

APPLICATION FOR AFFORDABLE HOUSING

ORCHARD RIDGE INDEPENDENT LIVING

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.

**** ONE APPLICATION PER PERSON ****

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 #

GROSS INCOME / EMPLOYMENT HISTORY

Monthly Income –

Head of House:

Pension \$ _____ Social Security Amount \$ _____ Social Security Disability \$ _____

SSI \$ _____ Alimony \$ _____ Public Assistance \$ _____ Other Source \$ _____

Employer \$ _____ Salary/Wage # Hours / Week Supervisor's Name

Employer's Address City State Zip Code Phone # Occupation

Spouse:

Pension \$ _____ Social Security Amount \$ _____ Social Security Disability \$ _____

SSI \$ _____ Alimony \$ _____ Public Assistance \$ _____ Other Source \$ _____

Employer \$ _____ Salary/Wage # Hours / Week Supervisor's Name

Employer's Address City State Zip Code Phone # Occupation

ASSETS

Attach additional pages if necessary –

(Examples: Checking, Savings, Trusts, IRAs, CDs, Escrows, Stocks, Interests/Dividends, Real estate, etc.)

Account Type: Company: Current Balance:

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Do you or any household member own a home, condo, trailer, or other real estate? Yes No

If yes, what are your plans with your real estate? Please explain: _____

Have you or any household member sold or given away any real property or other asset during the past two (2) years for less than fair market value? Yes No If Yes, what was disposed of? _____

ELIGIBILITY DETERMINATIONS

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

- Yes No Do you qualify for Senior Living (62 years of age or older)?
- 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 Are you currently being evicted?
If yes, please explain: _____
- 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 Do you have a pet?
 Dog Cat Other: _____
** If you have more than one pet, please contact the Occupancy Specialist **
- 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 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/assistance animal?
Can you provide proper documentation that you have a service/assistance animal? Yes No

Please list all states where you have resided: _____

How did you learn about us? _____

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 N. Highway 95
Coeur d'Alene, ID 83814



<u>**Office Use Only**</u>

Updated: 02/2025

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of 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 in 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 N. Highway 95, 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

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.