



THE LIFT TOWER LODGE INITIAL APPLICATION



BCHA OFFICE USE: Date Received: ____/____/____ IC: ____ HH: ____ P: Y N S: Y N

-Return completed to the **Blaine County Housing Authority** located at **200 W River Street, Ketchum ID, 83340**
Monday to Friday, 9 a.m. - 5 p.m., or call **208.788.6102** with inquiries.
-Along with this application form you are required to bring a copy of your Driver's License and recent Credit Score

APPLICANT INFORMATION

Name: _____ Date of Birth (mm/dd/yyyy): ____ / ____ / ____
Mailing Address: _____ Cell Phone: (____) - ____ - ____
City: _____ State: _____ Zip: _____ Other Phone: (____) - ____ - ____
Personal Email Address: _____
Are you a legal resident of the U.S.? Yes No
If NO, would you like information for legal council? Yes No

CURRENT RESIDENCE

Where are you currently living? _____
Physical Address: _____ City _____ State _____ Zip _____
Explain why you are leaving your current residence: _____
How long do you anticipate needing to live in our temporary housing? _____

EMPLOYMENT INFORMATION

Current Employer (s): _____ Date of Hire: _____
Supervisor Name: _____ Job Title: _____
Employer Address: _____ Telephone: _____
Status of Employment: Full-Time Part-Time Seasonal Other: _____
Employment Rate: Hourly \$ _____ Weekly \$ _____ Monthly \$ _____ Other \$ _____
Estimate your household's income for the **next twelve months**: \$ _____
Current Credit Score: _____ Date of obtaining credit score: _____

HOUSEHOLD INFORMATION

List **ALL** persons who will occupy the unit (**excluding applicant**):

Name	Relationship	Birth Date	Sex
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Do any household members have pets? Yes No If YES, kind: _____
Do any members of the household smoke? Yes No

BLAINE COUNTY HOUSING AUTHORITY

APPLICATION

HOUSEHOLD INFORMATION

List all Automobiles and/or Motorcycles:

Table with 5 columns: Make, Model, Color, Year, State and License No. Includes two rows of blank lines for entry.

CREDIT INFORMATION AND CRIMINAL HISTORY

Please answer accurately! We verify all information provided. False information disqualifies you for occupancy.

Table with 4 columns: Name of Bank or Savings & Loan, Branch & Address, Account No., Balance. Includes two rows of blank lines for entry.

Table with 5 columns: Credit Accounts, Address/City, Phone, Account No., Due Monthly. Includes four rows of blank lines for entry.

- Have you ever filed for bankruptcy?
Have you ever plead guilty to or been convicted for selling, possessing (including drug paraphernalia), distributing or manufacturing illegal drugs?
Have ever been evicted for non-payment of rent or for any other reason?
Have ever plead guilty to or been convicted of any other crime(s)?
Have you been charged with any criminal activity still pending in the court?
Are you, or any member of your household, a registered sex offender under any state sex offender registration programs?

Please explain "Yes" answers to the above questions (use additional pages if necessary):

BLAINE COUNTY HOUSING AUTHORITY

A P P L I C A T I O N

REFERENCES

In Case of Emergency, Notify
Name

Phone

Relationship

Close Friend or Nearest Living Relative Elsewhere
Name

Phone

Please provide local references of current and previous landlords that we may contact for information about suitability as a tenant.

Name

Phone

Relationship

Address of Property

DISCLOSURE

Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords and employers, and personal references. Applicant hereby authorizes owner/agent to obtain Unlawful Detainer, Credit Reports, Telechecks, and/or criminal background reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and release from liability any person providing or obtaining said verification or additional information.

APPLICANT: _____ **DATE:** _____
(Signature Required)