



RENTAL APPLICATION

Caldwell Housing Authority
22730 Farmway Road
Caldwell, Idaho 83607
(208) 459-2232



Accessible unit needed: Yes No

SECTION 1: APPLICANT INFORMATION

Date (mm/dd/yyyy): _____

Applicant Name (first, middle initial, last): _____

Applicant Social Security Number (SSN): _____

Sex: Male Female Date of Birth (mm/dd/yyyy): _____

Age: _____ Employed / working: Yes No No—FT student

I am a (check only one): Legal U.S. Citizen Legal Resident Alien

Telephone Number: _____ Cellular Phone Number: _____

Name of a friend or relative not living with you: _____

Telephone Number: _____

Have you previously lived at the Caldwell Housing Authority? Yes No

If "Yes", please indicate when (month and year): _____

Do you have relatives that live here? Yes No

If "Yes", indicate who and what unit they live in: _____

How did you hear about the Caldwell Housing Authority:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Local news paper | <input type="checkbox"/> Radio station | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Internet | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family | <input type="checkbox"/> Referral Agency | _____ |



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SECTION 1: APPLICANT INFORMATION (continued)

Current living arrangements (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Rental Housing | <input type="checkbox"/> Lived w/ Friend /Rel. | <input type="checkbox"/> Jail or Prison |
| <input type="checkbox"/> Owned Housing | <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> Other: |

Current Address: _____

Owner/Landlord: _____ Phone Number: _____

How long at current address? _____ Monthly Rent? _____

Were you evicted from this housing: YES NO

Reason for eviction or leaving: _____

Previous living arrangements (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Rental Housing | <input type="checkbox"/> Lived w/ Friend /Rel. | <input type="checkbox"/> Jail or Prison |
| <input type="checkbox"/> Owned Housing | <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> Other: |

Previous Address: _____

Owner/Landlord: _____ Phone Number: _____

How long at previous address? _____ Monthly Rent? _____

Reason for leaving: _____

Have you ever been evicted for any of the following reasons? Yes No

Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Non-payment of rent | <input type="checkbox"/> Drug or other criminal related activity |
| <input type="checkbox"/> Property damage / neglect | <input type="checkbox"/> Housing rule violation |
| <input type="checkbox"/> Lease agreement violation | <input type="checkbox"/> Other: |



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Accessible unit needed: Yes No

SECTION 2: CO-APPLICANT INFORMATION

Date (mm/dd/yyyy): _____

Applicant Name (first, middle initial, last): _____

Applicant Social Security Number (SSN): _____

Sex: Male Female Date of Birth (mm/dd/yyyy): _____

Age: _____ Employed / working: Yes No No—FT student

I am a (check only one): Legal U.S. Citizen Legal Resident Alien

Telephone Number: _____ Cellular Phone Number: _____

Name of a friend or relative not living with you: _____

Telephone Number: _____

Have you previously lived at the Caldwell Housing Authority? Yes No

If "Yes", please indicate when (month and year): _____

Do you have relatives that live here? Yes No

If "Yes", indicate who and what unit they live in: _____

How did you hear about the Caldwell Housing Authority:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Local news paper | <input type="checkbox"/> Radio station | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Internet | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family | <input type="checkbox"/> Referral Agency | _____ |



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SECTION 2: CO-APPLICANT INFORMATION (continued)

Current living arrangements (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Rental Housing | <input type="checkbox"/> Lived w/ Friend /Rel. | <input type="checkbox"/> Jail or Prison |
| <input type="checkbox"/> Owned Housing | <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> Other: |

Current Address: _____

Owner/Landlord: _____ Phone Number: _____

How long at current address? _____ Monthly Rent? _____

Were you evicted from this housing: YES NO

Reason for eviction or leaving: _____

Previous living arrangements (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Rental Housing | <input type="checkbox"/> Lived w/ Friend /Rel. | <input type="checkbox"/> Jail or Prison |
| <input type="checkbox"/> Owned Housing | <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> Other: |

Previous Address: _____

Owner/Landlord: _____ Phone Number: _____

How long at previous address? _____ Monthly Rent? _____

Reason for leaving: _____

Have you ever been evicted for any of the following reasons? Yes No

Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Non-payment of rent | <input type="checkbox"/> Drug or other criminal related activity |
| <input type="checkbox"/> Property damage / neglect | <input type="checkbox"/> Housing rule violation |
| <input type="checkbox"/> Lease agreement violation | <input type="checkbox"/> Other: |



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SECTION 3: FAMILY COMPOSITION

Please list all other member of your household in order by age starting with the oldest

Family Member #1

Name (first, middle initial, last): _____

Social Security Number (SSN): _____

Sex Male Female Date of Birth (mm/dd/yyyy): _____

Age: _____ Employed / working: Yes No No—FT student

Relationship to applicant:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Son | <input type="checkbox"/> Daughter | <input type="checkbox"/> Step-son / step-daughter |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Sister | <input type="checkbox"/> Brother / sister in-law |
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Father / mother in-law |
| <input type="checkbox"/> Grandson | <input type="checkbox"/> Granddaughter | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Nephew | <input type="checkbox"/> Niece | |

Family Member #2

Name (first, middle initial, last): _____

Social Security Number (SSN): _____

Sex Male Female Date of Birth (mm/dd/yyyy): _____

Age: _____ Employed / working: Yes No No—FT student

Relationship to applicant:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Son | <input type="checkbox"/> Daughter | <input type="checkbox"/> Step-son / step-daughter |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Sister | <input type="checkbox"/> Brother / sister in-law |
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Father / mother in-law |
| <input type="checkbox"/> Grandson | <input type="checkbox"/> Granddaughter | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Nephew | <input type="checkbox"/> Niece | |



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SECTION 3: FAMILY COMPOSITION (Continued)

Please list all other member of your household in order by age starting with the oldest

Family Member #3 (if applicable)

Name (first, middle initial, last): _____

Social Security Number (SSN): _____

Sex Male Female Date of Birth (mm/dd/yyyy): _____

Age: _____ Employed / working: Yes No No—FT student

Relationship to applicant:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Son | <input type="checkbox"/> Daughter | <input type="checkbox"/> Step-son / step-daughter |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Sister | <input type="checkbox"/> Brother / sister in-law |
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Father / mother in-law |
| <input type="checkbox"/> Grandson | <input type="checkbox"/> Granddaughter | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Nephew | <input type="checkbox"/> Niece | |

Family Member #4 (if applicable)

Name (first, middle initial, last): _____

Social Security Number (SSN): _____

Sex Male Female Date of Birth (mm/dd/yyyy): _____

Age: _____ Employed / working: Yes No No—FT student

Relationship to applicant:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Son | <input type="checkbox"/> Daughter | <input type="checkbox"/> Step-son / step-daughter |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Sister | <input type="checkbox"/> Brother / sister in-law |
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Father / mother in-law |
| <input type="checkbox"/> Grandson | <input type="checkbox"/> Granddaughter | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Nephew | <input type="checkbox"/> Niece | |



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SECTION 3: FAMILY COMPOSITION (Continued)

Please list all other member of your household in order by age starting with the oldest

Family Member #5 (if applicable)

Name (first, middle initial, last): _____

Social Security Number (SSN): _____

Sex Male Female Date of Birth (mm/dd/yyyy): _____

Age: _____ Employed / working: Yes No No—FT student

Relationship to applicant:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Son | <input type="checkbox"/> Daughter | <input type="checkbox"/> Step-son / step-daughter |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Sister | <input type="checkbox"/> Brother / sister in-law |
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Father / mother in-law |
| <input type="checkbox"/> Grandson | <input type="checkbox"/> Granddaughter | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Nephew | <input type="checkbox"/> Niece | |

Family Member #6 (if applicable)

Name (first, middle initial, last): _____

Social Security Number (SSN): _____

Sex Male Female Date of Birth (mm/dd/yyyy): _____

Age: _____ Employed / working: Yes No No—FT student

Relationship to applicant:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Son | <input type="checkbox"/> Daughter | <input type="checkbox"/> Step-son / step-daughter |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Sister | <input type="checkbox"/> Brother / sister in-law |
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Father / mother in-law |
| <input type="checkbox"/> Grandson | <input type="checkbox"/> Granddaughter | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Nephew | <input type="checkbox"/> Niece | |



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SECTION 4: HOUSEHOLD INCOME

Please list your monthly household income from the following sources:

	Applicant	Co-Applicant	Member #1	Member #2	Member #3	Member #4	Member #5	Member #6
Salaries or Wages								
Tips, Bonuses, or Commissions								
Privately owned business								
Services (house cleaning or lawn mowing)								
Unemployment Benefits								
Worker's Compensation								
Child Support								
Alimony								
Social Security Insurance (SSI)								
Soc. Sec. Disability Insurance (SSDI)								
Veterans Benefits								
Dividends from Stock Investments								
Retirement Accounts								
Pensions or Annuities								
Rental Property								
Death Benefits or Inheritance								
Interest from Savings Account								
Other Asset Income (explain):								
Other Income (explain):								
Sub-Total by Family Member								

TOTAL MONTHLY FAMILY INCOME: \$ _____



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SECTION 5: ASSET DECLARATION

The Caldwell Housing Authority is required to collect information in the rental application to determine the household's income status and determine applicant eligibility. The information collected must be comprehensive enough to determine both eligibility and waiting list placement.

Federal law requires you to disclose any fixed assets or real property you own that is valued at \$5,000 or more. Fixed assets or real property includes, but are not limited to, stock market investments, bare land, residential housing unit, private business property, or other items valued at \$5,000 or more.

Applicant: Do you own any assets valued at \$5,000 or more?

Yes No

If "Yes", do you receive any income from your assets?

Yes No

If "Yes", Please list your assets and the market value of your asset(s).

Asset:	_____	Value:	\$ _____
Asset:	_____	Value:	\$ _____

Co- Applicant: Do you own any assets valued at \$5,000 or more?

Yes No

If "Yes", do you receive any income from your assets?

Yes No

If "Yes", Please list your assets and the market value of your asset(s).

Asset:	_____	Value:	\$ _____
Asset:	_____	Value:	\$ _____

Total value of household assets: \$



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SECTION 7: EMPLOYMENT INFORMATION

Applicant:

Employer Name: _____

Employer Address: _____

Employer Telephone: _____ Supervisor / Boss Name: _____

Type of Employment: Full-time Part-time Seasonal

If Seasonal: (start) _____ (stop) _____

Hours per week: Less than 20 20 to 40 More than 40

Type of Work: Farm Laborer Non-farm Laborer

Supervisor's Signature

Date

Co-Applicant:

Employer Name: _____

Employer Address: _____

Employer Telephone: _____ Supervisor / Boss Name: _____

Type of Employment: Full-time Part-time Seasonal

If Seasonal: (start) _____ (stop) _____

Hours per week: Less than 20 20 to 40 More than 40

Type of Work: Farm Laborer Non-farm Laborer

Supervisor's Signature

Date



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SECTION 7: EMPLOYMENT INFORMATION (Continued)

Family Member #1 (if applicable):

Employer Name: _____

Employer Address: _____

Employer Telephone: _____ Supervisor / Bosses Name: _____

Type of Employment: Full-time Part-time Seasonal

If Seasonal: (start) _____ (stop) _____

Hours per week: Less than 20 20 to 40 More than 40

Type of Work: Farm Laborer Non-farm Laborer

Supervisor's Signature

Date

Family Member #2 (if applicable):

Employer Name: _____

Employer Address: _____

Employer Telephone: _____ Supervisor / Boss Name: _____

Type of Employment: Full-time Part-time Seasonal

If Seasonal: (start) _____ (stop) _____

Hours per week: Less than 20 20 to 40 More than 40

Type of Work: Farm Laborer Non-farm Laborer

Supervisor's Signature

Date



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SECTION 7: EMPLOYMENT INFORMATION (Continued)

Family Member #3 (if applicable):

Employer Name: _____

Employer Address: _____

Employer Telephone: _____ Supervisor / Boss Name: _____

Type of Employment: Full-time Part-time Seasonal

If Seasonal: (start) _____ (stop) _____

Hours per week: Less than 20 20 to 40 More than 40

Type of Work: Farm Laborer Non-farm Laborer

Supervisor's Signature

Date

Family Member #4 (if applicable):

Employer Name: _____

Employer Address: _____

Employer Telephone: _____ Supervisor / Boss Name: _____

Type of Employment: Full-time Part-time Seasonal

If Seasonal: (start) _____ (stop) _____

Hours per week: Less than 20 20 to 40 More than 40

Type of Work: Farm Laborer Non-farm Laborer

Supervisor's Signature

Date



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SECTION 7: EMPLOYMENT INFORMATION (Continued)

Family Member #5 (if applicable):

Employer Name: _____

Employer Address: _____

Employer Telephone: _____ Supervisor / Boss Name: _____

Type of Employment: Full-time Part-time Seasonal

If Seasonal: (start) _____ (stop) _____

Hours per week: Less than 20 20 to 40 More than 40

Type of Work: Farm Laborer Non-farm Laborer

Supervisor's Signature

Date

Family Member #6 (if applicable):

Employer Name: _____

Employer Address: _____

Employer Telephone: _____ Supervisor / Boss Name: _____

Type of Employment: Full-time Part-time Seasonal

If Seasonal: (start) _____ (stop) _____

Hours per week: Less than 20 20 to 40 More than 40

Type of Work: Farm Laborer Non-farm Laborer

Supervisor's Signature

Date



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SECTION 8: CERTIFICATIO OF PRIMARY RESIDENCY

Applicant:

I, (print name) _____, hereby certify and attest that housing provided by the Caldwell Housing Authority will be the primary place of residency for myself and my family (if applicable), and that I will not abandon the property or sublet the property to anyone else.

Signature of Applicant

Date

Social Security Number

Date of Birth

Co-Applicant:

I, (print name) _____, hereby certify and attest that housing provided by the Caldwell Housing Authority will be the primary place of residency for myself and my family (if applicable), and that I will not abandon the property or sublet the property to anyone else.

Signature of Applicant

Date

Social Security Number

Date of Birth



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SECTION 9: STATEMENT OF NO INCOME *(if applicable)*

Applicant:

I, (print name) _____, an applicant for federally subsidized housing through the Caldwell Housing Authority, do hereby state that I am not receiving any type of income, including all categories of IRS wages and earnings listed on page 8 of this application, and including income from assets and unreported income.

I also acknowledge that it is a federal crime according to Section 1001 of Title 18 of the U.S. Code to make any misleading or false statements to any federal agency of the United States, and that by making any misleading or false statements regarding my income, I am not eligible for housing and may be evicted or prosecuted under the law.

Signature of Applicant

Date

Co-Applicant:

I, (print name) _____, an applicant for federally subsidized housing through the Caldwell Housing Authority, do hereby state that I am not receiving any type of income, including all categories of IRS wages and earnings listed on page 8 of this application, and including income from assets and unreported income.

I also acknowledge that it is a federal crime according to Section 1001 of Title 18 of the U.S. Code to make any misleading or false statements to any federal agency of the United States, and that by making any misleading or false statements regarding my income, I am not eligible for housing and may be evicted or prosecuted under the law.

Signature of Applicant

Date



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SECTION 10: AUTHORIZATIONS FOR RELEASE OF INFORMATION

Applicant:

I, (print name) _____, authorize the State of Idaho, Department of Labor to release any and all necessary wage and unemployment insurance information to the Caldwell Housing Authority, a USDA—Rural Development subsidized housing program for the purpose of determining housing eligibility.

I understand this information release form will be in effect as long as I am a tenant of the Caldwell Housing Authority, and need not be renewed as long as I am a tenant of the Caldwell Housing Authority.

Signature of Applicant

Date

Social Security Number

Date of Birth

Co-Applicant:

I, (print name) _____, authorize the State of Idaho, Department of Labor to release any and all necessary wage and unemployment insurance information to the Caldwell Housing Authority, a USDA—Rural Development subsidized housing program for the purpose of determining housing eligibility.

I understand this information release form will be in effect as long as I am a tenant of the Caldwell Housing Authority, and need not be renewed as long as I am a tenant of the Caldwell Housing Authority.

Signature of Applicant

Date

Social Security Number

Date of Birth



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SECTION 10: AUTHORIZATIONS FOR RELEASE OF INFORMATION (Continued)

Applicant:

I, (print name) _____, authorize my current employer, and any other employer I may have during my tenancy at the Caldwell Housing Authority, to release wage and salary information to the Caldwell Housing Authority for the specific purpose verifying income for eligibility. The Caldwell Housing Authority is a federally subsidized housing program that requires 3rd party verification of income in order to determine eligibility.

I understand, and agree that this information release form will be in effect as long as I am a tenant of the Caldwell Housing Authority, and need not be renewed or identify a specific employer as long as I am a tenant of the Caldwell Housing Authority.

Signature of Applicant

Date

Social Security Number

Date of Birth

Co-Applicant:

I, (print name) _____, authorize my current employer, and any other employer I may have during my tenancy at the Caldwell Housing Authority, to release wage and salary information to the Caldwell Housing Authority for the specific purpose verifying income for eligibility. The Caldwell Housing Authority is a federally subsidized housing program that requires 3rd party verification of income in order to determine eligibility.

I understand, and agree that this information release form will be in effect as long as I am a tenant of the Caldwell Housing Authority, and need not be renewed or identify a specific employer as long as I am a tenant of the Caldwell Housing Authority.

Signature of Applicant

Date

Social Security Number

Date of Birth



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SECTION 11: AUTHORIZATIONS FOR WAGE GARNISHMENT

Applicant:

I, (print name) _____, authorize the Caldwell Housing Authority to submit and receive a wage garnishment from my current employer, and any other employer I may have to pay for any unpaid rent, repairs or damages to the Housing Authority that I caused or incurred during my tenancy at the Caldwell Housing Authority. The Caldwell Housing Authority is a federally subsidized housing program that requires tenants to pay rent and the cost of property damage in a timely manner.

I understand, and agree that this wage garnishment authorization form will be in effect as long as I owe money to the Caldwell Housing Authority for unpaid rent or the cost of property damage caused by my tenancy.

Signature of Applicant

Date

Social Security Number

Date of Birth

Co-Applicant:

I, (print name) _____, authorize the Caldwell Housing Authority to submit and receive a wage garnishment from my current employer, and any other employer I may have to pay for any unpaid rent, repairs or damages to the Housing Authority that I caused or incurred during my tenancy at the Caldwell Housing Authority. The Caldwell Housing Authority is a federally subsidized housing program that requires tenants to pay rent and the cost of property damage in a timely manner.

I understand, and agree that this wage garnishment authorization form will be in effect as long as I owe money to the Caldwell Housing Authority for unpaid rent or the cost of property damage caused by my tenancy.

Signature of Applicant

Date

Social Security Number

Date of Birth



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SECTION 12: AUTHORIZATIONS FOR CRIMINAL BACKGROUND CHECK

Applicant:

I, (print name) _____, authorize the Owner/Agent to conduct a criminal background check on myself and all adults living in my household.

Signature of Applicant

Date

Social Security Number

Date of Birth

Co-Applicant:

I, (print name) _____, authorize the Owner/Agent to conduct a criminal background check on myself and all adults living in my household.

Signature of Applicant

Date

Social Security Number

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SECTION 13: RACE AND ETHNICITY (OPTIONAL)

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the federal government, acting through Rural Housing Services, that the federal laws prohibiting discrimination against tenant's 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.

Applicant

Race (check only one):

- White / Caucasian
- Black / African American
- Asian
- Native Hawaiian or Pacific Islander
- American Indian/ Alaskan Native
- Other:

Ethnicity (check only one):

- Hispanic or Latino
- Not Hispanic or Latino
- Other: _____

Gender (sex): Male Female

Co-Applicant:

Race (check only one):

- White / Caucasian
- Black / African American
- Asian
- Native Hawaiian or Pacific Islander
- American Indian/ Alaskan Native
- Other:

Ethnicity (check only one):

- Hispanic or Latino
- Not Hispanic or Latino
- Other: _____

Gender (sex): Male Female



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SECTION 10: AUTHORIZATIONS FOR RELEASE OF INFORMATION (Continued)

Applicant:

I, (print name) _____ authorize _____
(previous landlord or property management company), to release to the Caldwell Housing Authority, any information regarding my tenancy, including, but not limited to: payment history; payment amount; property damages; lease violations; tenant disputes; and any criminal activity on the property during my tenancy.

I understand, and agree that this information release form will be in effect as long as I am a tenant of the Caldwell Housing Authority, and need not be renewed or identify a specific employer as long as I am a tenant of the Caldwell Housing Authority.

Signature of Applicant

Date

Social Security Number

Date of Birth

Co-Applicant:

I, (print name) _____ authorize _____
(previous landlord or property management company), to release to the Caldwell Housing Authority, any information regarding my tenancy, including, but not limited to: payment history; payment amount; property damages; lease violations; tenant disputes; and any criminal activity on the property during my tenancy.

I understand, and agree that this information release form will be in effect as long as I am a tenant of the Caldwell Housing Authority, and need not be renewed or identify a specific employer as long as I am a tenant of the Caldwell Housing Authority.

Signature of Applicant

Date

Social Security Number

Date of Birth