



NEIGHBORWORKS POCATELLO
 206 N. Arthur, Pocatello, ID 83204
 Phone: 208-232-9468 Fax: 208-232-9231

SPIRIT OF HOPE HOUSE RENTAL APPLICATION

NOTE: Enter **N/A** if not applicable or **D/K** if you don't know.

NAME:	CELL PHONE:
SOCIAL SECURITY #:	DRIVERS LICENSE or ID #:
DATE OF BIRTH:	APPROX. MOVE-IN DATE:
CURRENT LOCATION: (address, city & state)	
CASE MANAGER or PRS:	
PHONE #:	E-MAIL:
IDOC#:	ARE YOU MARRIED? YES NO
SPOUSES NAME:	
ADDRESS:	
CELL PHONE:	

HAVE YOU EVER STAYED AT THE SPIRIT OF HOPE HOUSE BEFORE? YES NO

I will notify the Property Manager when I have my Social Security Card and Driver's License. Initial _____

PLEASE LIST YOUR WORK SKILLS/INTERESTS: _____

CURRENT FINANCIAL INSTITUTION (Bank) _____ AMOUNT: _____
 CURRENT SOURCE OF INCOME: _____ AMOUNT: _____
 AMOUNT: OTHER SOURCE OF INCOME: _____ AMOUNT: _____

Pocatello Neighborhood Housing Service ~ Confidential



AUTOMOBILE MAKE: _____ MODEL: _____
 LICENSE PLATE #: _____ I CURRENTLY DO NOT OWN A VEHICLE: Initial: _____

I will notify the Property Manager if I purchase a vehicle. Initial: _____

IN CASE OF EMERGENCY, NOTIFY:
 NAME: _____ PHONE: _____
 ADDRESS: _____
 RELATIONSHIP TO YOU: _____
 REFERRING AGENCY OR PERSON: _____

REQUIREMENTS

There are certain requirements from our funding agency, the Federal Home Loan Bank of Seattle, for this Affordable Housing Program. Please complete the list below so we may verify that you meet some or all of these requirements. All answers will be verified with your Parole Officer or an Office of the Court.

- I. **ALL APPLICANTS:** (Circle the correct answer)
- | | | | |
|----|--|-----|----|
| 1. | I am willing to attend activities such as free educational training. | Yes | No |
| 2. | I have a High School Diploma or Equivalent (GED) | Yes | No |
| 3. | I am an elderly citizen (over 55) | Yes | No |
| 4. | I am a person with one of the special needs listed below | Yes | No |
| | Physically disabled: | Yes | No |
| | Disability _____ | | |
| | Are accommodations needed? _____ | | |
| | _____ | | |
| | Mentally Disabled: | Yes | No |
| | Disability: _____ | | |
| | Are accommodations needed? _____ | | |
| | _____ | | |
| 5. | I am a recovering Alcoholic/Drug Abuser | Yes | No |
| 6. | I am recovering from Physical/Emotional Abuse or PTSD | Yes | No |
| 7. | I have HIV/AIDS | Yes | No |
| 8. | I am currently receiving treatment for a disability (4 thru 6 above) | Yes | No |
| | if the answer is yes, what is the diagnosis? _____ | | |
| | _____ | | |



9. Please list your medications: _____
(Use additional paper if needed)

- | | | |
|---|-----|----|
| 10. I am a Seasonal/Migrant Farm Worker | Yes | No |
| 11. I am transitioning out of Foster/Institutional Care | Yes | No |
| 12. I am a victim of a State/National Disaster | Yes | No |

II. OFFENDERS

13. What is the technical name of your crime?
14. Who oversees you? Judge or Parole Office? _____
Name: _____ Phone: _____
Email: _____

- | | | |
|--|-----|----|
| 15. Have you previously violated Probation/Parole? | Yes | No |
| 16. Are you on Probation? | Yes | No |
| 17. Are you a Sex Offender? | Yes | No |
| 18. Have you ever been convicted of a Sex Crime? | Yes | No |
| 19. Have you ever been convicted of a Violent Crime? | Yes | No |
| 20. Are you required to Register? | Yes | No |
| 21. Do you have a "No Contact Order"? | Yes | No |
| 22. Are you involved with the Drug Court? | Yes | No |

If you answered "Yes" to any of the above questions, please explain below:

I understand that by signing this document that I am stating that the above is true and correct to the best of my knowledge and that any false statements are grounds for disapproval of this application.

Name: _____ **Date:** _____

