

NAMPA HOUSING AUTHORITY
211 19th Ave North
Nampa, ID 83687
Ph: 208-466-2601 – Fax: 208-466-1216

FOR OFFICE USE ONLY

Date:
Time:
NHA Rep:

This form must be completely filled out personally by Head of Household or Spouse. You must use the correct legal name for each member of your household as it appears on his or her Social Security card. ALL ADULT MEMBERS OVER 18 MUST SIGN AT THE END OF THIS FORM, CERTIFYING THAT THE INFORMATION IS CORRECT. DO NOT LEAVE ANY PART BLANK. IF A SECTION DOES NOT APPLY TO YOU, PUT N/A IN THAT SECTION.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

Applicant's name _____ Phone to be reached () _____

This phone belongs to _____ Phone owner's relationship to you _____

Current Street Address: _____, City, State, Zip _____

Are you currently being evicted Yes [] No [] If 'Yes', give reason _____

Mailing address same as current address? Yes [] No []
 Mailing street address: _____, City, State, Zip _____
 Whose address is this? _____ Relationship to you _____

PLEASE PRINT. ALL INFORMATION MUST BE TRUE AND COMPLETE.

I. HOUSEHOLD COMPOSITION: List ALL persons who will be living with you in public housing as follows: Head of Household, Spouse if any, all other adults (18 or older) in order by age, all minor children, in order by age.

Member #	Last name	First name	MI	Date of Birth	Relationship	SSN
Head						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Member #	Gender (M/F)	Race	Ethnicity Hispanic	Place of birth, City & State	Eligibility				Alien #	Handicap	Disabled
					EC	EN	IN	PV			
1. Head											
2.											
3.											
4.											
5.											
6.											
7.											
8.											

Eligibility Codes: EC = Eligible Citizen
 EN = Eligible Noncitizen
 IN = Ineligible Noncitizen
 PV = Eligibility Pending

Race Codes: 1 = White
 2 = Black/African American
 3 = American Indian/ Alaska Native
 4 = Native Hawaiian/Other Pacific Islander

Does anyone live with you now who is not listed above? Yes No If 'Yes', tell us who, & why this person will not be living with you in public housing:

Do you have any special needs due to a disability or need a reasonable accommodation? Yes No

If 'Yes' please specify _____

LIST THE SCHOOLS YOUR CHILDREN ATTEND

Child's name	School name	School address	School phone number

MARITAL STATUS: Married Separated Widowed Divorced Never married

DO YOU HAVE FULL CUSTODY OF YOUR CHILDREN? Yes No

If No, Please explain _____

LIST NAME & ADDRESS OF YOUR CHILD'S OTHER PARENT, IF CHILD'S OTHER PARENT DOES NOT LIVE WITH YOU

Name of your child's parent	Street Address	City	State	Zip Code	Which child?

HAVE YOU OR A HOUSEHOLD MEMBER EVER HAD ANY LAW SUITS, JUDGEMENTS, OR COLLECTIONS FILED AGAINST YOU? Yes No If 'Yes', tell us which one, when, and why. _____

II. WAGE INFORMATION - LIST BELOW ALL JOBS YOU & MEMBERS OF YOUR HOUSEHOLD (18+) HOLD NOW OR HELD IN THE LAST 12 MONTHS

Member #	Employer	Employer's address	Employer's ph #	Part / Full time?	Start date	End date

LIST WAGE INFORMATION FOR ALL CURRENTLY EMPLOYED FAMILY MEMBERS –

Member #	Hrly pay rate	Avg hours worked per pay period	How often do you get paid?		
			Weekly	Every 2 weeks	Twice a month

III. DO YOU OWN YOUR OWN BUSINESS OR SELL GOODS OR SERVICES? Yes [] No []

If 'Yes' what kind? _____

Name of business	Street address	City	State	Zip Code	Phone #	Gross income/month

IV. OTHER HOUSEHOLD INCOME. List all other household income received by every person living in your household. This includes unemployment compensation, child support, Social Security, SSI, disability payments, workman's compensation, retirement benefits (pensions, etc), veteran's benefits, rental property income, alimony or separate maintenance, interest payments, contributions or gifts from friends or relatives to help with living expenses, and all other income from any source.

Member #	Type of Income	Income amount	How often is the income received?		
			Weekly	Monthly	Annually

TANF (TEMPORARY AID TO NEEDY FAMILIES) If you receive TANF benefits, please complete the information below. (Note: Neither food stamps nor medical card are counted as income in figuring your rent, but must be reported. Cash assistance is counted).

Member who receives TANF	Type of assistance received				Monthly Amt	Starting \Date
	Food Stamps []	Medical card []	Cash assistance []	Other []		

V. FAMILY ASSETS. List all assets of household members, including bank savings accounts, checking accounts, certificates of deposit, IRA's, retirement accounts, stocks, bonds, real estate, business, etc.

Member #	Type of Asset	Name of Bank or Verifying Source	Account #	Value of Asset
				\$
				\$
				\$
				\$

VI. FAMILY EXPENSES. Enter any:

1. Child Care- unreimbursed child care expense of children less than 13 years of age
2. Medical – unreimbursed medical expenses for elderly or disabled families only
3. Disability Expenses – unreimbursed costs for attendant care or auxiliary apparatus for a disabled family member. Must enable adult family member to be employed – including person with disabilities.

Member #	Type of Expense	Expense Cost	Weekly or Monthly	Payee's complete address & phone #

VII. LANDLORD REFERENCES. PLEASE COMPLETE THE FOLLOWING INFORMATION FOR ALL LOCATIONS YOU HAVE LIVED IN FOR THE PAST THREE (3) YEARS.

Current Address Information:

Street Address _____

City, State, Zip _____

Lived there from _____ to _____

of bedrooms _____ Rent _____

Reason for Moving _____

Current Landlord: _____

Street Address _____

City, State, Zip _____

Phone #: _____

MY PREVIOUS LANDLORDS WERE:

Street Address _____

City, State, Zip _____

Lived there from _____ to _____

of bedrooms _____ Rent _____

Reason for Moving _____

Landlord: _____

Street Address _____

City, State, Zip _____

Phone #: _____

-----*

Street Address _____

City, State, Zip _____

Lived there from _____ to _____

of bedrooms _____ Rent _____

Reason for Moving _____

Landlord: _____

Street Address _____

City, State, Zip _____

Phone #: _____

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Street Address _____

City, State, Zip _____

Lived there from _____ to _____

of bedrooms _____ Rent _____

Reason for Moving _____
Landlord: _____
Street Address _____
City, State, Zip _____
Phone #: _____

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Street Address _____
City, State, Zip _____

Lived there from _____ to _____
of bedrooms _____ Rent _____

Reason for Moving _____
Landlord: _____
Street Address _____
City, State, Zip _____
Phone #: _____

VIII. MISCELLANEOUS INFORMATION PLEASE BE SURE YOUR ANSWERS ARE TRUE & COMPLETE

1. Do you or any household member own (or co-own) any real estate, mobile home, or boat?
Yes [] No [] If 'Yes', list which item(s) and the value(s) _____
2. Have you sold any real estate in the last 2 years? Yes [] No []
If 'Yes' what was sold, and what was the value? _____
3. Do you own a vehicle..... Yes [] No []
If 'Yes' list the year, make, model, color, & license plate# _____
4. Does anyone outside of your household pay any of your bills or give you money? Yes [] No []
If 'Yes' who? _____, how much? \$ _____, and how often? _____
5. Have you or any adult member ever used any name(s) or Social Security numbers other than the one you use now?Yes [] No [] If 'Yes', list the name(s) and number(s) _____
6. Have you or any other household member ever lived in any other unit where help with the rent was given through a rental assistance program? (Subsidized rent)..... Yes [] No []
If 'Yes' list where _____
7. Have you or anyone else in your household ever been involved in, arrested for, or convicted of any crime other than traffic violations?Yes [] No []
If 'Yes' explain _____
8. Have you or anyone else in your household ever been involved in, arrested for, or convicted of drug activity? Yes [] No []
If 'Yes' explain _____
9. Have you ever committed any fraud in a federally-assisted program or been requested to repay money for knowingly misrepresenting information for such housing?Yes [] No []
If 'Yes' which one? (Name & Address) _____
10. Have you ever been evicted..... Yes [] No []
If 'Yes' explain _____
11. Do you currently owe this or any other housing authority for unpaid rent or damages? Yes [] No []
If 'Yes' which housing authority or landlord? (Name & Address) _____
12. NHA's Pet Policy allows only 1 dog **OR** 1 cat to live in each unit. The pet must not be a vicious breed, and must comply with all Pet Policy requirements, including the pet deposit of \$250 be paid in advance of leasing, immunizations must be current, etc. Please request details if you are interested in keeping a pet.
13. Do you own a pet? Yes [] No []
14. Do you plan to move a pet into public housing with you Yes [] No []

READ THE FOLLOWING CERTIFICATION AND NOTICE CAREFULLY BEFORE SIGNING
APPLICANT CERTIFICATION NOTICE

I certify that all information given to the Nampa Housing Authority regarding household composition, income, assets, allowances, personal background, rental history, and deductions is accurate and complete to the best of my knowledge and belief.

I understand that I am required to report in writing all changes of address and/or all changes in household composition, drug and criminal activity, income and assets of any household member to the Nampa Housing Authority within ten (10) days of the change. I understand I must report any income earned by household members who turn 18 years of age during the year, even if they are full-time students. Failure to report all income is committing fraud. I understand that false statements or information are punishable under Federal Law. I also understand the false statements of information are grounds for termination of housing assistance and termination of tenancy.

I understand that I cannot add any person to my household, unless he/she has first completed an application, a credit and criminal background check has been fully approved in writing by Nampa Housing Authority, except for the legally documented birth or adoption of a child.

I understand that if I become a resident of NHA, I cannot add to my household any person (related or otherwise) who has a criminal history or a drug-related history. I understand that no person whom I may marry while I am a resident of NHA can automatically move in with me. I understand that if I move into public housing and then marry someone who has a criminal or drug-related history, my husband or wife will not be allowed to live with me in public housing. I also understand that a non-family member who is not listed as a member of my household on my lease cannot automatically move in with me. I understand that every person whom I may want to add to my household, for any reason, must fill out a housing application and be approved, in writing, by the Housing Authority before being allowed to live with me. I understand that if I allow any person to live with me who has a criminal history, a drug-related history, or who has not been approved by the Housing Authority, I can be evicted.

I understand that by signing this application, I give Nampa Housing Authority permission to process it for a credit and criminal background check, and landlord references to support the information I have provided.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

ALL ADULT HOUSEHOLD MEMBERS (AGE 18 AND OLDER) MUST SIGN THIS FORM (USE YOUR MIDDLE INITIAL)

Signature of Head of Household Date

Signature of Spouse Date

Signature of other member over 18 Date

Signature of other member over 18 Date

Signature of other member over 18 Date

Signature of other member over 18 Date

Nampa Housing Authority

EQUAL HOUSING OPPORTUNITY

211 19th Ave North
FAX (208) 466-1216

Nampa Idaho 83687
TDD (208) 466-2601

(208) 466-2601

LOCAL PREFERENCE

Definition:

Nampa Housing Authority gives "Local Preferences." These preferences give priority when selecting names from the applicant waiting list. The housing authority may offer housing to applicants who meet the local preference requirements before all other applicants on the list. These preferences are, as follows:

A. "Working Family" Requirements

1. The head of household and/or spouse or partner must be able to verify employment at the time housing is offered.
2. Employment must be for a 90 day period at 30 hours per week immediately prior to the offer of housing.
3. The family agrees to maintain this work level for at least one year after beginning occupancy.
4. The amount earned is not a factor in granting this local preference.
5. A resident that leaves a job will be asked to document the reasons for termination. Quitting work after receiving the benefit of the preference (as opposed to a layoff) will be considered to have misrepresented the facts to NHA and may result in termination of housing.

B. "Training/Education" Local Preference Requirements

1. The head of household and/or spouse or partner is enrolled as a fulltime student (as determined and certified by the training/education institution) in any of the following programs:
 - Idaho Welfare to Work Program
 - Job Corps,
 - Any accredited degree, certification or licensure producing program, the primary purpose of which is to prepare the individual for the job market or improve one's position in the job market. The applicant agrees to maintain the training/education program for 12 months from the date of occupancy or until program completion.
2. A resident that fails to participate in the "Training/Education: program will be asked to document the reason. Quitting or being taken off the program after receiving the benefit of the preference will be considered to have misrepresented the facts to NHA and may result in termination of housing.

C. Elderly (for elderly units) and / or disabled.

CERTIFICATION

- I am claiming eligibility for the "Working Family" Local Preference.
- I am claiming eligibility for the "Training/Education" Local Preference.
- I am claiming eligibility for the "Elderly and /or Disabled" Local Preference.
- I have read and understand the information above about Local Preferences.
- I am at least 18 years old.
- I have been employed during the last 90 day period at 30 hours per week at _____
- I am actively participating in the program I have checked above (section B, 1): _____
- I understand that I may have my housing terminated if I no longer meet the criteria for this preference, as defined above (for example, quitting my job or program after moving in).

Print Name

Date

Signature