

Cold Springs Crossing

127 Hospital Drive · Blaine County, Idaho 83340

Application and Tenant Selection Information

Completed applications for the **Cold Springs Crossing Apartments** should be returned to the **Blaine County Housing Authority** office located at **200 W River Street, Ketchum ID 83340**, Monday through Friday between 9 a.m. and 5 p.m., or by calling **208-788-6102** to arrange a time outside normal business hours.

Before returning the application, 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 to sign and date the application.

When returning the application, please bring the following items:

- ✓ **A \$25.00 application fee for each adult member of the household**
- ✓ **Valid photo identification for every adult aged 18 or older**
- ✓ **A printed copy of a current (not more than 60 days old) credit score or credit report for every adult aged 18 or older. (free reports are available on sites like *creditkarma.com*, *annualcreditreport.com* and others)**

All three items above must accompany your application before we will process it. No exceptions.

If there are two or more unrelated adults who will be members of the household, each must complete a full application package.

CK Enterprises, Blaine County Housing Authority and Cold Springs Crossing are 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 ways 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.



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Applicant Information

Applicant Name: _____
 First Middle Last

Mailing Address: _____
 Street / PO Box City State Zip

Daytime Phone: _____ Message Phone: _____

Email Address: _____

Apartment Size Requested: 1 Bedroom 2 Bedroom 3 Bedroom

Especially Equipped Handicap Unit (Specify) _____

How did you hear about us? Publications Referral Other _____

Do you have a pet? Yes No

If Yes, list type _____ breed _____ lbs. _____
 type _____ breed _____ lbs. _____

List ALL Persons who will occupy the apartment: (including applicant)

Marital Status: M=Married D=Divorced Sep=Seperated S=Single

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

Household Information:

Yes/No

1		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):
2		Do you expect changes in your household in the next 12 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 experienced change(s):

Income Information:

	List 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 listed.		
	<u>Occupant Name</u>	<u>Source of Income</u>	<u>Gross Monthly Amount</u>
3		Household Employment Income	\$
4		Social Security, SSI, or SSDI	\$
5		Cash Assistance (AFDC or TANF)	\$
6		Food Stamps / Medicaid / Medicare	\$
7		Unemployment Benefits / Workman's Comp	\$
8		Child Support / Alimony	\$
9		Pension, Veteran's Benefits, GI Bill, Life Insurance, Annuities	\$
10		Student Income (Grants, scholarships, financial aid)	\$
11		Family Support / Church Welfare	\$
12		Self-Employment	\$
13		Other, I.E. Military Pay, Rental Income from Real Estate, Lump Sum Payments	\$

Employment Information:

Yes / No

14		Is any household member currently employed? If Yes, list all current employers below. If No, list previous employer for each unemployed adult below. Use additional pages if necessary.			
Employment #1	Household Member:	Employer:	Contact Name:		
	Dates of Employment:	Monthly Wages: \$	Monthly Tips: \$	Monthly Commissions: \$	
Employment #2	Household Member:	Employer:	Contact Name:		
	Dates of Employment:	Monthly Wages: \$	Monthly Tips: \$	Monthly Commissions:	
Employment #3	Household Member:	Employer:	Contact Name:		
	Dates of Employment:	Monthly Wages: \$	Monthly Tips: \$	Monthly Commissions:	
15		If any adult household member is not employed, are you currently seeking employment? If Yes, list wage amount you anticipate receiving and attach a copy of previous year's tax return.			

Asset Information:

List all assets held by any household member below. Include assets that are jointly owned.					
	Yes/No	Asset	Balance	Acct #	Bank Name
16		Checking	\$		
17		Savings	\$		
18		CD Acct	\$		
19		Money Market	\$		
20		Whole Life Insurance	\$		
21		Investments Stocks, Bonds, IRAs	\$		
22		Annuities	\$		
23		Trust Accounts	\$		
24		Real Estate	\$		
25		Cash on Hand	\$		
26		Other Assets	\$		

Additional Information:

Yes/No	
29	Do you receive help to pay your rent from any other source?
30	Are you, or any member of your household, a registered sex offender under any state sex offender registration programs?
31	Has any household member been convicted of a felony?
32	Has any household member been convicted of illegal manufacture or distribution of a controlled substance?
33	Has any household member been charged with any criminal activity but not yet convicted?
34	Have you, or any member of your household ever been evicted from housing?
35	Have you, or any member of your household ever filed for bankruptcy?
36	Have you or any member of your household ever willfully and intentionally refused to pay rent when due?
37	If you answered Yes to any question #29 through #36, please list the question number and explain below: (use additional sheet if necessary)

Automobile Information:

Auto #1	Household Member:	Make:	Model:	
	License Number:	Color:	Year:	
Auto #2	Household Member:	Make:	Model:	
	License Number:	Color:	Year:	
Auto #3	Household Member:	Make:	Model:	
	License Number:	Color:	Year:	

Housing Information: List your residences of the last five years. Use additional pages if necessary.

Current Address	<input type="checkbox"/> Apartment <input type="checkbox"/> Lease Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other				
	Applicants Current Address:				
	Street:		City:	State:	Zip: Phone:
	Monthly Rent/Mortgage:	Dates of Residency From:		Current Landlord or Mortgage Company:	
	\$				
	Address of Landlord or Mortgage Company:				
Street:		City:	State:	Zip: Phone:	
Previous Address	<input type="checkbox"/> Apartment <input type="checkbox"/> Lease Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other				
	Applicants Previous Address:				
	Street:		City:	State:	Zip: Phone:
	Monthly Rent/Mortgage:	Dates of Residency From:		Previous Landlord or Mortgage Company:	
	\$				
	Address of Landlord or Mortgage Company:				
Street:		City:	State:	Zip: Phone:	
Previous Address	<input type="checkbox"/> Apartment <input type="checkbox"/> Lease Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other				
	Applicants Previous Address:				
	Street:		City:	State:	Zip: Phone:
	Monthly Rent/Mortgage:	Dates of Residency From:		Previous Landlord or Mortgage Company:	
	\$				
	Address of Landlord or Mortgage Company:				
Street:		City:	State:	Zip: Phone:	

Emergency Contact Information:

In case of emergency, please contact:		
Name	Address	Phone

References: If you have never rented before or cannot furnish five years of landlord history, please complete the following for references of persons whom you have known for at least two years who are **not** a relative or friend.

Reference #1:		
Name	Address	Phone
Type of Reference: (i.e. Teacher, Pastor, Employer)		
Reference #2:		
Name	Address	Phone
Type of Reference: (i.e. Teacher, Pastor, Employer)		

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



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