

IHFA does not offer Section 8 Rental Assistance in the city limits of Pocatello.

If you wish to live in the Pocatello city limits, you must apply to the Pocatello Housing Authority by calling (208) 233-6276.

If you live in IHFA's jurisdiction (all counties in Southeastern Idaho) at the time you made your application for assistance, you may request to have your voucher transferred (or ported) to the Pocatello Housing Authority when you come to the top of IHFA's waiting list.

IDAHO HOUSING AND FINANCE ASSOCIATION

NOTICE TO ALL APPLICANTS

ALTERNATIVE FORMS OF COMMUNICATION

IHFA shall, upon request, provide alternative forms of communication for individuals who are visually, hearing, mentally or manually impaired. Some examples of alternative forms of communication include, but are not limited to:

- Providing a sign language interpreter
- Having material explained orally by staff
- Having a third party representative (a friend, relative or advocate) receive, interpret and explain housing materials and be present at meetings
- Providing large type documents, Braille documents, or a reader available to an applicant with a vision impairment during the application process

REASONABLE ACCOMMODATION FOR APPLICANTS WITH DISABILITIES

The Idaho Housing and Finance Association (IHFA) provides low rent housing and subsidies to eligible families including families with children, elderly families, disabled families, and single people. IHFA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability, or familial status. In addition, IHFA has a legal obligation to provide reasonable accommodations to applicants if they or any family members have a disability. A reasonable accommodation is a structural change made to IHFA's Low Rent Public Housing units or common areas, or a modification of a rule, policy, procedure, or service that will assist an otherwise eligible applicant or resident with a disability to make effective use of IHFA's programs. Examples of reasonable accommodations would include, but are not limited to:

- Making alterations to an IHFA Low Rent Public Housing unit so it could be used by a family member with a wheelchair;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with IHFA staff;
- Conducting interviews and recertification appointments by telephone or home visit;
- Providing time extensions for locating a unit when necessary because of a lack of availability of accessible units or specific challenges of the family in seeking a unit;

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation.

August 19, 2011

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

PreApAtch (3/10)

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
506 S. Woodruff
Idaho Falls, Idaho 83401
(208) 522-6002 or Toll Free (866) 684-3756**

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: () Housing First

() 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 cited, 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 cited, 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. 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.**

Please check all sentences that apply to your current household situation, but only check the preferences for the program (Section 8 or Low Rent Public Housing) that you are applying for:

SECTION 8 PREFERENCES:

- _____ 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

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

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.

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.

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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.

Dear Section 8 Applicant/Participant:

Please read the enclosed Notice entitled “**Debts Owed to Public Housing Agencies and Terminations**” provided to Idaho Housing and Finance Association (IHFA) by the Department of Housing and Urban Development (HUD).

This Notice explains how IHFA will report to HUD’s Enterprise Income Verification (EIV) system any adverse information about:

- Voluntarily or involuntarily terminated participants in the Section 8 Housing Choice Voucher (HCV) Program
- Information about debts owed to IHFA by participants

The Notice specifies:

- The information IHFA is required to provide to HUD and who will have access to the information
- How the information will be used
- Your rights to dispute the information and the steps that must be taken to file a dispute

All applicants and participants are required to acknowledge receipt of this notice by signing the attached form(s) on page 2. Each household member who is 18 years of age or older must sign a separate form. If you were not provided a form for each adult in your household, please call and ask for additional forms.

If you have any further questions about the enclosed Notice, please contact your local IHFA branch office at the phone number listed below.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA: Idaho Housing and Finance Association Idaho Falls Branch Office 506 S. Woodruff Idaho Falls, ID 83401</p>	<p>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:</p>	
	<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>		

TO: All Section 8 and Low Rent Public Housing Applicants

Federal regulations require applicants to declare that they are:

1. U.S. Citizens; or
2. Non-citizens who have eligible immigration status in one of the categories listed below; or
3. Choosing not to content that he or she has eligible immigration status

Eligible Immigration Status

Your declared status may affect your eligibility and financial assistance if your family has any members who are not citizens or non-citizens with eligible immigration status.

At your initial certification (the formal application appointment) all documentation listed below, must be submitted for all family members. **For each adult**, the form must be signed by the adult. **For each child**, the form must be signed by an adult who will reside in the assisted unit and who is responsible for the child.

When we receive the documentation and the final determination of your immigration status, financial assistance will be pro-rated, denied or terminated, as appropriate, after all appeals have been exhausted.

U.S. Citizens: The signed declaration of your U.S. Citizen status is all that will be needed.

Non-Citizens: If 62 years of age or older, the signed declaration of eligible immigration status and proof of age document will be sufficient.

ALL other Non-Citizens: will be required to submit the following evidence with this pre-application:

1. The signed declaration of eligible immigration status and consent form; **AND**
2. One of the following current and unexpired original INS documents to certify eligible immigration status:
 - Form I-551, Permanent Resident Card
 - Form I-94, Arrival-Departure Record with appropriate annotations or documents
 - Form I-688, Temporary Resident Card
 - Form I-688B, Employment Authorization Document/I-688A, Employment Authorization Card
 - Form I-327, Re-entry Permit
 - Form I-571, Refugee Travel Document
 - Form I-766, Employment Authorization Card
 - Unexpired Foreign Passport or Immigrant Visa
 - A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement document has been verified

CATEGORIES OF ELIGIBLE IMMIGRATION STATUS

- Lawfully admitted for permanent residence as an immigrant, including special agricultural workers.
- Entered the U.S. before January 1, 1972, and has maintained continuous residence thereafter, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of exercise of discretion by the Attorney General.
- Lawfully present in the U.S. pursuant to the granting of asylum (refugee status).
- Lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergency reason or reasons deemed strictly in the public interest (parole status).
- Lawfully present in the U.S. as a result of the Attorney Generals withholding deportation (threat to life or freedom).
- Lawfully admitted for temporary or permanent residence (amnesty granted under Immigration and Naturalization Act Section 245A).
- Citizen of the Republic of the Marshall Islands, Republic of Palau, and the Federated States of Micronesia