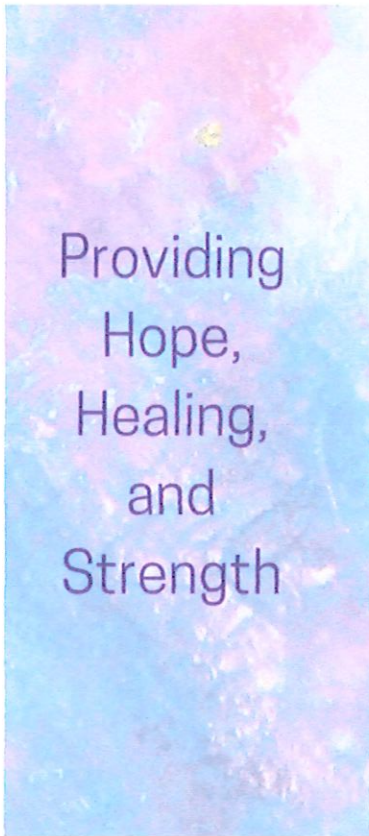




Advocates  
Against  
Family Violence



**WORKING TO ELIMINATE  
VIOLENCE AND ABUSE IN  
THE LIVES OF ALL  
INDIVIDUALS.**

Kim Deugan, Executive Director  
Tricia Lofton, Operations Director

P. O. Box 1496  
Caldwell, Idaho 83605  
Office: 208.459.6330  
Fax: 208.454.6595  
www.aafvhope.org  
Email: info@aafvhope.org

Thank you for your interest in our housing program!!

Attached is our NSP Rental Application that will need to be completed in full and turned in with the following information to be reviewed for the approval process. Incomplete applications will be returned and could be delayed with being added to the current wait list

1. Most recent 30 day paystubs for all working members of the household.
2. Proof of all other income that comes into the household such as child support, SSI/SSD, unemployment etc.
3. W9 and 1099 for 2022
4. Copies of driver's license and social security cards for all household members that will be living in the home

Please be aware that current paystubs, banking information, rental references and a criminal background check will need to be completed once your name is pulled from the waitlist and all information will be updated in order to receive a formal approval before move in.

Once you have completed your application in full and have all required documents ready to turn in, you can drop them at our office Monday thru Thursday during business hours or you can put everything in an envelope and put in the rent drop box outside of our main office. We are located at 1508 Hope Lane Suite 102 in Caldwell. Our office is located on the corner of 16<sup>th</sup> Ave and Elgin off of Chicago.

Sincerely,

Cindy Ware  
208-459-6330 ext. 122  
AAFV Housing Director  
CDBG Specialist

Jessica Hall  
208-453-2078  
Housing Coordinator  
Service Specialist



Advocates Against Family Violence, Inc. (AAFV)  
 P.O. Box 1496  
 Caldwell, ID 83606  
 Ph: 208-459-6330, Fax: 208-454-6595

**FOR OFFICE USE ONLY**

DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 SWH REP: \_\_\_\_\_



This form must be completely filled out personally by Head of Household or Spouse. You must use the correct legal name for each member of your household as it appears on his or her Social Security card. ALL ADULT MEMBERS OVER 18 MUST SIGN AT THE END OF THIS FORM, CERTIFYING THAT THE INFORMATION IS CORRECT. DO NOT LEAVE ANY PART BLANK. IF A SECTION DOES NOT APPLY TO YOU, PUT N/A IN THAT SECTION.

**INCOMPLETE FORMS WILL NOT BE PROCESSED**

Applicant name: \_\_\_\_\_ Phone # to be reached: \_\_\_\_\_  
 This phone belongs to: \_\_\_\_\_ Phone owner's relationship to you \_\_\_\_\_  
 Current Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you currently being evicted: Yes [ ] No [ ] If yes, give reason \_\_\_\_\_

Mailing address same as current address: Yes [ ] No [ ]  
 Mailing Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Whose address is this? \_\_\_\_\_ Relationship to you? \_\_\_\_\_

**PLEASE PRINT, ALL INFORMATION MUST BE TRUE AND COMPLETE.**

1. **HOUSEHOLD COMPOSITION:** List ALL persons who will be living with you in AAFV housing as follow: Head of Household, spouse, if any, all other adults (18 or older) in order by age, all minor children in order by age.

| Member # | LAST NAME | FIRST NAME | MI | Date of Birth | Relationship | SSN # |
|----------|-----------|------------|----|---------------|--------------|-------|
| Head     |           |            |    |               |              |       |
| 2        |           |            |    |               |              |       |
| 3        |           |            |    |               |              |       |
| 4        |           |            |    |               |              |       |
| 5        |           |            |    |               |              |       |
| 6        |           |            |    |               |              |       |
| 7        |           |            |    |               |              |       |

| Member # | Gender | Race | Eth | Place of Birth | Eligibility |    |    |    | Allen # | Handicap | Disabled |
|----------|--------|------|-----|----------------|-------------|----|----|----|---------|----------|----------|
|          |        |      |     |                | EC          | EN | IN | PV |         |          |          |
| Head     |        |      |     |                |             |    |    |    |         |          |          |
| 2        |        |      |     |                |             |    |    |    |         |          |          |
| 3        |        |      |     |                |             |    |    |    |         |          |          |
| 4        |        |      |     |                |             |    |    |    |         |          |          |
| 5        |        |      |     |                |             |    |    |    |         |          |          |
| 6        |        |      |     |                |             |    |    |    |         |          |          |
| 7        |        |      |     |                |             |    |    |    |         |          |          |

**Eligibility Codes:** EC = Eligible Citizen  
 EN = Eligible Noncitizen  
 IN = Ineligible Noncitizen  
 PV = Eligibility Pending

**Race Codes:** 1=White  
 2=Black/African American  
 3=American Indian  
 4=Other Pacific Islander

Does anyone live with you, now, who is not listed above? Yes [ ] No [ ] If 'Yes', tell us who and why this person will not be living with you in AAFV housing:

Do you have any special needs due to a disability: Yes [ ] No [ ]

If 'Yes' please specify \_\_\_\_\_

**LIST THE SCHOOLS YOUR CHILDREN ATTEND**

| Child's Name | School Name | School Address | School Phone Number |
|--------------|-------------|----------------|---------------------|
|              |             |                |                     |
|              |             |                |                     |
|              |             |                |                     |
|              |             |                |                     |

MARITAL STATUS: Married [ ] Separated [ ] Widowed [ ] Divorced [ ] Never Married [ ]

Do you have full custody of your children? Yes [ ] No [ ]

If No, please explain \_\_\_\_\_

**LIST NAME & ADDRESS OF YOUR CHILD'S OTHER PARENT, IF CHILD'S OTHER PARENT DOES NOT LIVE WITH YOU**

| Name of Child's Parent | Street Address | City | State | Zip Code | Which Child? |
|------------------------|----------------|------|-------|----------|--------------|
|                        |                |      |       |          |              |
|                        |                |      |       |          |              |
|                        |                |      |       |          |              |
|                        |                |      |       |          |              |
|                        |                |      |       |          |              |

Have you or any household member ever had any lawsuits, judgments, or collections filed against you?

Yes [ ] No [ ] If 'Yes' tell us which one, when, and why:

\_\_\_\_\_  
 \_\_\_\_\_

**2. WAGE INFORMATION.** List below all jobs you & members of your household (18+) hold now or held in the last 12 months.

| Member # | Employer | Emp Address | Emp Ph # | Part/Full Time | Start Date | End Date |
|----------|----------|-------------|----------|----------------|------------|----------|
|          |          |             |          |                |            |          |
|          |          |             |          |                |            |          |
|          |          |             |          |                |            |          |

**LIST WAGE INFORMATION FOR ALL CURRENTLY EMPLOYED FAMILY MEMBERS:**

| Member # | Rate of Pay | Hrs Wkd/Week | How Often Do You Get Paid? |             |             |       |
|----------|-------------|--------------|----------------------------|-------------|-------------|-------|
|          |             |              | Weekly                     | Every 2 Wks | Twice/Month | Other |
|          |             |              |                            |             |             |       |
|          |             |              |                            |             |             |       |
|          |             |              |                            |             |             |       |
|          |             |              |                            |             |             |       |

**3. DO YOU OWN YOUR OWN BUSINESS OR SELL GOODS OR SERVICES? Yes [ ] No [ ]**

If 'Yes' what kind? \_\_\_\_\_

| Name of Business | Street Address | City | State | Zip Code | Phone # | Gross Income/Month |
|------------------|----------------|------|-------|----------|---------|--------------------|
|                  |                |      |       |          |         |                    |
|                  |                |      |       |          |         |                    |
|                  |                |      |       |          |         |                    |

**4. OTHER HOUSEHOLD INCOME.** List all other household income received by every person living in your household. This includes unemployment compensation, child support, Social Security, SSI, disability payments, workmen's compensation, retirement benefits (pensions, etc.), veteran's benefits, rental property income, alimony or separate maintenance, interest payments, contributions or gifts from friends or relatives to help with living expenses, and all other income from any source.

| MEMBER # | TYPE OF INCOME | INCOME AMOUNT | How Often Is this Income received? |         |          |
|----------|----------------|---------------|------------------------------------|---------|----------|
|          |                |               | Weekly                             | Monthly | Annually |
|          |                |               |                                    |         |          |
|          |                |               |                                    |         |          |
|          |                |               |                                    |         |          |

**TANF (TEMPORARY AID TO NEEDY FAMILIES).** If you receive TANF benefits, please complete the information below. Note: Neither food stamps nor medical card are counted as income in figuring your rent, but must be reported. Cash assistance is counted.

| Member who receives TANF | Type of assistance received |                  |                     |           | Monthly Amount | Start Date |
|--------------------------|-----------------------------|------------------|---------------------|-----------|----------------|------------|
|                          | Food Stamps [ ]             | Medical Card [ ] | Cash Assistance [ ] | Other [ ] |                |            |
|                          |                             |                  |                     |           |                |            |
|                          |                             |                  |                     |           |                |            |
|                          |                             |                  |                     |           |                |            |

**5. FAMILY ASSETS.** List all assets of household members, including bank savings accounts, checking accounts, certificates of deposit, IRA's, retirement accounts, stocks, bonds, real estate, business, etc.

| MEMBER # | TYPE OF ASSET | Name of Bank or Verifying Source | Account # | Value of Asset |
|----------|---------------|----------------------------------|-----------|----------------|
|          |               |                                  |           | \$             |
|          |               |                                  |           | \$             |
|          |               |                                  |           | \$             |
|          |               |                                  |           | \$             |

**6. FAMILY EXPENSES.** Enter any:

1. Child Care –unreimbursed child care expense of children less than 13 years of age
  2. Medical-unreimbursed medical expenses for elderly or disabled families only
  3. Disability Expenses – unreimbursed costs for attendant care or auxiliary apparatus for a disabled family member.
- Must enable adult family member to be employed – including person with disabilities.

| Member # | Type of Expense | Expense Cost | Weekly or Monthly | Payee's complete address & phone# |
|----------|-----------------|--------------|-------------------|-----------------------------------|
|          |                 |              |                   |                                   |
|          |                 |              |                   |                                   |
|          |                 |              |                   |                                   |
|          |                 |              |                   |                                   |

7. LANDLORD REFERENCES. Please complete the following information for all locations you have lived in for the past three (3) years.

**Current Address Information**

Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Lived there from \_\_\_\_\_ to \_\_\_\_\_  
# Bedrooms \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Reason for Moving: \_\_\_\_\_  
Current Landlord: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Previous Residences:**

Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Lived there from \_\_\_\_\_ to \_\_\_\_\_  
# Bedrooms \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Reasons for Moving: \_\_\_\_\_  
Landlord: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

\*\*\*\*\*

Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Lived there from \_\_\_\_\_ to \_\_\_\_\_  
# Bedrooms \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Reasons for Moving: \_\_\_\_\_  
Landlord: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

\*\*\*\*\*

Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Lived there from \_\_\_\_\_ to \_\_\_\_\_  
# Bedrooms \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Reasons for Moving: \_\_\_\_\_  
Landlord: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**8. MISCELLANEOUS INFORMATION.** Please be sure your answers are true and complete

1. Do you or any household member own (or co-own) any real estate, mobile home, or boat? Yes [ ] No [ ] If 'Yes', list which item(s) and the value(s) \_\_\_\_\_
2. Have you sold any real estate in the last two years? Yes [ ] No [ ] If 'Yes', what was sold, and what was the value? \_\_\_\_\_
3. Do you own a vehicle? Yes [ ] No [ ] If 'Yes', list the year, make, model, color and license plate number \_\_\_\_\_
4. Does anyone outside of your household pay any of your bills or give you money? Yes [ ] No [ ] If 'Yes', who? \_\_\_\_\_, how much? \_\_\_\_\_, how often? \_\_\_\_\_
5. Have you or any adult member ever used any name(s) or Social Security numbers other than the one you use now? Yes [ ] No [ ] If 'Yes', list the name(s) and number(s) \_\_\_\_\_
6. Have you or any other household member ever lived in any other unit where help with the rent was given through a rental assistance programs? Yes [ ] No [ ] If 'Yes', list where \_\_\_\_\_
7. Have you or anyone else in your household ever been involved in, arrested for, or convicted of any crime other than traffic violations? Yes [ ] No [ ] If 'Yes', explain \_\_\_\_\_
8. Have you or anyone else in your household ever been involved in, arrested for, or convicted of drug activity? Yes [ ] No [ ] If 'Yes', explain \_\_\_\_\_
9. Have you ever committed any fraud in a federally-assisted program or been requested to repay money for knowingly misrepresenting information for such housing? Yes [ ] No [ ]  
Address \_\_\_\_\_
10. Have you ever been evicted? Yes [ ] No [ ] If 'Yes', explain \_\_\_\_\_
11. Do you currently owe this or any other housing authority for unpaid rent or damages? Yes [ ] No [ ] If 'Yes', explain: \_\_\_\_\_
12. AAFV's Pet Policy does not allow for pets in a unit. If a Service Animal Pet is required by a tenant, immunizations must be current and **a doctor's prescription must be presented for authorization.** Please request details if you are interested in keeping a pet.

**Advocates Against Family Violence, Inc. (AAFV)**

**P.O. Box 1496**

**Caldwell, ID 83606**

**Ph: 208-459-6330, Fax: 208-454-6595**

**LOCAL PREFERENCE**

**Definition:**

When selecting qualified tenants, AAFV considers a "local preference." This preference is given priority when selecting names from the applicant waiting list. The housing authority may offer housing to applicants who meet the local preference requirements before all other applicants on the list. This preference is as follows:

**HOMELESS/DOMESTIC VIOLENCE** - provide permanent, affordable housing to facilitate lasting changes for victims of domestic violence.

1. The head of household and/or spouse or partner must be able to verify employment at the time housing is offered.
2. Employment must be for a 90-day period at 30 hours per week immediately prior to the offer of housing.
3. The family agrees to maintain this work level for at least one year after beginning occupancy.
4. The amount earned is not a factor in granting this local preference.
5. A resident who leaves a job will be asked to document the reasons for termination. Quitting work after receiving the benefit of the preference, as opposed to layoff, will be considered to have misrepresented the facts to AAFV and may result in termination of housing.

---

**CERTIFICATION**

- I am claiming eligibility for the "Homeless/Domestic Violence" Local Preference
- I have read and understand the information above about Local Preferences.
- I am at least 18 years old
- I have been employed during the last 90 day period at 30 hours per week at \_\_\_\_\_
- I understand that I may have my housing terminated if I no longer meet the criteria for this preference, as defined above (for example, quitting my job or program after moving in)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**READ THE FOLLOWING CERTIFICATION AND NOTICE CAREFULLY BEFORE SIGNING**

**APPLICANT CERTIFICATION NOTICE**

I certify that all information given AAFV, regarding household composition, income, assets, allowances, personal background, rental history, and deductions is accurate and complete to the best of my knowledge and belief.

I understand that I am required to report in writing all changes of address and/or all changes in household composition, drug and criminal activity, income and assets of any household member to AAFV, within ten (10) days of the change. I understand I must report any income earned by household members who turn 18 years of age during the year, even if they are full-time students. Failure to report all income is committing fraud. I understand that false statements or information are punishable under Federal Law. I also understand the false statements of information are grounds for termination of housing assistance and termination of tenancy.

I understand that I cannot add any person to my household, unless he/she has first completed an application, a credit and criminal background check has been fully approved in writing by AAFV, except for the legally documented birth or adoption of a child.

I understand that if I become a resident of an AAFV rental unit, I cannot add to my household persons (related or otherwise) who has a criminal history or a drug-related history. I understand that no person, whom I may marry while I am a resident of an AAFV rental unit, can automatically move in with me. I understand that if I move into public housing and then marry someone who has a criminal or drug-related history, my husband or wife will not be allowed to live with me in public housing. I also understand that a non-family member who is not listed as a member of my household on my lease cannot automatically move in with me. I understand that every person whom I may want to add to my household, for any reason, must fill out a housing application and be approved, in writing, by AAFV before being allowed to live with me. I understand that if I allow any person to live with me who has a criminal history, a drug-related history, or who has not been approved by AAFV, I can be evicted.

I understand that by signing this application, I give AAFV permission to process it for a credit and criminal background check, and landlord references to support the information I have provided.

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

**ALL ADULT HOUSEHOLD MEMBERS (AGE 18 AND OLDER) MUST SIGN THIS FORM (INCLUDE MIDDLE INITIAL)**

\_\_\_\_\_  
Signature of Head of Household      Date

\_\_\_\_\_  
Signature of Spouse      Date

\_\_\_\_\_  
Signature of other member of 18      Date

\_\_\_\_\_  
Signature of other member over 18      Date

\_\_\_\_\_  
Signature of other member of 18      Date

\_\_\_\_\_  
Signature of other member over 18      Date



## Authorization to Release Information

I, \_\_\_\_\_, have discussed with AAFV why I want information released and the privacy risks with it being shared. I give AAFV permission to release the following information:

|  |  |
|--|--|
| Who My Information May Be Shared With: <i>Advocates Against Family Violence Housing Dept. and Idaho Housing Finance Compliance Department.</i> | Name: <i>Cindy Wake</i><br>Agency and Title: <i>Housing Director Advocates Against Family Violence</i><br>Contact Information: <i>208-459-6330 ext. 122</i><br><i>Cindy@AAFVhope.org</i> |
| What Information May Be Shared: <i>All information required in order to get approved for housing through NHP.</i>                              | Be Specific: <i>work, rental &amp; banking Verifications will be needed as well as criminal background checks</i>  |

The information may be shared:  in person  by phone  by email  by mail  by fax

I understand that:

\_\_\_\_\_ I may receive services from AAFV even if I don't release this information.

\_\_\_\_\_ Releasing this information could reveal my location.

\_\_\_\_\_ By releasing this information, some or all of it may no longer be privileged. Both "privilege" and "waiver" have been explained to me.

\_\_\_\_\_ This release is limited to the above information. If I want AAFV to share additional information about me, I will sign another release.

\_\_\_\_\_ I may cancel this release at any time, verbally or in writing.

This release is valid for 120 days after signature or until: \_\_\_\_\_ [date].

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature (if required): \_\_\_\_\_ Date: \_\_\_\_\_

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

|   |  |
|---|--|
| Applicant Name:   |  |
| Mailing Address:  |  |
| Telephone No:   | Cell Phone No:   |
| Name of Additional Contact Person or Organization:  |  |
| Address:  |  |
| Telephone No:   | Cell Phone No:   |
| E-Mail Address (if applicable):   |  |
| Relationship to Applicant:  |  |
| Reason for Contact: (Check all that apply)  |  |
| <input type="checkbox"/> Emergency  | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you  | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance   | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit   | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent   |  |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |  |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |  |

|                        |      |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and is confidential information. Providing the information is basic to the operations of the HUD Assisted Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.