



# RENTAL APPLICATION

(208) 459-2232



Accessible unit needed:  Yes  No

## APPLICANT INFORMATION

Date (mm/dd/yyyy): \_\_\_\_\_

Applicant Name (first, middle initial, last): \_\_\_\_\_

Gender:  Male  Female      Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Age: \_\_\_\_\_

I am a (check only one):  Legal U.S. Citizen       Legal Resident Alien

How many people under the age of 18 will live with you? \_\_\_\_\_

## CO-APPLICANT INFORMATION (must be 18 or older)

Applicant Name (first, middle initial, last): \_\_\_\_\_

Gender:  Male  Female      Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Age: \_\_\_\_\_

I am a (check only one):  Legal U.S. Citizen       Legal Resident Alien

**Please list all family member that will live with you**

### Family Member #1

Name (first, last): \_\_\_\_\_

Gender:  Male  Female      Age: \_\_\_\_\_

### Family Member #2

Name (first, last): \_\_\_\_\_

Gender:  Male  Female      Age: \_\_\_\_\_

**Family Member #3**

Name (first, last): \_\_\_\_\_

Gender:  Male  Female      Age: \_\_\_\_\_

**Family Member #4**

Name (first, last): \_\_\_\_\_

Gender:  Male  Female      Age: \_\_\_\_\_

**Family Member #5**

Name (first, last): \_\_\_\_\_

Gender:  Male  Female      Age: \_\_\_\_\_

**Family Member #6**

Name (first, last): \_\_\_\_\_

Gender:  Male  Female      Age: \_\_\_\_\_

**Current Information**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Current Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Previous Address #1**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Landlord Name \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

**Previous Address #2**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Landlord Name \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

## General Information

Emergency contact phone number \_\_\_\_\_

Have you ever been evicted from rental housing?  Yes  No

Have you ever lived here before?  Yes  No

Do you have relatives that live here?  Yes  No

If Yes, who and what unit do they live in? \_\_\_\_\_

Total household income: \$\_\_\_\_\_ **Please include all sources of income into your household including, but not limited to any government payments or benefits, any cash assistance, child support, unemployment payments, earning from salaries or employment.**

Will this be your primary residence?  Yes  No

Do you authorize the Housing Authority to conduct criminal background checks on all household members 18 years of age or older?  Yes  No

Do you authorize the Housing Authority to retrieve financial information from the Department of Labor for all household members 18 years of age or older?  Yes  No

Do you authorize your previous landlord to release to the Housing Authority information regarding your tenancy?  Yes  No

**All information provided on this application must be verified with additional information such as I.D. cards, Social Security Cards, pay stubs, tax returns, etc.. If you are eligible to rent from the Caldwell Housing Authority, a representative will call you and ask for the necessary information.**

After completing this form, please hand deliver or send to:

Caldwell Housing Authority  
22730 Farmway Road  
Caldwell, Idaho 83607