

# SEICAA

## Housing Services

641 N. 8<sup>th</sup> Ave., Pocatello, ID 83201; phone: (208) 785-5256; fax: (208) 782-9570

e-mail: [seicaa@seicaa.org](mailto:seicaa@seicaa.org)

7-1-1 dialing for Speech and Hearing Impaired

## SOUTH OAK APARTMENTS

250 S Oak; Blackfoot, ID 83221

### 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: \_\_\_\_\_

## **OTHER INCOME**

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**

Current Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Since what date: \_\_\_\_\_

Current rent: \_\_\_\_\_ Contact Person's Name: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Since what date: \_\_\_\_\_

Rent Amount: \_\_\_\_\_ Contact Person's Name: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Since what date: \_\_\_\_\_

Rent Amount: \_\_\_\_\_ 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: \_\_\_\_\_

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? ☐ Yes ☐ NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Are you currently paying more than 50% of your income for housing? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Are you without or about to be without housing? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

## **REFERING INDIVIDUAL OR ORGAINZATION**

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

<u>Pocatello Housing Authority</u>	<input type="checkbox"/>	<u>Idaho Housing Agency</u>	<input type="checkbox"/>
<u>Head Start</u>	<input type="checkbox"/>	<u>Aid for Friends</u>	<input type="checkbox"/>
<u>Idaho Migrant Council</u>	<input type="checkbox"/>	<u>NAACP</u>	<input type="checkbox"/>
<u>Japanese/American League</u>	<input type="checkbox"/>	<u>Shoshone Bannock Tribes</u>	<input type="checkbox"/>
<u>Health and Welfare</u>	<input type="checkbox"/>	<u>Idaho Labor</u>	<input type="checkbox"/>
<u>Pocatello Veterans Center</u>	<input type="checkbox"/>	<u>Access for Idaho</u>	<input type="checkbox"/>
<u>Other SEICAA Office</u>	<input type="checkbox"/>	<u>Newspaper</u>	<input type="checkbox"/>
<u>Now renting sign on property</u>	<input type="checkbox"/>	<u>Word of Mouth</u>	<input type="checkbox"/>

Other (Please explain) \_\_\_\_\_

**SEICAA**  
HOUSING SERVICES

250 South Oak \* Blackfoot, ID 83201 \* Phone (208) 785-5256 \* FAX (208) 782-9570

APPLICANT DECLARATION FORMAT

*INSTRUCTIONS:* Complete this format for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable, (this is an 11-digit number found on INS Form I-94, Departure Record)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2 or 3:

DECLARATION

I, \_\_\_\_\_ hereby declare, under

penalty of perjury that I am :

**\_\_\_\_\_ 1. a citizen or national of the United States**

*If you checked this block, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**\_\_\_\_\_ 2. a non citizen with eligible immigration status in the category checked below:**

- \_\_\_\_\_ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 (a) (20) and 1101 (a) (15), respectively). [immigrants]. (This category includes a noncitizen admitted under section 210 or 210 A or the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status;
- \_\_\_\_\_ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- \_\_\_\_\_ (iii) A non-citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8 U.S.C. 1153 (a) (7))

**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 5/31/2011)**South Oak Apartments****12444010****250 So. Oak St., Blackfoot, ID 83221**

Name of Property

Project No.

Address of Property

**SEICAA Housing Service****236**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>One or More</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

**\*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 provided 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 may mark one or more.

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.





**South Eastern Idaho  
Community Action Agency**  
*Helping People. Changing Lives.*

SEICAA Housing  
641 N 8<sup>th</sup>  
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Phone (208) 785-5256  
Fax (208) 782-9570

#### **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.

#### **SIGNATURES**

X \_\_\_\_\_

X \_\_\_\_\_