Demographic Profile Reporting Form

Idaho Housing and Finance Association
www.idahohousing.com

Development Number: _____ Development Name: _____

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

EQUAL HOUSING OPPORTUNITY

The Franklin Apartments
257 S Orchard Street
Boise, ID 83705
(208) 247-3111

LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION

The information you provide below will be used to determine if you meet the eligibility guidelines for becoming a resident of our community. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law.

PROPERTY INFORMATION (For Office Use Only):

Date Received: _____
Unit Address:_____ _____ Initial Certification
Unit Number:_____ _____ Recertification
# of Bedrooms:_____ _____ Other _____
Proposed Effective Date: _____

How did you hear about our community? (If referred, by whom?)

HOUSEHOLD COMPOSITION AND STATUS:

*List the Head of Household (applicant) and **all** other persons who will be living in your unit. Give the relationship of each family member to the Head. Choose only one member to be Head of Household.* ***Please answer all questions. Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered.*** *List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.*

Household Member's Full Name (first, middle and last)	**Relationship to Head** S=Spouse O=Other Adult C=Biological Child SC=Step Child F=Foster Adult or Child L=Live-In Attendant	**Date of Birth**	**Marital Status** M=Married D=Divorced SP=Separate S=Single W=Widowe	**Social Security Number**	**Student** Y or N	If a child, please list both **biological** parents' full names.

***For each household member listed above – List this member as full-time or part-time student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. The educational institution defines student status. Please include all school-age children, even if home-schooled.**

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1. If <u>every</u> household member listed on first page is indicated as a full-time: (If every member <u>is not a full time student</u>, please mark here): ☐ NA

		Circle One
a.	Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF)	Yes or No
b.	Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act, Workforce Investment Act or similar Federal, State, or local programs?	Yes or No
c.	Are any full-time students married and entitled to file a joint tax return?	Yes or No
d.	Is the household comprised entirely of a single parent & child(ren) none of whom are dependents of another individual?	Yes or No
e.	Has any full-time student received foster care assistance within the last 5 years?	Yes or No

2. Are there any temporarily absent family members in your household? Yes or No
   (i.e. spouses employed out of state, estranged spouses, etc…)
   If yes, please explain: _____
   _____

   If you are divorced or separated, please provide the date effective:_____
   If divorced within last 3 years, please provide <u>full</u> copy of divorce decree.

3. Will this be your only place of residence? Yes or No

4. Do you expect any changes in the household in the next 12 months? Yes or No
   If yes, please describe change_____
   When will this change occur?_____
   (If adding a new member, this person should be listed as a household member on page 1 of this application)

5. Are any household members, under the age of 18, claiming emancipation (yourself included)? Yes or No
   If yes, please provide documentation to validate emancipation.

6. Will you or anyone in your household require a live-in care attendant? Yes or No

7. Do you have full custody of your children? Yes or No
   No Children
   If No, please explain:_____
   _____

8. **RECERTIFICATION ONLY:** Are there any changes to your income or assets from your last certification?
   Yes or No or NA
   If yes, please list changes: _____

DEMOGRAPHICS (OPTIONAL) ****Please provide this information on the last page of this application**		
Race (Mark corresponding box(es) and indicate number in household)		
❑ White _____	❑ Native Hawaiian _____	❑ Other multiple race combinations _____
❑ Black/African American _____	❑ American Indian/Alaskan Native _____	❑ Asian/Pacific Islander _____
Ethnicity (Mark box(es) and indicate number in household) ☐ Hispanic or Latino _____ ☐ Not Hispanic or Latino _____		
☐ I do not wish to disclose Race or Ethnicity _____		

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CURRENT EMPLOYMENT INFORMATION (Head of Household):		
Company Name:_____		Title:_____
Address:_____		Date of Hire:_____
City/State/Zip:_____		Monthly Gross Wage: $_____
Phone:_____	Fax:_____	Supervisor:_____
ADDITIONAL EMPLOYER INFORMATION:		
Company Name:_____		Title:_____
Address:_____		Date of Hire:_____
City/State/Zip:_____		Monthly Gross Wage: $_____
Phone:_____	Fax:_____	Supervisor:_____
PREVIOUS EMPLOYMENT INFORMATION: (If above employment is less than 6 months)		
Company Name:_____		Title:_____
Address:_____		Date Left: _____
City/State/Zip:_____		Monthly Gross Wage: $_____
Phone:_____	Fax:_____	Supervisor:_____

Do you receive tips? Yes or No
If yes, amount per week$_____

Do you expect to earn substantial overtime? Yes or No
If yes, amount per week: $_____

CURRENT EMPLOYMENT INFORMATION (Spouse/Other Household Member Over 18):		
Company Name:_____		Title:_____
Address:_____		Date of Hire:_____
City/State/Zip:_____		Monthly Gross Wage: $_____
Phone:_____	Fax:_____	Supervisor:_____
ADDITIONAL EMPLOYER INFORMATION:		
Company Name:_____		Title:_____
Address:_____		Date of Hire:_____
City/State/Zip:_____		Monthly Gross Wage: $_____
Phone:_____	Fax:_____	Supervisor:_____

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PREVIOUS EMPLOYMENT INFORMATION: (If above employment is less than 6 months)		
Company Name:_____		Title:_____
Address:_____		Date Left: _____
City/State/Zip:_____		Monthly Gross Wage: $_____
Phone:_____	Fax:_____	Supervisor:_____

Do you receive tips? Yes or No
If yes, amount per week$_____

Do you expect to earn substantial overtime? Yes or No
If yes, amount per week: $_____

OTHER INCOME INFORMATION:		
*Identify each source of income currently received **or anticipated** to be received in the next 12 months for all adults in household.*	Circle Yes or No for each item listed	Monthly Gross Income & Household Member (Enter N/A if none)
1. Self-Employment	Yes or No	$_____
2. Not Employed	Yes or No	_____
3. Unemployment Compensation	Yes or No	$_____
4. Disability/Worker's Compensation/Severance Pay	Yes or No	$_____
5. Social Security/SSI Benefits	Yes or No	$_____
6. VA Benefits	Yes or No	$_____
7. Pension/Annuity	Yes or No	$_____
8. Other retirement benefits such as 401k or IRA (including cash out)	Yes or No	$_____
9. Military Pay	Yes or No	$_____
10. Public Assistance (AFDC/TANF/W-2) *Not Food Stamps	Yes or No	$_____
11. Child Support/Alimony/Family Maintenance	Yes or No	$_____
12. Recurring Gift/Contribution (Monetary or not)	Yes or No	$_____
13. Rental Income *Not Housing Assistance	Yes or No	$_____
14. Lottery Winnings Paid Periodically	Yes or No	$_____
15. Adoption Assistance	Yes or No	$_____
16. Trust Income	Yes or No	$_____
17. Educational Financial Assistance	Yes or No	$_____
18. Other Income (i.e. inheritance, insurance policies)	Yes or No	$_____
19. Zero Income (No income from any source)	Yes or No	_____

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ASSET INFORMATION: ***List all assets for every household member, including minors.***				
Type of Asset:	Circle One	Name of Financial Institution (s) & Household Member	Interest Rate	Amount
1. Checking	Yes or No	_____ _____	_____ _____	$_____ $_____
2. Savings	Yes or No	_____ _____ _____	_____ _____ _____	$_____ $_____ $_____
3. Cash on Hand	Yes or No			$_____ $_____
4. Stocks/Mutual Funds	Yes or No	_____ _____	_____ _____	$_____ $_____
5. CD/Money Markets	Yes or No	_____ _____	_____ _____	$_____ $_____
6. Treasury Bill	Yes or No	_____ _____	_____ _____	$_____ $_____
7. Bonds	Yes or No	_____ _____	_____ _____	$_____ $_____
8. Pension/Annuity	Yes or No	_____ _____	_____ _____	$_____ $_____
9. Whole Life & Universal Life Insurance *Not Term	Yes or No	_____ _____	_____ _____	$_____ $_____
10. Crypto Currency	Yes or No	_____ _____	_____ _____	$_____ $_____
11. Land Contract/ Deed of Trust	Yes or No	_____ _____	_____ _____	$_____ $_____
12. Real Estate	Yes or No	_____ _____	_____ _____	$_____ $_____
13. Safety Deposit Box	Yes or No	_____ _____	_____ _____	$_____ $_____
14. Personal Property Held as an Investment	Yes or No	_____ _____	_____ _____	$_____ $_____

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15. Trusts	Yes or No	_____ _____	_____ _____	$_____ $_____
16. Lottery Winnings (Lump Sum)	Yes or No	_____ _____	_____ _____	$_____ $_____
17. Lump Sum Receipts	Yes or No	_____ _____	_____ _____	$_____ $_____
18. Any other asset not listed above Asset:	Yes or No	_____ _____	_____ _____	$_____ $_____
	Yes or No	_____ _____	_____ _____	$_____ $_____
	Yes or No	_____	_____	$ _____

Circle One

1. Do all combined assets of the entire household total **less than $50,000**? Yes or No

2. In the past two (2) years, have you sold or given away any type of asset for more than $1,000 less than Fair Market Value? Yes or No

   If yes, please complete the following:

   Asset Disposed: _____
   Date Disposed: _____
   Amount Disposed: _____
   Fair Market Value as of Date Disposed: _____

   Was the disposal of this asset due to:
   Bankruptcy Yes No
   Foreclosure Yes No
   Marital Separation Yes No
   Divorce Yes No

   Asset Disposed: _____
   Date Disposed: _____
   Amount Disposed: _____
   Fair Market Value as of Date Disposed: _____

   Was the disposal of this asset due to:
   Bankruptcy Yes No
   Foreclosure Yes No
   Marital Separation Yes No
   Divorce Yes No

3. Have you given any gifts of money totaling more than $1,000 in the past two (2) years? Yes or No

   Gifted To: _____
   Date Gifted: _____
   Amount Gifted: _____

   Gifted To: _____
   Date Gifted: _____
   Amount Gifted: _____

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RESIDENTIAL HISTORY: ***Please provide 3 years of housing history***	
Current Address:_____	_____Own _____Rent _____Other_____
City/State/Zip:_____	Date Moved In:_____
Landlord Name/Mortgage Company:_____	Rent/Mortgage:_____
Phone:_____ Reason for leaving:_____	
Previous Address:_____	_____Own _____Rent _____Other_____
City/State/Zip:_____	Date Moved In:_____
Landlord Name/Mortgage Company:_____	Rent/Mortgage:_____
Phone:_____ Reason for leaving:_____	
Previous Address:_____	_____Own _____Rent _____Other_____
City/State/Zip:_____	Date Moved In:_____
Landlord Name/Mortgage Company:_____	Rent/Mortgage:_____
Phone:_____ Reason for leaving:_____	

OTHER INFORMATION:

Have you ever filed for bankruptcy?	Yes	or No	
Have you ever evicted for any reason?	Yes	or No	
Have you ever been convicted of a felony?	Yes	or No	
Do you have any pets?	Yes	or No	If yes, type:
Do you have any special housing needs?	Yes	or No	If yes, explain:

Vehicles: Automobiles, boats, motorcycles, trailers, etc. you would keep on the property:		
Vehicle Make & Model: _____	Year: _____	License Plate #: _____
Vehicle Make & Model: _____	Year: _____	License Plate #: _____
Vehicle Make & Model: _____	Year: _____	License Plate #: _____
HOH Driver's License #:_____ Other Driver's License #:_____	State:_____ State:_____	Expires:_____ Expires:_____

Rental Assistance:		
Will anyone in your household be receiving, or anticipate receiving any form of rental assistance? Yes or No	If Yes, where will the rental assistance be coming from?:_____	If Yes, is the assistance a voucher or a certificate?_____ Assistance Amount: $_____

Contact Information:		
HOH Current Email Address:_____ Other Person Email Address: _____	Cell Phone: _____ Cell Phone: _____	Alternate Phone:_____ Alternate Phone: _____

Emergency Contact Information:		
Name:_____	Relation:_____	Phone:_____
Name: _____	Relation:_____	Phone:_____

All questions answered YES will be verified through the appropriate third-party source. It is your responsibility to provide management with all necessary information in a timely manner to properly process your application and verify your eligibility.

CERTIFICATION BY APPLICANTS:

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statement or misrepresentation to any Department or Agency of the US as to any matter within its jurisdiction.

I/We certify that I understand and have answered all the questions on this application. I/We certify that all answers are true and correct to the best of my/our knowledge and any misrepresentation of information will be reported to the Internal Revenue Service (IRS) and may lead to denial of my/our application and possible eviction. I/We also understand I/We will be required to recertify for the Section 42 program each year (or when otherwise necessary) and agree to provide to management any necessary documentation needed for this process in a timely manner.

I/We understand I/We must report any changes to household composition and student status to management PRIOR to such change.

_____Initials

_____Initials

ALL APPLICANTS OVER 18 YEARS OF AGE MUST SIGN BELOW

_____	_____	_____
Applicant Printed Name	Applicant Signature	Date
_____	_____	_____
Applicant Printed Name	Applicant Signature	Date

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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I/We, the undersigned, hereby authorize and direct any federal, state or local agency, organization, business, school or individual to release without liability, information regarding employment, income, assets and/or student status to The Franklin Apartments. I/We understand and agree this information will be used to verify my application for tax credit eligibility at The Franklin Apartments, and/or to maintain my conditioned residence at The Franklin Apartments, which operates under Section 42 of the Internal Revenue Code.

INFORMATION COVERED

I/We understand previous or current information regarding me or any members of my household (including dependent children) may be needed. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant. Verifications and inquires that may be requested include, **but are not limited to**:

- ✓ Identity of Family Composition
- ✓ Employment (Past and current)
- ✓ Character/Behavior Background
- ✓ Residences & rental activity
- ✓ Income
- ✓ Student Status
- ✓ Credit & Criminal Background
- ✓ Assets

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information includes **but is not limited to**:

- ✓ Previous/current landlords (including Public Housing Agencies)
- ✓ Law Enforcement
- ✓ Social Security Administration
- ✓ Banks/Financial Institutions
- ✓ Court and Post Offices
- ✓ Past/Present Employers
- ✓ Retirement Systems
- ✓ Credit Providers/Credit Bureaus
- ✓ Support and Alimony Providers
- ✓ Schools and Colleges
- ✓ State Unemployment/Welfare Agencies
- ✓ Veterans Administrations
- ✓ Military/Government Agencies

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with The FranklinApartments and will stay in effect for a year and one month from the date signed.

SIGNATURES FOR ALL APPLICANTS OVER 18 YEARS OF AGE

Signature	Print Name	Social Security Number	Date
Signature	Print Name	Social Security Number	Date
Signature	Print Name	Social Security Number	Date
Signature	Print Name	Social Security Number	Date

Idaho Housing and Finance Association

CERTIFICATION OF STUDENT STATUS
TAX CREDIT

Head of Household Name: _____ **Unit Number:** _____

Students include individuals attending a public or private elementary school, middle or junior high school, senior high school, college, university, technical, trade, or mechanical school. Students do not include individuals participating in on-the-job training or correspondence courses.

PLEASE CHOOSE THE ONE OPTION BELOW THAT BEST DESCRIBES YOUR HOUSEHOLD

☐ There are **no** full-time or part-time students in this household.

☐ There is **at least one household member who has not been and will not be a student** for five months (can be nonconsecutive) or more of the current and/or upcoming calendar year.

Name of non-student: _____

☐ **All household members are students**, but at least one member is not a student more than **part-time**.

Name of part-time student: _____

Provide verification of part-time status.

☐ **All household members have been or will be full-time students** at least five months (can be nonconsecutive) of the current/upcoming calendar year.

If this option is selected, ALL five of the following questions must be answered.

1. Are all adult students married and entitled to file a joint tax return? ☐ Yes ☐ No
   Provide marriage certificate or joint tax return.
2. Are all adult students single parents with minor children? ☐ Yes ☐ No
   Adult students cannot be dependents of someone else and the minor children can only be claimed by a parent. Provide tax return.
3. Is any student receiving Temporary Assistance to Needy Families (TANF)? ☐ Yes ☐ No
   Provide TANF award letter or third-party verification.
4. Is any student a former recipient of foster care assistance? ☐ Yes ☐ No
   Provide foster care paperwork from welfare agency.
5. Does any student get assistance from Job Training Partnership Act or similar program? ☐ Yes ☐ No
   A similar program must receive federal, state, or local government funding and have a mission similar to Job Training Partnership.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in the household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in termination of the lease agreement.

This form must be signed by every household member aged 18 or older.

Signature	Date	Signature	Date
Signature	Date	Signature	Date

Clear Form

Revised September 2025

Idaho Housing and Finance Association

HOUSEHOLD ASSET SELF-CERTIFICATION
TO BE COMPLETED BY HOUSEHOLD

Applicant/Resident Name: _____ Unit Number: _____

This form is for all households. Complete only ONE form per household; include assets of children, except foster children. Exclude assets held by foster adults or live-in aides. Do not leave blank spaces. Use N/A if information is not applicable.

HOUSEHOLD ASSET DECLARATION

1. ☐ I/We do not have any assets at this time. *If selected, skip to 4.*
2. ☐ I/We have the following assets. *If selected, complete all remaining sections of the form.*

NON-NECESSARY PERSONAL PROPERTY (NNP)

ASSET TYPE *USE CURRENT BALANCE ON ALL ACCOUNTS*	CASH VALUE	INTEREST % *IF APPLICABLE*	ANNUAL INCOME	ASSET TYPE *USE CURRENT BALANCE ON ALL ACCOUNTS*	CASH VALUE	INTEREST % *IF APPLICABLE*	ANNUAL INCOME
Cash on Hand		N/A		Annuities			
Checking Accounts				Money Market			
Savings Accounts				Whole Life Insurance			
Debit Cards *not linked to an account above*				Cryptocurrency *Bitcoin, etc.*			
Internet-based Assets *Cash App, Venmo, PayPal, etc.*				Brokerage Accounts *not held in a retirement account*			
Stocks/Bonds				Certificate of Deposit			
Trust Accounts *If under household control*				Lump Sum Received *lottery winnings, inheritance, etc.*			
**Be sure to include the value of any asset type held in a safety deposit box or kept in other means of storage.*				Non-account assets such as: RVs, ATVs, campers, boats, antique cars, stamp collections, jewelry held as investment, etc.			
Other				Description			
Other				Description			

A. Total Cash Value of NNP: _____ B. Total Income from NNP: _____

If the above total cash value of NNP (A) is at or below the current asset limitation, it is not added in total net assets (F). However, total income from NNP (B) is added to total asset income, (G).

REAL PROPERTY (RP)

Home, Rental Property or other Capital Investment

DESCRIPTION OF PROPERTY	CASH VALUE	INCOME

C. Total Cash Value of RP: _____ D. Total Income from RP: _____

FEDERAL TAX RETURN OR REFUNDABLE TAX CREDIT

3. Has the household received a federal tax return or refundable federal tax credit in the last 12 months? ☐ YES ☐ NO

If yes, enter amount of refund/credit in field E. If no, enter $0

E. Tax Return: _____

TOTAL NET ASSETS AND INCOME

F. Total Net Assets: _____ G. Total Asset Income: _____

Total Cash Value of RP (C) + Total Cash Value of NNP (A) (If (A) exceeds asset limitation) – Tax Return (E))

Total Income from NNP (B) + Total Income from RP (D)

CURRENT HUD HOUSEHOLD ASSET THRESHOLD
$ 52,787.00
HUD Annual Inflationary Adjustments

Clear Form

Revised November 2025

Idaho Housing and Finance Association

HOUSEHOLD ASSET SELF-CERTIFICATION

TO BE COMPLETED BY HOUSEHOLD

Any asset that is disposed of in the last two years and for less than its fair market value (FMV) must be declared by the household. Disposed assets include cash or property gifts/donations as well as property sold for less than its full value.

DISPOSED ASSET DECLARATION

4. ☐ Within the past two years, I/We have NOT sold or given away assets for below fair market value. *If selected, skip to signatures.*
5. ☐ I/We have sold or given away the following assets for below fair market value in the last two years. *If selected, complete table below.*

ASSET TYPE	DATE OF DISPOSAL	FAIR MARKET VALUE	AMOUNT RECEIVED	DIFFERENCE

HOUSEHOLD CERTIFICATION & SIGNATURES

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Printed Name	*Signature*	*Date*
Printed Name	*Signature*	*Date*
Printed Name	*Signature*	*Date*
Printed Name	*Signature*	*Date*

Revised November 2025