development Act of 1992 (42 U.S.C 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family apply for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste, and mismanagement. In accordance with the Paperwork Reduction Act, as agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.</p> |      |

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN) Which will be used by HUD to protect disbursement data from fraudulent actions.

**Race and Ethnic Data  
Reporting Form**

**U.S. Department of Housing  
and Urban Development**  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Heritage Place Apartments LLC      124-11059      702 W Walnut Ave, CDA, ID 83814  
Name of Property      Project No.      Address of Property

Ann Johnson      \_\_\_\_\_      Section 8 / 202  
Name of Owner/Managing Agent      Type of Assistance or Program Title:

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

Date (mm/dd/yyyy) \_\_\_\_\_

| Ethnic Categories*                        | Select One            |
|---|-----------------------|
| Hispanic or Latino                        |                       |
| Not-Hispanic or Latino                    |                       |
| Racial Categories*                        | Select All that Apply |
| American Indian or Alaska Native          |                       |
| Asian                                     |                       |
| Black or African American                 |                       |
| Native Hawaiian or Other Pacific Islander |                       |
| White                                     |                       |
| Other                                     |                       |

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data source, gathering, and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents, will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require and special protection