

TWIN FALLS HOUSING AUTHORITY
 200 ELM STREET NORTH
 TWIN FALLS, IDAHO 83301
 208-733-5765



FOR OFFICE USE ONLY

Date: _____ Time: _____
Preference: _____
Approved: _____ Denied: _____
Withdrawn: _____

Twin Falls Housing Authority does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin and is an equal opportunity provider and employer.

This application is valid for all Public Housing Properties operated by Twin Falls Housing Authority

ALL HOUSING AUTHORITY PROPERTIES ARE SMOKE AND TOBACCO FREE

Please provide accurate information. **MUST COMPLETE USING BLUE OR BLACK INK – PRINT CLEARLY**
 Complete every item on the application - leave nothing blank. Print *N/A* if an item does not apply to you.

Head of Household Name: _____ Male: _____ Female: _____
Last First Middle

Address _____
Street City State Zip Code

Personal Phone: _____ Message Phone: _____

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, that the Federal laws prohibiting discrimination against tenant 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.

Ethnicity: _____ Hispanic/Latino Race: _____ White Black/African American
 (Check One) _____ Not Hispanic/Latino (Check All That Apply) _____ American Indian/Alaska Native
 _____ Asian _____ Native Hawaiian/Other
 _____ Pacific Islander

HOUSEHOLD COMPOSITION:

Names of all Family Members	Sex M/F	Relation to Head	Date of Birth	Age	Social Security Number	Place of Birth
		Head				

HOUSEHOLD COMPOSITION CONTINUED:

Do you or a member of your household qualify for a reasonable accommodation due to a disability?
 Yes_____ No__ _

Accommodation Requested: _____

Do you or any member of your household have a history of substance abuse that has not been abated through rehabilitation?

Yes_____ No_____ If YES, Who and please explain:_____

Have you or any member of your household been charged with a crime?

Yes_____ No_____ If YES, Who and please explain:_____

Are you or any member of your household a registered sex offender? Yes_____ No_____ If YES,

Who and please explain:_____

INCOME AND EMPLOYMENT:

List the income for the all members 18 or older, including income received on behalf of household members under 18. Include all income you expect to receive in the next 12 months. This includes family members who are temporarily absent, such as members serving in the Armed Forces, or members temporarily employed away from home.

Income can include: Alimony, child support, disability benefits, assistance to attend school, food stamps, military pay, periodic gifts, retirement, self employment, social security benefits, SSI, unemployment, wages and salaries, welfare benefits, worker's compensation, lottery winnings in periodic payments, income from assets, etc.

Name of Family Member	Gross Amount Received	How Often Received	Source of Income or Employer Name	Employer Address
		Weekly Bi-Weekly Monthly		
		Weekly Bi-Weekly Monthly		
		Weekly Bi-Weekly Monthly		
		Weekly Bi-Weekly Monthly		
		Weekly Bi-Weekly Monthly		
		Weekly Bi-Weekly Monthly		
		Weekly Bi-Weekly Monthly		

Family members who are disabled, handicapped, or over age 62 may qualify for an income adjustment. Do you or any family member qualify under this provision? Yes_____No_____

ASSETS:

Please list assets of all household members. **Each item must be "YES" or "NO"**. Please provide the name and complete address of the financial institution that can verify each asset item.

Cash on Hand: Amount\$ _____

	YES or NO	Amount\$	Name of Institution (Bank)
Checking			
Savings or CD's			
Stocks or Bonds			
Money Market Accounts			
Cash Value of Life Insurance			
Equity in Real Property			
Other			

RENTAL HISTORY: List ALL Addresses beginning with your current address and where you have resided at in the past three (3) years. Provide dates of occupancy - Be complete.

Current Address: _____ From: _____ To: _____

Landlord Information: _____
 Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email address: _____

Previous Address: _____ From: _____ To: _____

Landlord Information: _____
 Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email address: _____

Previous Address: _____ From: _____ To: _____

Landlord Information: _____
 Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email address: _____

DECLARATION OF CITIZENSHIP

PLEASE COMPLETE THIS FORM AND RETURN TO: TWIN FALLS HOUSING AUIBORTIY
 200 ELM STREET NORTH
 TWIN FALLS, ID 83301

PART 1: APPLIES TO ALL FAMILY MEMBERS

Each person who will benefit under the Public Housing Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

ALL Adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a Citizen or National of the U.S.	or	I am a non Citizen with eligible immigration Status	Signature of Adult Listed to the left, or signature of Guardian for Minors
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	<u>X</u> _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	<u>X</u> _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	<u>X</u> _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	<u>X</u> _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	<u>X</u> _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	<u>X</u> _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	<u>X</u> _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	<u>X</u> _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	<u>X</u> _____

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

Warning: Title 18 US Code Section 1001 states that a person guilty of a felony for knowingly and willingly making false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

PART 2: APPLIES TO NONCITIZEN FAMILY MEMBERS ONLY

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations of documents
- (3) Form I688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

Please call the administrative office at 208-733-5765 to arrange for delivery and copying of original documents. **DO NOT MAIL ORIGINAL DOCUMENTS TO THIS OFFICE.**

If the documents are not presented and verified, your family's rental assistance may be denied or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeal process.

HEAD OF HOUSEHOLD CERTIFICATION

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either bx on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature: _____

Date: _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigrations status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left or Signature of Guardian for Minors	Office Use Only INS VERIF#
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

XI. REQUIRED SUPPLEMENTS TO APPLICATION

The following documents must be executed along with this application form for the application to be considered complete:

- a. 214 Citizenship Declaration for each family member
- b. Form HUD-92006, Emergency Contact Form
- c. HUD Privacy Act/Release of Information (form HUD-9886) for Public Housing
- d. Form HUD-52675, "Debts Owed to PHAs" signed by each adult household member
- e. "What You Should Know About EIV" signed by each adult household member
- f. Uniform "Authorization for Release of Information" signed by each adult household member
- g. include other release forms as applicable

XII. APPLICANT CERTIFICATION

All family members aged 18 or older must certify to the accuracy of the information provided and sign this application.

_____/I/we certify that the information provided in this application is accurate and complete to the best of my/our knowledge and belief.

_____/I/we understand I cannot add any person to my household, unless he/she has first completed an application, completed all verifications and been approved in writing by the Housing Authority, except by legally documented birth or adoption of a child.

_____/I/we understand that all information provided in this application and required supplements and during the eligibility interview is subject to verification.

_____/I/we further understand that any changes to information provided in this application must be provided to the PHA within 10 days of such change for this application to remain valid.

_____/I/we understand that providing false statements or information is punishable under Federal Law and constitutes grounds for denial of my/our application, as well as termination of housing assistance and eviction after leasing a dwelling unit.

_____/I/we understand we are required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending prescheduled meetings, completing, signing and returning all needed forms timely. I understand failure or refusal to do so may result in delays, denial or termination of assistance or eviction.

By my/our signature(s) below, I/we do hereby swear and attest that all information in this application is true and correct. (*Application must be signed by all adults who will live in the rental unit.*)

Signature of Head of Household

Date

Signature of Spouse of Head of Household or Co-Head

Date

Signature of Other Adult Family Member

Date

Signature of Other Adult Family Member

Date

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-669-9777.