1277 Shoreline Lane - Boise, ID 83702 (208) 336-4610 Phone ~ (208) 345-8990 Fax, TDD #1-800-545-1833 Ext. 298

Application and Tenant Selection Information

Thank you for your interest in our apartment community. By scheduling an appointment when returning the application package, the application process can often be expedited. If you are unable to deliver the application in person, you may return the application by mail.

Please make sure that all items are complete. If the question does not apply to you, write N/A in the blank. Please use only one color of ink when completing the application. If you make an error, draw a single line through the mistake and initial the correction. **DO NOT USE WHITE OUT.** Make sure all adults sign and date the application.

When returning the application, please bring the following items:

- **Valid photo identification for every adult aged 18 or older**
- **Social Security Cards for each household member**
- **Birth Certificates for each minor**
- **Previous residence history for each adult member of the household**

Complete one (1) application per Household.

Eligibility will be determined based upon these factors. Applicant(s) will be notified **in writing** within 10 days of receipt of application as to the status of their application. If no unit is available at the time of acceptance, application name will be placed on the waiting list. For additional information about eligibility or screening, please ask to see a copy of our Resident Selection Policy.

Silver Hills Apartments and Syringa Property Management, Inc. Is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act (ADA). If you require assistance in the form of reader, interpreters, large print, or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible. If you are mobility impaired and do not have access to our rental office, we can make arrangements to meet you at a different office, your home, or another accessible location.

1. Syringa Property Management, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.
2. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988)

Dianne Hunt
1277 Shoreline Lane - Boise, ID 83702
208-336-4610
TDD (800) 545-1833 Ext. 298

This institution is an equal opportunity provider

EQUAL HOUSING OPPORTUNITY

SILVER HILLS APARTMENTS **APPLICATION FOR HOUSING**	*For office use only:* Time Rec'd: _____ Date Rec'd: _____ Mgr's Initials: _____
This application is for: **Criminal/Credit Report #:_____**	**Phone Number: (208) 752-7181**

Applicant Information:

Applicant Name: _____
First Middle Last

Mailing Address: _____
Street City State Zip

Daytime Phone: _____ Message Phone:_____

Email Address: _____

Apartment Size Requested: ☐ Studio ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom ☐ 4 Bedroom

How did you hear about us? ☐ Publications ☐ Referral ☐ Other _____

List ALL persons who will occupy the apartment: **Marital Status: M=Married D=Divorced Sep=Separated S=Single**

Applicants 62 or older as of January 31, 2010 and do not have a SSN and were receiving HUD rental assistance at another location on January 31, 2010, are exempt from disclosing and providing verification of a SSN.

Occupant(s) Name	Relationship	Social Security #	Birth Date	Marital Status	Sex (optional) F / M	Student* Y / N
	Applicant					

***Full-time or Part-time, answer Yes**

Eligibility Determinations:

☐ **Yes** ☐ **No** You may be eligible for an annual $400 allowance if you or your co-applicant are Handicapped or Disabled, or 62 or older and you meet other eligibility requirements. Verification of eligibility may be required. Do you believe you may qualify for this allowance?

☐ **Yes** ☐ **No** Do you have a household member who is absent from the home due to (circle all that apply): Employment, Military Service, Placement in foster care, temporarily in nursing home or hospital, Permanently confined to nursing home, Away at school, Other? (please list): _____

☐ **Yes** ☐ **No** Do you have a live-in attendant? List name: _____

This institution is an equal opportunity provider

☐ **Yes** ☐ **No** Do you expect changes in your household in the next 6 months due to (circle all that apply): Pregnancy, adopting a child(ren), Obtaining custody of a child(ren), Obtaining joint custody of a child(ren), Receiving a foster child(ren), Other? Please list date(s) of expected change(s):

_____

☐ **Yes** ☐ **No** Are you, or anyone who will be occupying the unit, currently receiving rental assistance from HUD, or USDA (Voucher or Project Based)? If **YES**: ☐ USDA ☐ HUD ☐ Other

☐ **Yes** ☐ **No** Do you receive help to pay your rent from any other source?

☐ **Yes** ☐ **No** Do you require the features of an accessible unit and wish to be on the waiting list for mobility impaired accessible units, or hearing or sight impaired?

☐ **Yes** ☐ **No** Are you, or anyone who will be occupying the unit, currently enrolled as a student in an institute of higher education?

☐ **Yes** ☐ **No** Will this be your primary residence?

☐ **Yes** ☐ **No** Do you have a pet?

☐ **Yes** ☐ **No** Do you have a service animal?

☐ **Yes** ☐ **No** Is any member of the household a U.S. Military veteran?

☐ **Yes** ☐ **No** Are all household members United States citizens or qualified aliens?

List All States all household members have ever lived in: _____

☐ **Yes** ☐ **No** Are you, or anyone who will be occupying the unit, required to register as a sex offender in any state?

☐ **Yes** ☐ **No** Have you, or any members of your household, been evicted from federally assisted housing for drug related criminal activity?

☐ **Yes** ☐ **No** Have you or any members of your household been evicted for any other reason?

☐ **Yes** ☐ **No** Are you currently an illegal user of a controlled substance?

☐ **Yes** ☐ **No** Has any household member been convicted of illegal manufacture or distribution of a controlled substance?

☐ **Yes** ☐ **No** Has your assistance or tenancy in a subsidized housing program ever been terminated for fraud, non payment of rent or failure to cooperate with recertification procedures?

☐ **Yes** ☐ **No** Have you or any members of your household been convicted of a felony, misdemeanor (other than traffic violation), or crime involving fraud or dishonesty?

If **YES**: In what City: _____ State: _____Type of Conviction: _____Date of Conviction: _____

Housing Information **List the past 10 years (If you need additional space, please attach a separate sheet of paper):**

All rental history listed will be verified. Please provide detailed information regarding where you lived for the last five years. Include places where you lived with friends, family, shelters, institutions, group homes or someone else and include their contact information as the "landlord". If you owned a home, complete section 1, cross out the remaining sections, and check the box to the right.

☐ Owned Home

Your Present Address:			
Street:		City: State:	Zip:
Monthly Rent: $	Dates of Residency From: To:	Relationship: ☐ Landlord ☐ Family ☐ Friend ☐ Other	
Name of Present Landlord:		Telephone of Present Landlord:	
Address of Present Landlord:			
Street:		City: State:	Zip:
Name of Prior Landlord:		Telephone of Prior Landlord:	
Address of Prior Landlord:			
Street:		City: State:	Zip:
Monthly Rent: $	Dates of Residency From: To:	Relationship: ☐ Landlord ☐ Family ☐ Friend ☐ Other	
Your Prior Address:			
Street:		City: State:	Zip:
Name of Prior Landlord:		Telephone of Prior Landlord:	
Address of Prior Landlord:			
Street:		City: State:	Zip:
Monthly Rent: $	Dates of Residency From: To:	Relationship: ☐ Landlord ☐ Family ☐ Friend ☐ Other	
Your Prior Address:			
Street:		City: State:	Zip:

This institution is an equal opportunity provider

EQUAL HOUSING OPPORTUNITY

Emergency Contact Information:

In case of emergency, please contact:		
Name	Address	Phone

Vehicles:

Make	Model	Year	License #
Make	Model	Year	License #

☐ **Yes** ☐ **No** Do you understand that only persons listed on this application may live in the unit unless you obtain prior written approval from management?

☐ **Yes** ☐ **No** Do you understand that if any false or incomplete information is included on this application, it is grounds for rejection of your application or termination of your tenancy?

This institution is an equal opportunity provider

EQUAL HOUSING OPPORTUNITY

Syringa
PROPERTY MANAGEMENT

INCOME/ASSET QUESTIONNAIRE

All sources of income and assets must be fully disclosed in order to evaluate eligibility for Federal Rental Assistance programs. All information will be kept in confidence.

Project Name: _____ Tenant Name: _____

Current Phone Number: _____

Income Information: Address all sources of income received by any household member. List the name of the household member receiving the income beside the source of income. If none is received write N/A. All sources of income below must be addressed.

	Household Name	Source of Income	Gross Monthly Amount
1.		Social Security, SSI, or SSDI	$
2.		Cash Assistance (AABD, AFDC or TANF)	$
3.		Food Stamps / Medicaid / Medicare	$
4.		Unemployment Benefits / Workman's Comp	$
5.		Child Support / Alimony	$
5a.	☐ Yes ☐ No	Do you have custody of your dependents 50% or more of the time?	
5b.	What state is child support enforced in?		
6.		Pension, Veteran's Benefits, GI Bill Life Insurance, Annuities	$
7.		Student Income (Grants, Scholarships, or Financial Aid	$
8.		Family Support / Church Welfare	$
9.		Bills or Items paid by someone else on your behalf? (Car Ins., Car Pymt, Cell phone, Cable Bill, Toiletries, etc.	$
10.		Self-Employment	$
11.		Other, I.E. Military Pay, Rental Income from Real Estate, Lump Sump Payments	$

Employment Information:

12. ☐ Yes ☐ No Does any household member receive a substantial portion of his or her income from the primary production of agricultural or aquacultural commodities or the handling of same commodities in the unprocessed stage? This includes any person who is retired or disabled, but who was a domestic farm laborer at the time of retirement or becoming disabled. Examples include: Farm workers, field workers, food processing workers, day haulers who transport commodity to market, butchers.

This institution is an equal opportunity provider

EQUAL HOUSING OPPORTUNITY

13. ☐ Yes ☐ No Is any household member currently employed? If Yes, list all current employers below. Use additional pages if necessary.

Employment #1	Household Member:	Employer:		Contact Name/Phone Number:
	Dates of Employment:	Monthly Wages: $	Monthly Tips: $	Monthly Commissions: $
Employment #2	Household Member:	Employer:		Contact Name/Phone Number:
	Dates of Employment:	Monthly Wages: $	Monthly Tips: $	Monthly Commissions: $

Asset Information: Address all assets held by any househbold member below. Include assets that are jointly owned.

		Asset	Balance	Acct #	Bank Name
14.	☐ **Yes** ☐ **No**	Has any household member sold or disposed of any asset for less than fair market value within the past two years? Examples: gifts to friends/family, charitable contributions, Real Estate, etc.			
15.	☐ **Yes** ☐ **No**	Checking	$		
16.	☐ **Yes** ☐ **No**	Checking	$		
17.	☐ **Yes** ☐ **No**	Savings	$		
18.	☐ **Yes** ☐ **No**	Savings	$		
19.	☐ **Yes** ☐ **No**	CD Acct.	$		
20.	☐ **Yes** ☐ **No**	Money Market	$		
21.	☐ **Yes** ☐ **No**	Whole Life Insurance	$		
22.	☐ **Yes** ☐ **No**	Investments Stocks, Bonds, IRAs	$		
23.	☐ **Yes** ☐ **No**	Annuities	$		
15.	☐ **Yes** ☐ **No**	Trust Accounts	$		
15.	☐ **Yes** ☐ **No**	Real Estate	$		

This institution is an equal opportunity provider

15.	☐ **Yes** ☐ **No**	Cash on Hand	$		
15.	☐ **Yes** ☐ **No**	Other Assets	$		
15.	☐ **Yes** ☐ **No**	Direct express/refillable cash cards	$		

Additional Information:

29. ☐ Yes ☐ No Do you receive help to pay your rent from any other source? If so, specify_____

30. ☐ Yes ☐ No Do you receive assistance to pay your utility bills from any other agency or other source? IF so, specify_____

Deductions: In some instances, certain deductions may be allowed. The following questions will help us determine if your household qualifies for these deductions.

31. ☐ Yes ☐ No Do you pay childcare while working or attending school? If yes, list childcare providers' name and phone #_____

32. ☐ Yes ☐ No Do you receive state childcare reimbursement?

33. ☐ Yes ☐ No Does any household member qualify for the elderly deduction? This is defined as age 62 or older or a person with disabilities.

33. ☐ Yes ☐ No If you answered Yes to #33, do you have medical expenses that are not paid for by an outside insurance? _____

I/We certify that the dwelling unit will serve as the household's only residence. I hereby swear that to the best of my knowledge, the above information is true, correct and complete. I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise, I will notify management immediately. Failure to do so may cause a delay in the process of my household for occupancy or may cancel my household's application for occupancy altogether.

Signature of Applicant **Date**

Signature of Co - Applicant **Date**

Signature of Co - Applicant **Date**

Signature of Co - Applicant **Date**

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction.

This institution is an equal opportunity provider