



Housing Alliance and Community Partnerships

711 N 6TH Ave, Pocatello, ID • Phone 208-233-6276 • Fax 208-233-9821

MCKINLEY MANOR / MAPLE WEST APPLICATION

MCKINLEY MANOR ☐

MAPLE WEST ☐

APPLICANT #1

\$30 APPLICATION FEE PER ADULT

Full Name:		SSN:	
Date of Birth:	Phone Number:	Work Number:	
Email Address:			
Present Address:			
City:	State:	Zip:	
Present Landlord & Phone #:		Current Payment:	Term:
Previous Address(es) in the past 2 years (please include city, state, zip):			
Previous Landlord(s) in the past 2 years (please include phone numbers):			

APPLICANT #2

Full Name:		SSN:	
Date of Birth:	Phone Number:	Work Number:	
Email Address:			
Present Address:			
City:	State:	Zip:	
Present Landlord & Phone #:		Current Payment:	Term:
Previous Address(es) in the past 2 years (please include city, state, zip):			
Previous Landlord(s) in the past 2 years (please include phone numbers):			

Name and ages of Children and other Occupants of the rental:

Housing Alliance and Community Partnerships (HACP) does not discriminate based on race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs.

HACP is an Equal Opportunity Employer.

If you need to request a Reasonable Accommodation, contact HACP at 208-233-6276 or TTY: 711 or 800-377-3529



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Have you ever been charged with a crime involving theft drugs, destruction of property, violent behavior, weapons, domestic violence, or sex?: _____

Have you ever been evicted?: ☐ Yes ☐ No If Yes, Reason: _____

Do you smoke?: ☐ Yes ☐ No

Vehicles:

Year:	Make:	Model:	Color:	License Plate #:	State:
Year:	Make:	Model:	Color:	License Plate #:	State:

EMPLOYMENT: (VERIFICATION IS NEED)

Applicant #1:

Present Occupation: _____ Gross Mo. Income: \$ _____

Present Employer: _____ Address: _____ Zip: _____

Phone: _____ Supervisor: _____ How Long?: _____

Previous Employer: _____ Address: _____ Zip: _____

Phone: _____ Supervisor: _____ How Long?: _____

Applicant #2:

Present Occupation: _____ Gross Mo. Income: \$ _____

Present Employer: _____ Address: _____ Zip: _____

Phone: _____ Supervisor: _____ How Long?: _____

Previous Employer: _____ Address: _____ Zip: _____

Phone: _____ Supervisor: _____ How Long?: _____

HUD Income Limits 2025 Pocatello Area

Income Limits	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
80%	\$51,920	\$59,280	\$66,720	\$74,160	\$80,080	\$86,000
50%	\$32,450	\$37,050	\$41,700	\$46,350	\$50,050	\$53,750
30%	\$19,470	\$22,230	\$25,020	\$27,810	\$30,030	\$32,250

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PERSONS TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

PERSONAL REFERENCES: (PLEASE LIST FOUR (4)– OTHER THAN RELATIVES)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

REASON FOR LEAVING CURRENT RESIDENCE:

EXPECTED MOVE IN DATE: _____

APPLICATION MUST BE COMPLETED IN FULL AND ALL ADULTS LIVING IN THE UNIT MUST APPLY.

INCOMPLETE APPLICATIONS WILL BE DENIED.

APPLICATION FEE IS NON-REFUNDABLE.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Housing Alliance and Community Partnerships (HACP) to investigate my character, general reputation, credit and financial history, and statements made within this application, and to inquire of the persons and references named therein. I agree to hold all persons harmless for giving any and all truthful information within their knowledge or records for the purpose of approving this application. I hereby grant this property owner and Management Company the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release any information they may have about me and release them from any liability and responsibility in doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

I understand that, in compliance with the FAIR CREDIT REPORTING ACT, the processing of this application includes, but is not limited to, making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I understand that there is a non-refundable fee to cover the cost of processing my application, and I am not entitled to a refund regardless of approval. Any deposits or monies paid in addition to the application fee will be deposited by HACP and held in consideration for the dwelling being taken off the market. If I decide not to rent the dwelling, I understand that any deposits or monies paid to HACP will be forfeited.

Printed Name: _____	SSN: _____
Signature: _____	Date: _____

Printed Name: _____	SSN: _____
Signature: _____	Date: _____

Printed Name: _____	SSN: _____
Signature: _____	Date: _____

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