



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

\$30.00 Application Fee Per Adult

211 19th Ave. North.
Nampa, ID 83687
Phone: 208-466-2601 – Fax: 208-466-1216

NOTE: This Application is for our market rate units and does not have any subsidy attached to it.

This form must be filled out personally by the 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.

Applicant's Name: _____ Phone Number: (____) _____

Current Street Address: _____

City, State, Zip Code: _____

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 THE INFORMATION MUST BE TRUE AND COMPLETE.

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

Member	Last Name	First Name	MI	Date of Birth	Relationship	Social Security Number
Head						
2.						
3.						
4.						

Do you have any special needs due to a disability or do you need reasonable accommodation? Yes No If "Yes," 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 _____ CHILD SUPPORT _____ UNEMPLOYMENT _____ DISABILITY _____

LANDLORD REFERENCES. PLEASE COMPLETE AND INCLUDE THE PAST THREE (3) YEARS.

CURRENT ADDRESS INFORMATION:

Name: _____ Address: _____

Phone Number: _____ From: _____ To: _____

Rent Amount: _____ Reason for Moving: _____

MY PREVIOUS LANDLORDS WERE:

Name: _____ Address: _____

Phone Number: _____ From: _____ To: _____

Rent Amount: _____ Reason for Moving: _____

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

1. Name: _____ Address: _____

Phone Number: _____ Years Known: _____ Relationship: _____

2. Name: _____ Address: _____

Phone Number: _____ Years Known: _____ Relationship: _____

3. Name: _____ Address: _____

Phone Number: _____ 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 number: _____
- 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 or drug activity? Yes No If "Yes," please explain: _____
- Do you own a Pet/Companion Animal/Service Animal? Yes NO If "Yes," please explain: _____

NHA'S Pet Policy allows only One Dog OR one 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 \$500.00 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," please 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 Co-Applicant & Phone Number Date