

Thank you for your interest in Boise Christian Retirement Village. This is a 55+ independent living community serving Christians who need affordable housing. The living units are unfurnished, and prices include rent, utilities, meals available in the dining hall (we will try to accommodate special dietary needs), and parking for one vehicle per resident.

Residents are responsible for their own phone, cable TV, internet service and renter’s insurance. We do not offer personal assistance or housekeeping service. Note: Our rental rates are under review and may change from the current list. Applicants who are accepted are required to pay one month’s rent plus an equal amount as security deposit before move-in.

This community has specific residency criteria determine eligibility. The application is used to gather necessary applicant information to determine eligibility. The Village complies with the Fair Housing Act according to all applicable federal, state, and local laws.

Residents of this community must meet age requirements and other qualifications. The Christian Retirement Village is committed to serving all eligible individuals who are capable of independent living. If you need a reasonable accommodation, bring that to our attention. We will work with you in meeting the ADA requirements.

Important information for all applicants:

* This application must be filled out in full, in ink and must be signed and dated. Please print legibly. Incomplete applications will not be accepted. If approved this application will become part of the lease agreement and may be reviewed annually.
* Valid identification and proof of age (driver’s license or state ID) must be provided.
* Applicants are responsible to notify management if any relevant application information changes (change in address, contact information, source of income etc.).
* A $25 non-refundable application fee is required with the application. It will be retained whether or not the applicant(s) are accepted for residency.
* Please return the completed application with the application fee and copies of your ID to the office where it will be reviewed. If information is found to be incorrect, the application will be rejected, and any rental application becomes void. False and misleading statements may lead to immediate eviction and loss of security deposit.

Contact the administrator by phone or email with any questions regarding the application. Thank you for your interest in the Christian Retirement Village.

**Christian Retirement Village**

**3223 N. 36th Street, Boise ID 83703p**

**(208) 344-0551 hello@boisechristianhomes.org**

**APPLICATION FOR RESIDENCY**

**Application Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $25 Application Fee Paid on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Applicant(s) information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Applicant #1 Full Name** | **Birthdate** | **Social Security #** | **Phone #** | **Monthly Income** |
|  |  |  |  |  |
| **Current Address** |  | **City** | **State** | **Zip** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Applicant #2 Full Name** | **Birthdate** | **Social Security #** | **Phone #** | **Monthly Income** |
|  |  |  |  |  |
| **Current Address** |  | **City** | **State** | **Zip** |
|   |  |    |   |   |

1. **What is your primary source of income used to pay rent?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Please list the total current value of all assets including real estate, bank accounts, and other assets or sources of income.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Provide the names and addresses of homes and/or apartments where applicants have resided over the past three years. Use additional sheets if necessary.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of** **Occupancy** |  **Address of Residence** | **Name and Phone Number of****Landlord or Housing Provider** | **Monthly Rent or Payment** |
|    |   |   |  |
|    |   |   |  |
|    |   |   |  |

1. **In Case of Emergency Give Names of Family or Friends to Call:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  | **Relationship** | **Phone** | **Address** |
|    |   |   |  |
|    |   |   |  |
|    |   |   |  |

Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Coverage (required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicare A \_\_\_ B \_\_\_

Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Give Three Personal References:**

Friend: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minister: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business person: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us why you wish to become a resident of the Christian Retirement Village and any other relevant information such as health issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

1. **Applicant history (Please circle your answer)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Does every applicant have a regular source of income that will cover the rent?  | Yes | No |
| 2 | Has any applicant had 2 or more late payments or been evicted for non-payment or failure to comply with rental agreement in the past three years? | Yes | No |
| 3 | Is every applicant fully ambulatory and able to care for themselves, and provide for their own transportation? | Yes | No |
| 4 | Does any applicant have a disability that requires special accommodation? If yes, please explain on a separate sheet of paper.  | Yes | No |
| 5 | Is any member of the household a U.S. military veteran?  | Yes | No |
| 6 | Does any applicant have a history of alcohol abuse or any other pattern of abusive behavior that may interfere with the health, safety and right to peaceful enjoyment of residents of this affordable housing community? If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | No |
| 7 | Is any applicant currently charged with or has any applicant been convicted of a felony or any violent crime against another person in the last 10 years? | Yes | No |
| 8 | Has any applicant been convicted of use, sale or possession of illegal drugs? Is any applicant currently using, selling or in possession of illegal drugs? | Yes | No |
| 9 | Is any applicant currently a registered sex offender in any state?  | Yes | No |

Notice:Knowingly providing inaccurate or withholding important information during any part of the application process is grounds for denial of housing and/or termination of occupancy. Completion of this application does not guarantee applicant(s) will be accepted for residency. Application information is used to make a determination of eligibility, but additional screening and verification will be done before a unit is offered. All applicants must meet all residency requirements. If accepted, the first month’s rent and security deposit equal to one month’s rent are due before the move-in date. Rent is due on the first day of each succeeding month.

I/we agree to permit an investigation of my/our background, references and tenant history for the purposes of renting a residence at the Christian Retirement Village. This may include personal interviews with persons with acquaintances. I/we declare that the statements contained in this application are true and complete to the best of my/our knowledge.

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

 Name #1 (Print) Signature Date

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

 Name #1 (Print) Signature Date

 Revised 12/10/21