

SEICAA

Housing Services

641 N. 8th Ave., Pocatello, ID 83201; phone: (208) 232-1114; fax: (208) 478-8490

e-mail: rentalhousing@seicaa.org

7-1-1 dialing for Speech and Hearing Impaired

FOUNTAIN COURT APARTMENTS

575 W Carter/704 S Hayes; Pocatello, ID 83204

GENERAL INFORMATION

Names of all persons who Would live in the unit	Social Security #'s	Dates of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Address: _____

Phone: _____ Rent amount: _____

Are you a student at an institution of Higher Education? _____

INCOME INFORMATION

What is your gross monthly income from all sources: \$ _____

Employment: _____ Gross monthly amount: \$ _____

Employer: _____ Phone: _____

Address: _____

Contact Person: _____

Employment: _____ Gross monthly amount: \$ _____

Employer: _____ Phone: _____

Address: _____

Contact Person: _____

Pension _____ Gross monthly amount \$ _____

Source: _____

Social Security/ SSI/SSD: _____ Gross monthly amount \$ _____

Gross monthly amount \$ _____

Veteran's Benefits: _____ Gross monthly amount \$ _____

Other: _____ Gross monthly amount \$ _____

AFDC: _____ Gross monthly amount \$ _____

Child Support: _____ Gross monthly amount \$ _____

Banking Institution: _____

Savings: Yes No Account Number: _____

Checking: Yes No Account Number: _____

Property: Yes No Type: _____

RENTAL INFORMATION

Name and address of current landlord: _____

Address: _____

Phone: _____ Since what date: _____

Current Rent: _____ Contact Person's Name: _____

Name and address of previous landlord: _____

Address: _____

Phone: _____ When did you live there: _____

Rent: _____ Contact Person's Name: _____

Name and address of previous landlord: _____

Address: _____

Phone: _____ When did you live there: _____

Rent: _____ Contact Person's Name: _____

REFERENCES: All of this area must be filled out for application review

Person to notify in an emergency:

Name: _____ Address: _____
Phone: _____ Relationship: _____

Give two personal References:

Name: _____ Address: _____
Phone: _____ Relationship: _____

Name: _____ Address: _____
Phone: _____ Relationship: _____

Has your/family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent, or failure to cooperate with recertification procedures? YES NO

Is your current residence substandard? _____ If yes, please explain _____

Are you currently paying more than 50% of your income for housing? _____
If yes, please explain _____

Are you without or about to be without housing? _____ If yes, please explain

REFERRING INDIVIDUAL OR ORGANIZATION

From whom or from where did you get information about applying for tenancy with SEICAA Housing?

Pocatello Housing Authority _____ Idaho Housing Agency _____

Head start _____ Aid for friends _____

Idaho Migrant Council _____ NAACP _____

Japanese / American League _____ Shoshone/Bannock Tribes _____

Health and Welfare _____ Job Service _____

Pocatello Veterans Center _____ Access for Idaho _____

Other SEICAA Office _____ Newspaper _____

Now renting sign on property _____ Word of mouth _____

Other (Please explain) _____

Race and Ethnic Data
Reporting Form

U.S. Department of Housing
and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Fountain Court

704 S. Hayes / 575 W Carter

Name of Property

Project No.

Address of Property

S.E.I.C.A.A

N/A

Name of Owner/Managing Agent

Type of Assistance or program Title

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy) _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature _____

Date _____

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes, There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form.

Parents or guardians are to complete the form for children under the age of 18.

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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AUTHORIZATION FOR SEICAA HOUSING to RELEASE INFORMATION

I, the undersigned, do authorize SEICAA Housing to release information arising from my application or participation with SEICAA to HUD, collection agencies, law enforcement agencies or Public Assistance Agencies, I authorize SEICAA Housing to release my rental history to prospective landlords upon their written request.

AUTHORIZATION TO RELEASE INFORMATION TO SEICAA HOUSING

I, the undersigned, do authorize the release of information or materials requested by SEICAA Housing that is pertinent to eligibility or for participation in the Multifamily Housing, Public Housing and/or Section 8 New Construction Programs. I understand that SEICAA Housing may use this authorization to collect information to be solely for determining assistance eligibility and that information may not be disclosed or released outside of HUD except to appropriate Federal, State or local agencies when relevant and to civil, criminal or regulatory investigators and prosecutors.

INFORMATION THAT MAY BE REQUESTED (PAST OR PRESENT)

Residences & Rental Activity	Identity, Family Composition & Marital Status	
Social Security Numbers	Employment, Income, Pensions & Assets	
Criminal Activity/Sex Offenders Registration	Federal, State, Tribal & Local Benefits	
Child Care Expenses	Medical & Handicapped assistance expenses	Credit Activity
	Expenses Paid or reimbursed by Outside Sources	
School Costs	Educational Grants, Scholarships, Awards, etc.	

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Past & Present Landlords & PHAs	Past & Present Employers
Courts & US Postal Services	Social Security & Veteran's Administrations .
Law Enforcement/Parole Agencies	Public Assistance Agencies (H&W, SEICAA, etc.)
Schools & Colleges	State Employment Security Agencies
Child Support Providers	Alimony & Spousal Support Providers
Support Enforcement Agencies	Courthouse Alimony & Child Support Division
Pension & Annuity Providers	Bank, Credit Unions, Financial institutions
Child Care Providers	Bureau of Indian Affairs & Tribal Agencies
Medical Care Providers/	
Personal Care Providers	Pharmacies & Handicapped Assistance Providers
Insurance Companies	Credit Bureaus & Collection Agencies
Utility Companies	Any Department of the Armed Forces
Idaho Legal Aid/Attorneys/Lawyers	Case Managers/Rehabilitation Specialists/Trainers

I agree that photocopies of this authorization may be used for the purposes stated above and that the original may remain on file with SEICAA Housing.

X _____
SIGNATURE

X _____
DATE