

1277 Shoreline Lane  $\cdot$  Boise, Idaho 83702 (208) 336-4610 Phone  $\sim$  (208) 345-8990 Fax, TDD #1-800-545-1833 Ext. 298

# **Application and Tenant Selection Information**

Completed applications for the	should be returned to the rental offic	_ should be returned to the rental office		
located at	between the hours of			
or by calling	at			

Before returning the application, make sure that all items are complete. If the question does not apply to you, write N/A in the blank. Please use only one color of ink when completing the application. If you make an error, draw a single line through the mistake and initial the correction. **DO NOT USE WHITE OUT**. Make sure all adults sign and date the application.

When returning the application, please bring the following items:

- √ A \$25.00 application fee for each adult member of the household (Section 8 properties are excluded from this fee).
- ✓ Valid photo identification for every adult aged 18 or older
- ✓ Social Security Cards for each household member
- ✓ Birth Certificates for each minor

Complete one (1) application per Household.

Eligibility will be determined based upon these factors and applicant(s) will be notified **in writing** within 10 days of application as to the acceptance or denial of their application. If no unit is available at the time of acceptance, application name will be placed on the waiting list. For additional information about eligibility or screening, please ask to see a copy of our Resident Selection Policy.

Syringa Property Management, Inc. Is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act (ADA). If you require assistance in the form of reader, 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 a different office, your home, or another accessible location.

- 1. Syringa Property Management, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.
- 2. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988)

E

Dianne Hunt 1277 Shoreline Ln., Boise, ID 83702 208-336-4610 TDD (800) 545-1833 Ext. 298



This institution is an equal opportunity provider and employer.

Syringa APPLICA	For office use only: Time Rec'd: Date Rec'd:					
			Mgr's Initials	S:		
This application is for:			Phone Num	her:		
Criminal/Credit Report #:			2 220 220 23 44			
Applicant Information						
Applicant Name:						_
Current Address:Street		Middle	Last			
Street Daytime Phone:	City	Mes	State sage Phone:	Zij	p	
Email Address:						<del></del>
					) - J.	
Apartment Size Requested: □  Specially Equipped Handicap Unit (S)		edroom 🛭 2 Bedroom	□ 3 Bedroo	m ⊔ 41	Bedroom	
	· · · · · · · · · · · · · · · · · · ·	□ Referral	□ Other			
Yes/No						
1 Have you ever applied	for or currently hold a S	Section 8 waiting Certificat	e or Voucher?			
2 Are you currently resid	ding in a HUD Assisted u	ınit?				
3 Do you have a pet?						
_	ligible, this will be your					
You may be eligible for and you meet other elithis allowance?	You may be eligible for an annual \$400 allowance if you or your co-applicant are Handicapped or Disabled, or 62 or older and you meet other eligibility requirements. Verification of eligibility may be required. Do you believe you may qualify for this allowance?					or older qualify for
List ALL persons who will occupy the	apartment:	Marital Status:	M=Married D=Div	orced Sep	=Separated	S=Single
Occupant(s) Name	Relationship	Social Security #	Birth Date	Marital Status		Student <sup>*</sup> Y / N
Applicant						
			*F1111_+i1	 ne or Part	 -time_ar	swer Ves
Household Information:			- un-til		, ul	

Yes/No

_		/	<del>-</del>
	6		Do you have a household member who is absent from the home due to (circle all that apply): Employment, Military Service, Placement in foster care, Temporarily in nursing home or hospital, Permanently confined to nursing home, Away at school, Other? (please list):
	7		Do you have a live-in attendant? List name:

8		Do you expect changes in your household in the next 6 months due to (circle all that apply): Pregnancy, Adopting a child(ren), Obtaining custody of a child(ren), Obtaining joint custody of a child(ren), Receiving a foster child(ren), Other? Please list date(s) of expected change(s):					
9		or TANF), Foo Support / Alir (Grants, schol	od Stamps / Medicaid / Med imony, Pension, Veteran's Bo	includes: Social Security, SSI, or SSDI, dicare, Unemployment Benefits / Workm Benefits, GI Bill, Life Insurance, Annuities mily Support / Church Welfare, Self-Emp Sum Payments.	nan's Comp, Child es, Student Income		
	_						
			ce, Investments Stocks, Bond	includes: Checking, Savings, CD Acct, M nds, IRAs, Annuities, Trust Accounts, Rea			
10		\$					
	<b>tional In</b> Yes/No	nformation:					
11	100,		e help to pay your rent from	any other source?			
12	Are you, or any member of your household, a registered sex offender under any state sex offender registration programs?			ate sex offender			
13		Has any house	ehold member been convicte	ed of a felony?			
14		List All States	all household members hav	7e ever lived in:			
15		Has any house!	hold member been convicted	of illegal manufacture or distribution of a c	controlled substance?		
16		Has any house	ehold member been charged	d with any criminal activity but not yet co	onvicted?		
17		Have you, or a	my member of your househ	old ever been evicted from housing?			
18		Are all househ	old members United States	s citizens or qualified aliens?			
Hous	Housing Information: List the past 2 addresses where you paid rent or made a mortgage payment.						
				ase Home			
l	Aŗ	pplicants Current	Address:				
1	<u> </u>			7ini	D1		
Addro		treet:  Monthly Rent:	City:  Dates of Residency	State: Zip:  Landlord or Mortgage Company:	Phone:		
Aun-	\$	-	From: To:	- Danatora of Moragan Trans			
	Ać	Idress of Landlord	d or Mortgage Company:				

	Street:	City:	State:	Zip:	Phone:	
	Applicants Previous	<u> </u>	se Home	Home  Oth	ner	
Address	Street:  Monthly Rent:	City:  Dates of Residency From: To:	State:  Landlord or Morts	Zip: gage Company:	Phone:	
	Address of Landlore	d or Mortgage Company:				
	Street:	City:	State:	Zip:	Phone:	
Emergen	cy Contact Informat	tion:				
In case of e	mergency, please contac	rt:				
Name		Address			Phone	
information purposes of account nur changes in t management application	is true, correct and comp proving my eligibility for nbers where applicable a he information provided	Ill serve as the household's only rolete. I authorize my consent to he occupancy. I will provide all neond any other information require above or on the attached Applica odo so may cause a delay in the p	nave management verify sessary information inclued of for expediting this pro tion. Should my informa	the information conta iding source names, a cess. <u>I further certify</u> tion change unexpec	ained in this application for ddresses, phone numbers, and ½ that I do not expect any tedly or otherwise, I will notify	
Signatur	e of Co - Applicant				Date	
	e of Co - Applicant			Date		
Signatur	e of Co - Applicant			Date		
		18 of the U.S. Code makes epartment of Agency of th				

### Gender, Race, & Ethnicity Appendix (RD)

The following information is requested by USDA Rural Development (per instructions on HB-2-3560, Chapter 6, 6.18 A.):

THE INFORMATION REGARDING RACE, ETHNICITY, AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL HOUSING SERVICE THAT THE FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND DISABILITY ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER IS REQUIRED TO NOTE THE RACE, ETHNICITY, AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

Please enter the appropriate number and letter in the columns below. To avoid entering each occupant name again, enter the Race, Ethnicity and Gender of each person in the order they are listed on Part 1 of the application. The first row is filled out for you as an example.

Occupant(s)	Race	Ethnicity	Gender
Occupant(s)  Example	5	A	F
1.			
2.			
3.			
4.			
5.			
6.			

#### **Choices for Race are:**

- 1 American Indian or Alaskan Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or Pacific Islander
- 5 White

N/A - Do not wish to answer

#### **Choices for Ethnicity are:**

A - Hispanic/Latino

*B – Non-Hispanic/Latino N/A – Do not wish to* 

answer

## **Choices for Gender**

are:

M – Male F – Female

N/A - Do not wish to

answer



This institution is an equal opportunity provider and employer.

