



FOR OFFICE USE ONLY
Date: _____
Time: _____
NHA Rep: _____

211 19th Ave North
Nampa, ID 83687

\$30 Application Fee Per Adult

Ph: 208-466-2601 – Fax: 208-466-1216

This form must be completely filled out personally by Head of Household or Spouse. You must use the correct legal name for each member of your household as it appears on his or her Social Security card. ALL ADULT MEMBERS OVER 18 MUST SIGN AT THE END OF THIS FORM, CERTIFYING THAT THE INFORMATION IS CORRECT. DO NOT LEAVE ANY PART BLANK. IF A SECTION DOES NOT APPLY TO YOU, PUT N/A IN THAT SECTION.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

Applicant's name _____ Phone to be reached (____) _____
Current Street Address: _____
City, State, Zip _____
 Are you currently being evicted: Yes [] No [] If 'Yes', give reason _____

 Have you ever been evicted: Yes [] No [] If "Yes" give reason _____

PLEASE PRINT. ALL INFORMATION MUST BE TRUE AND COMPLETE.

HOUSEHOLD COMPOSITION: List ALL persons who will be living with you as follows: Head of Household, Spouse if any, all other adults (18 or older) in order by age, all minor children, in order by age.

Member #	Last name	First name	MI	Date of Birth	Relationship	SSN
Head						
2.						
3.						
4.						

Do you have any special needs due to a disability or need a reasonable accommodation? [] Yes [] No If 'Yes' please specify _____

HAVE YOU OR A HOUSEHOLD MEMBER EVER HAD ANY LAWSUITS, JUDGEMENTS, OR COLLECTIONS FILED AGAINST YOU?
 Yes [] No [] If 'Yes', tell us which one, when, and why. _____

LIST TOTAL WAGE INFORMATION FOR ALL CURRENTLY EMPLOYED FAMILY MEMBERS

[] WAGES _____ [] SS _____ [] SSI _____ [] TANF/WELFARE _____ [] SELF-EMPLOYMENT _____
 [] CHILDSUPPORT _____ [] UNEMPLOYMENT _____ [] DISABILTY _____

LANDLORD REFERENCES. PLEASE COMPLETE INCLUDE THE PAST THREE (3) YEARS.
CURRENT ADDRESS INFORMATION

Street Address _____
 City, State, Zip _____
 Phone #: _____ From _____ To _____
 Rent Amount _____ Reason for Moving _____

MY PREVIOUS LANDLORDS WERE:

Previous Landlord: _____
 Street Address _____ City, State, Zip _____
 Phone #: _____ From _____ To _____
 Rent Amount _____ Reason for Moving _____

Personal References: Please list at least three (3).

- Name _____ Address _____
 Phone _____ Years Known _____ Relationship _____
- Name _____ Address _____
 Phone _____ Years Known _____ Relationship _____
- Name _____ Address _____

Phone _____ Years Known _____ Relationship _____

MISCELLANEOUS INFORMATION PLEASE BE SURE YOUR ANSWERS ARE TRUE & COMPLETE

- Do you own a vehicle? Yes [] No [] If 'Yes' list the year, make, model, color, & license plate# _____
- Have you or anyone else in your household ever been involved in, arrested for, or convicted of any crime other than traffic violations? Yes [] No [] If 'Yes' explain _____
- Have you or anyone else in your household ever been involved in, arrested for, or convicted of drug activity? Yes [] No [] If 'Yes' explain _____
- Do you own a pet/Companion Animal/Service Animal? Yes [] No [] If 'Yes' explain _____

NHA's Pet Policy allows only 1 dog OR 1 cat to live in each unit. The pet must not be a vicious breed, and must comply with all Pet Policy requirements, including the pet deposit of \$500 be paid in advance of leasing, immunizations must be current. Please request details if you are interested in keeping a pet.

- Have you or anyone in your household filed a Petition of Bankruptcy? Yes [] No [] If Yes, When? _____ Explain _____

READ THE FOLLOWING CERTIFICATION AND NOTICE CAREFULLY BEFORE SIGNING
APPLICANT CERTIFICATION NOTICE

I certify that all information given to the Nampa Housing Authority regarding household composition, income, personal background, rental history, is accurate and complete to the best of my knowledge and belief.

I understand that I am required to report in writing all changes of address and/or all changes in household composition, drug and criminal activity, income of any household member to the Nampa Housing Authority within ten (10) days of the change. I understand I must report any income earned by household members who turn 18 years of age during the year, even if they are full-time students. Failure to report all income is committing fraud. I understand that false statements or information are punishable under Federal Law. I also understand the false statements of information are grounds for termination of housing and termination of tenancy.

I understand that I cannot add any person to my household, unless he/she has first completed an application, a credit and criminal background check has been fully approved in writing by Nampa Housing Authority, except for the legally documented birth or adoption of a child.

I understand that if I become a resident of NHA, I cannot add to my household any person (related or otherwise) who has a criminal history or a drug-related history. I understand that no person whom I may marry while I am a resident of NHA can automatically move in with me. I understand that if I move in and then marry someone who has a criminal or drug-related history, my husband or wife will not be allowed to live with me. I also understand that a non- family member who is not listed as a member of my household on my lease cannot automatically move in with me. I understand that every person whom I may want to add to my household, for any reason, must fill out a housing application and be approved, in writing, by the Housing Authority before being allowed to live with me.

I understand that if I allow any person to live with me who has a criminal history, a drug-related history, or who has not been approved by the Housing Authority, I can be evicted.

I understand that by signing this application, I give Nampa Housing Authority permission to process it for a credit and criminal background check, and landlord references to support the information I have provided.

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

ALL ADULT HOUSEHOLD MEMBERS (AGE 18 AND OLDER) MUST SIGN THIS FORM (USE YOUR MIDDLE INITIAL)

Signature of Head of Household

Date

Signature of Spouse

Date