

**APPLICATION FOR AFFORDABLE HOUSING
THE GROVE AT ORCHARD RIDGE—PHASE I & II**

For Office Use Only	
Date Received: _____	_____
Time: _____	Received By: _____

Applicants 62 or older as of January 31, 2010 and do not have a SSN and were receiving HUD rental assistance at another location on January 31, 2010, are exempt from disclosing and providing verification of a SSN.

Applicant's (Legal) Name _____ Social Security # _____ Birthdate _____ Driver's License # & State _____

Spouse/Co-Applicant (Legal) Name _____ Social Security # _____ Birthdate _____ Driver's License # & State _____

RESIDENCE / RENTAL HISTORY

Applicant's Present Address _____ City _____ State _____ Zip _____ Move-in Date _____ Applicant's Present Phone # _____

Present Landlord _____ Landlord Phone # _____

Applicant's Previous Address _____ City _____ State _____ Zip _____ Move-in Date _____ Applicant's Previous Phone # _____

Previous Landlord _____ Landlord Phone # _____

GROSS INCOME / EMPLOYMENT HISTORY

MONTHLY INCOME—

Pension \$ _____ Social Security \$ _____ Social Security Disability \$ _____ SSI \$ _____

Alimony \$ _____ Public Assistance \$ _____ Other Source _____ \$ _____

Applicant's Employer _____ \$ _____ Salary/Wage _____ # Hours/Week _____ Supervisor's Name _____

Employer's Address _____ City _____ State _____ Zip _____ Phone # _____ Occupation _____

ASSETS

Attach additional pages if necessary.

Name of Bank, Savings & Loan or Credit Union _____ Address, City, State, Zip _____

Name of Additional Bank, Savings & Loan or Credit Union _____ Address, City, State, Zip _____

\$ _____ Checking Balance \$ _____ Savings Balance \$ _____ C.D. \$ _____ Escrow Balance \$ _____ Stock Value

\$ _____ IRA \$ _____ Annual interest/Dividend Income from all Assets \$ _____ Real Estate Holdings-Market Value

ELIGIBILITY DETERMINATIONS

- Yes No Are you, or anyone who will be occupying the unit, currently receiving rental assistance from HUD (Voucher or Project Based)?
- Yes No Have you, or anyone who will be occupying the unit, ever been convicted of a criminal offense?
If YES: City _____ State _____ Offense(s) _____
- Yes No Are you, or anyone who will be occupying the unit, required to register as a sex offender?
- Yes No Have you, or anyone who will be occupying the unit, been evicted in the last 3 years from federally assisted housing for drug related criminal activity?
- Yes No Do you qualify for Senior Housing (62 years or over)?
- Yes No Do you require the features of an accessible unit and wish to be on the waiting list for mobility impaired accessible units?
- Yes No Do you require a unit designed for hearing or sight impaired?
- Yes No Are you currently an illegal user of a controlled substance?
- Yes No Have you ever been convicted of the illegal manufacture or distribution of a controlled substance?
- Yes No Has your assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures?
- Yes No Are you, or anyone who will be occupying the unit, currently enrolled as a student in an institute of higher education?
- Yes No Have you been displaced by government action or by a presidential declared disaster?
- Yes No Will this be your primary residence?
- Yes No Can you live with others, tolerating their differences and actively participating in the general community fellowship with a spirit of harmony and good will?
- Yes No I understand that one meal is a requirement of residency, and the cost of the meal is in addition to the monthly rent.
- Yes No Do you have a pet?
- Yes No Do you have a service animal?

Please list all states where you have resided: _____

How did you learn about this housing? _____

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

Signature of Applicant

Date

Please return to:
Attn: Diana Abken
Heritage Place
702 W Walnut Ave
Coeur d’Alene ID 83814

