

Once you have submitted your application, Idaho Housing and Finance Association (IHFA) will respond to you, in writing, within ten working days. This response will inform you of your preliminary eligibility and, if you are eligible, that we have entered your application into our waiting list system and the estimated waiting time you can expect before you come to the top of the waiting list.

It is **your responsibility** to notify our office of any address changes, in writing. If you do not respond to communications from IHFA, or your mail is returned to us, you will be removed from the waiting list and required to reapply. Any time you notify us of a change, we will respond to you, in writing, within ten (10) working days that we have received your updated information. If you do not receive a response letter from IHFA, it is your responsibility to follow up with us as to the status of your application. You should keep any letters that you receive from IHFA to verify that you submitted information.

When we reach your name on the waiting list, IHFA will send a letter asking that you contact this office within ten (10) working days. If you fail to respond within ten (10) working days you will be removed from the waiting list and required to reapply to obtain assistance.

The **Supplemental form** attached to the application is provided for your benefit and must be signed and returned with the application whether or not you choose to provide the contact information. It will be placed in your file and remain confidential. If you choose not to provide the contact information, please check the box at the bottom of the form and sign where indicated.

Please let us know if you have any questions about your application.

**WE DO NOT HAVE ANY FORM OF TEMPORARY OR EMERGENCY HOUSING ASSISTANCE**

PREAPP # \_\_\_\_\_

LAST NAME \_\_\_\_\_

**IDAHO HOUSING AND FINANCE ASSOCIATION  
PRELIMINARY APPLICATION FOR RENTAL ASSISTANCE**

**Complete in Ink Only and Print Clearly - Incomplete Applications Will be Returned**

**Assistance in completing this form will be provided, upon request, to any individual requiring special accommodation**

The Idaho Housing and Finance Association (IHFA) Section 8 Housing Assistance Programs: Voucher and Low Rent Public Housing are a way to help you with rental costs. These programs may help you afford a better place to live. Housing assistance programs pay a part of your monthly rent.

You may qualify if your gross annual income is not over the HUD income guidelines.

**RETURN APPLICATIONS TO:**

**IDAHO HOUSING AND FINANCE ASSOCIATION  
610 W. Hubbard, Bay 219  
Coeur d'Alene, Idaho 83814  
(208) 667-3380 or Toll Free (866) 621-2994**

**FOR IHFA USE ONLY**

IHFA Representative \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

( ) Section 8 ( ) Low Rent Public Housing (LRPH)

**PREFERENCE**

( ) Working Preference (LRPH Only)

( ) Terminal ( ) Family/Eld/Disabled

( ) No Preference

( ) Other: Family First (Referral Only)

Pref. \_\_\_\_\_

This application does not obligate you, in any way, to participate in housing assistance programs. Housing assistance program funds are limited, so please complete this application and send it to IHFA as soon as possible. If you have any questions, please call the number listed above.

Applicant Name \_\_\_\_\_ Phone # \_\_\_\_\_ Message # \_\_\_\_\_

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

**BEGINNING WITH YOURSELF, LIST EACH PERSON WHO LIVES OR IS EXPECTED TO LIVE IN YOUR HOUSEHOLD  
You MUST list the social security numbers of all household members**

First name, Initial, Last Name	Relationship	Birth Date	Disabled Yes or No	Age	Sex	Social Security #	Annual Income
	SELF						

Will there be anyone moving in or out of your household within the next 12 months? ( ) Yes ( ) No

Are you currently living in or planning to live in a unit owned by a relative? ( ) Yes ( ) No

**Is the Head of Household:**

( ) White - not of Hispanic Origin

( ) Black/African American

( ) Hispanic

( ) American Indian or Alaskan Native

( ) Asian

( ) Native Hawaiian/Other Pacific Islander

**CRIMINAL HISTORY**

Is anyone in the household a registered sex offender in Idaho or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you, or any household member listed, ever been arrested or convicted of drug-related criminal activity? Yes \_\_\_ No \_\_\_

If so, which household member? \_\_\_\_\_ What was the charge? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you, or any household member listed, ever been arrested or convicted of violent criminal activity? Yes \_\_\_ No \_\_\_

If so, which household member? \_\_\_\_\_ What was the charge? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

**PREVIOUS HOUSING ASSISTANCE**

Have you ever participated in a rental assistance program or been a resident of Public Housing? ( ) Yes ( ) No If yes, where?

Housing Authority \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_ to \_\_\_\_\_

Under what name was rental assistance received? \_\_\_\_\_

Have you ever been evicted from Public or Assisted Housing? Yes \_\_\_ No \_\_\_ If so, why? \_\_\_\_\_

**SELECTION PREFERENCES:**

Eligible applicants are assigned a place on the waiting list based upon their preference and the date and time the application is received.

**Please check all sentences that apply to your current household situation:**

\_\_\_\_\_ A household member has a terminal illness that is considered by a physician to be in the final stages (must be verified by a medical physician when we reach your name on the waiting list.)

\_\_\_\_\_ A household that includes one or more children (under age 18 or disabled)

\_\_\_\_\_ A household where the head or co-head of household or the sole member is:

\_\_\_\_\_ **Elderly:** One who is at least 62 years of age -or-

\_\_\_\_\_ **Disabled:** One who has a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or Section 102(7)(b) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)) or has been determined to have a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration; substantially impedes the ability to live independently and is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

\_\_\_\_\_ At this time I do not qualify for a preference

Applicants may claim qualification for a preference when they fill out this PREAPPLICATION and at any time thereafter until assistance is issued by Idaho Housing and Finance Association. However, before issuing assistance to an applicant who claims a preference, IHFA must first verify that the applicant qualifies for the preference claimed.

All of the preferences will require verification. Verification takes place after your name has come to the top of the waiting list. When we reach your name on the waiting list we will notify you to come in and fill out the formal application. **IT IS YOUR RESPONSIBILITY TO NOTIFY OUR OFFICE OF ANY ADDRESS CHANGES, IN WRITING. IF YOU DO NOT RESPOND, OR YOUR MAIL IS RETURNED TO US, YOU WILL BE REMOVED FROM THE WAITING LIST AND REQUIRED TO REAPPLY.**

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IHFA also maintains a waiting list for the following projects. Please check if you wish to be on these waiting lists:

\_\_\_\_\_ Low Rent Public Housing located in Kellogg, Idaho (one bedroom units)

\_\_\_\_\_ Low Rent Public Housing located in Idaho Falls, Idaho (two, three & four bedroom units)

**LOW RENT PUBLIC HOUSING PREFERENCES:**

\_\_\_\_\_ Terminal Illness (must be verified by a medical physician when we reach your name on the waiting list)

\_\_\_\_\_ Working Preference (**FOR LOW RENT PUBLIC HOUSING ONLY**). Applicants who:

\_\_\_\_\_ are and have been working for at least ninety (90) days working at least twenty (20) hours a week with verifiable income; or

\_\_\_\_\_ are enrolled in an IHFA approved self-sufficiency work readiness program; or

\_\_\_\_\_ are elderly (over age of 62); or

\_\_\_\_\_ have a disabling condition and are unable to work and are receiving income as a result of the disabling condition.

\_\_\_\_\_ At this time I do not qualify for a preference

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I/We claim qualification for a preference as listed above. I/We certify that the information given to the Association regarding the preference, income, and household composition is accurate and complete to the best of my/our knowledge and belief. **Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. government.**

**ALL household members over the age of 18 must sign.**

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

Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Other Household Members 18 years of age or older:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**Signature of Applicant**

**Date**

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 644 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 applying 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 a 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, an 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.

**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.