



1277 Shoreline Lane Boise, Id 83702 – (208)-336-4610

Facsimile: (208) 345-8990 TDD# 1-(800) 545-1833 Ex. 298

Dear Applicant(s),

Thank you for your interest in Falcons Landing Apartments located in Mountain Home, Idaho!

Our property is a LIHTC (Low Income Housing Tax Credit) community offering two- and three-bedroom garden style walk-up units. *Income Restrictions apply.*

Community amenities include: a gym, coin operated laundry facility, playground, business center and dog parks! Units offer most appliances, including washer/dryer hook-ups! The High-Speed Internet service provided by Advance Stream Broadband.

Fees and Deposits:

Security Deposit: \$350 (refundable)

Pet Deposit: \$200 per pet (refundable)

Application Fee: \$25 per adult applicant (non-refundable) Check or money order made to: Falcons Landing

Internet Fee: \$25 monthly

For any questions while completing this packet, please contact:

Bri Melendez or Tami Vaccaro at (208) 949-1991

Application packets are to be returned to:

Falcons Landing Apartments

1355 SW Caracara Ave.

Mountain Home, ID 83647

Thank you for your interest in Falcons Landing Apartments!

Syringa Property Management



THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER





1277 Shoreline Lane · Boise, Idaho 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.

Please call Brianne Melendez at Falcons Landing to schedule an appointment by calling (208) 949-1991.

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**
- **A \$25 per adult application fee**

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.

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 Ln., Boise, ID 83702
208-336-4610
TDD (800) 545-1833 Ext. 298



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APPLICATION FOR HOUSING

For office use only:

Time Rec'd: _____

Date Rec'd: _____

Mgr's Initials: _____

This application is for: **Falcons Landing**

Criminal/Credit Report #: _____

Phone Number:

(208) 949-1991

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 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: _____

☐ 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),



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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 5 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.



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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		Relationship: ☐ Landlord ☐ Family ☐ Friend ☐ Other
\$	From:	To:	
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		Relationship: ☐ Landlord ☐ Family ☐ Friend ☐ Other
\$	From:	To:	
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		Relationship: ☐ Landlord ☐ Family ☐ Friend ☐ Other
\$	From:	To:	
Your Prior Address:			
Street:		City:	State: Zip:

Emergency Contact Information:



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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?

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



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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: Falcons Landing

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.

	<u>Household Name</u>	<u>Source of Income</u>	<u>Gross Monthly Amount</u>
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 Sum 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.

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 household 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	\$		
24.	☐ Yes ☐ No	Trust Accounts	\$		
25.	☐ Yes ☐ No	Real Estate	\$		
26.	☐ Yes ☐ No	Cash on Hand	\$		
27.	☐ Yes ☐ No	Other Assets	\$		
28.	☐ 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 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.
34. ☐ Yes ☐ No If you answered Yes to #33, do you have medical expenses that are not paid for by an outside source such as 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

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RE: _____

Return to: Falcons Landing
1277 Shoreline Lane
Boise, ID 83702-6870

To Whom It May Concern:

The person(s) named above is a resident/applicant for Section 42 Housing, or a program which has rents that are subsidized by the U.S. Government. Federal regulations require that in order for a family to be eligible for this type of housing, the income of the family, as well as their assets (including all bank accounts) must not exceed certain established limits. The information requested below will be held in **STRICT CONFIDENCE** as is required under the provisions of the applicable law and will be used only to determine the eligibility of the family for the housing. Thank you for your cooperation.

Resident Manager

Date

(208) 949-1991
Telephone Number

falconslanding@syringaproperties.com
Email Address

Section B: Applicant(s): Sign, date and enter Social Security Number.

AUTHORIZATION TO RELEASE INFORMATION
All adult household members must sign below.

☒	_____ Tenant/Applicant Signature	_____ Date	_____ Social Security Number
☒	_____ Tenant/Applicant Signature	_____ Date	_____ Social Security Number
	_____ Tenant/Applicant Signature	_____ Date	_____ Social Security Number
	_____ Tenant/Applicant Signature	_____ Date	_____ Social Security Number

This form expires one year from date of signature.



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Demographic Profile Reporting Form

Development Number: _____ Development Name: Falcons Landing

Unit Number: _____ Household Name: _____

Effective Date: _____

Household Composition				Demographic Information			
Member #	First Name	Last Name	MI	Relationship to Head-of-Household	Ethnicity Code	Race Code	Disability Code
1							
2							
3							
4							
5							
6							
7							

Relationship to HoH	
Enter one per household member	
Head	
Spouse	
Adult/ Co- Resident	
Child	
Foster Child/ Adult	
Live-in Aid	
Other	

Ethnicity Codes	
1	Hispanic or Latino
2	Not Hispanic or Latino
3	Choose Not to Disclose

Disability Code -	
Disabled according to the Fair Housing Act	
1	Yes
2	No
3	Choose Not to Disclose

Race Codes	
1	White
2	Black / African American
3	American Indian / Alaska Native
4	Asian (Asian India "4a", Chinese "4b", Filipino "4c", Japanese "4d", Korean "4e", Vietnamese "4f", Other Asian "4g")
5	Native Hawaiian / Other Pacific Islander (Native Hawaiian "5a", Guamanian or Chamorro "5b", Samoan "5c", Other Pacific Islander "5d")
6	Choose Not to Disclose

Resident Signature _____ Date _____ Resident Signature _____ Date _____

Resident Signature _____ Date _____ Resident Signature _____ Date _____

Supplement to the Demographic Profile Reporting Form

To be completed upon initial occupancy and when a change has occurred.

You currently reside in, a rental housing unit located in a development operating under the Housing Tax Credit Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their ethnicity, race, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. **There is no penalty for those households who do not wish to provide the requested information. However, all adult household members must sign and date at the bottom of this form as proof that the option to disclose was made available.**

NOTE: Please note that the information collected assists program administrators and the federal government in evaluating the benefits, needs and continuing existence of the Housing Tax Credit Program.

The following ethnic and racial definitions are modeled after the OMB-approved form, "Race and Ethnic Data Reporting Form" (HUD 270061), used by the U.S. Department of Housing and Urban Development (HUD):

Household members can select one of the following applicable ethnic definitions:

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino".

Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.

Household members can select one or more of the following applicable racial definitions:

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. A term such as "Haitian" can be used in addition to "Black" or "African American."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

The following instructions regarding disability status were written and approved by HUD's Office of Fair Housing and Equal Opportunity.

The [development] must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant's voluntary choice whether to provide such information, and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the [development] shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year's information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate.

The following definition of "disabled" comes directly from the Fair Housing Act:

Per the Fair Housing Act, the definition of disabled is:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.20, available at: http://www.fairhousing.com/index.cfm?method=page.dipslay&pagename=regs_fhr_100-201.
- "Handicap" does not include current, illegal use of or addition to a controlled substance.