

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

The Bridge

919 E Bridger/923 E Bridger, Pocatello, ID 83201

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 or any household member a Veteran or currently in the armed forces?
YES _____ NO _____

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) _____



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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 _____ X _____
 SIGNATURE DATE