

## Ada County Application for Rent and Utility Assistance

### General Information:

- Residents of Ada County may apply for assistance with rent and utilities from Ada County.
- Ada County will consider such applications only when no other alternative is available to the applicant.
- An interview is required, and documents may be requested to determine eligibility.
- All household members may need to submit an application and/or submit documents to determine eligibility.

### Ada County:

- Will not provide more than one month's assistance in any 12-month period this includes assistance received in another county in Idaho.
- Will not pay your first month's rent, last month's rent or security deposit.
- Will not provide continuing or long-term assistance.
- Will not make payments to relatives or other household members.
- Will not pay for reconnection fees, late fees, or interest charges.
- Will not pay for sewage fees, garbage collection fees, irrigation fees, Cable TV, Satellite TV or any other goods or service that may not be necessary to maintaining a home.

### Things to consider before applying:

- Ada County will investigate all household members income and if unemployed, all household members ability to work.
- Ada County will ask for monthly reimbursement for any funds paid on your behalf.
- If federal, state, or other programs for assistance are available to meet the needs of a household, an eligible applicant must apply for those programs and participate with such programs to determine eligibility before the county will provide assistance.
- Applicants and all adult household members who are currently unemployed must prove they are actively seeking employment; Or produce a physician's statement that the applicant and/or other adult household members are unable to work.
- If you have voluntarily quit your job or have been fired within the last 30 days, you are not eligible for assistance.
- If you withhold or give false information on an application or during the interview for the purpose of obtaining assistance to which you are not otherwise entitled, you shall be guilty of a misdemeanor.

### How do I apply?

- You must complete and sign an application for assistance on an approved application form. **PLEASE COMPLETE FORM IN BLACK OR BLUE INK ONLY.** Applications will not be taken over the phone. Once you have completed your application, an interview is required. Interviews are conducted at Ada County Indigent Services at the address listed below. **No appointment is necessary.**
- A completed application for assistance can also be mailed, emailed, or faxed to our office. Once the application is received, an Eligibility Clerk will reach out to schedule an interview.
- Please bring your completed application with you to the interview. An interview will not be conducted unless you have the completed application with you at the time of the interview.

**Interview Location:**     **Ada County Indigent Services**  
**252 E. Front St, Suite 199**  
**Boise, ID 83702**  
**Phone: (208)287-7960**  
**Fax: (208)287-7969**  
**Email: [indigentsvcs@adacounty.id.gov](mailto:indigentsvcs@adacounty.id.gov)**

**Interview Times:**     **Monday – Friday from 8:30 a.m. to 4:30 p.m.**

**\*\*Parking is available in the parking garage on Avenue A with a cost of \$1.00 per hour and the first hour is free. We do not validate for parking.**

**Please bring these items with you to your scheduled interview:**

1. Proof of identity, such as your driver's license or photo identification card.
2. Social Security card and/or immigration card.
3. Copies of your lease or rental agreements for the house, apartment or dwelling where you live. Your name must be listed on the lease.
4. Proof of all household income from all sources for the last two (2) months for you, your spouse, and any other adult member of your household, including but not limited to:
  - Wage Stubs or Employer Earning Statement
  - Veterans Benefits
  - Child Support
  - Proof of Social Security Benefits
  - Unemployment Benefits
  - Alimony
  - Any Retirement or Pension amounts
  - Any other income information not listed
5. The last two (2) months of bank statements including checking, savings and investment accounts for you, your spouse, and any other adult member of your household.
6. If self-employed, the year-to-date bookkeeping records including revenue and expense records and 1099's.
7. Proof of filed applications or any other documents showing eligibility from any other resource for rent and/or utility assistance.
8. Proof of all monthly household expenses (including balances and any past due amounts owed) for you, your spouse, and any adult member of your household, including but not limited to:
  - Current Monthly Rent
  - Space Rent (Excluding RV park space rent)
  - Child Support
  - Childcare
  - Auto Insurance
  - Medical Insurance
  - Renters Insurance
  - All Utility Bills
  - Auto Payment
  - Medical Expenses
  - Alimony
  - Any additional monthly expenses not listed above

Date Received by Indigent Services

**ADA COUNTY GENERAL ASSISTANCE APPLICATION**

**APPLICANT'S NAME** (please print): \_\_\_\_\_

Do you need an Interpreter? Language: \_\_\_\_\_

**Please complete this application with blue or black ink.**

**TYPE OF ASSISTANCE REQUESTED**

LANDLORD or UTILITY TO BE PAID	TYPE OF SERVICE	DATES OF SERVICE	AMOUNT REQUESTED
Name: Street: City: State Telephone:			
Name: Street: City: State Telephone:			
Name: Street: City: State Telephone:			
Name: Street: City: State Telephone:			

### APPLICANT INFORMATION

First Name		Middle Name		Last Name		Date of Birth	Social Security Number
Current Address (Street, City, State, Zip Code) Mailing Address (if different)				How long at this address?	Marital Status	Maiden Name/Aliases	
Landlord Name: Phone:							
Phone – Home	Work	Cell	Message	Currently Employed? Yes      No	Native American Tribe?		
If you are not currently employed, do you have a written Physician's statement that you are not able to work?				____ Yes	____ No		
Have you or your spouse served in the military? <b>APPLICANT</b> ____ YES ____ NO <b>SPOUSE:</b> ____ YES ____ NO							
Applicant: <u>Dates of Service</u> <u>Discharge Date</u> <u>Branch</u> Spouse:							
What level of education have you completed?							
Have you ever applied for any assistance from any county in Idaho? _YES__NO If yes, provide county name:					If so, when?	Approved? ____ YES ____ NO	
U.S. Citizen ____ YES ____ NO      Alien ID #      Sponsor Name:							
Are you renting from a family member? ____ YES ____ NO If so, provide:      Name:      Relationship to you:							
Have you or any member of your household ever been sanctioned by or disqualified from an assistance program? ____ YES ____ NO      If so, please list: <u>Name of Program/Agency</u> <u>Date of penalty</u> <u>Reason for Penalty</u>							
List all agencies with whom you have applied for assistance for your current request:  <u>Name of Agency</u> <u>Date you applied</u> <u>Status of your application</u>							
List all property (real and personal) you have sold or given away in the last three months: <u>Description</u> <u>Date Disposed</u> <u>Value of Property</u> <u>Sold To</u>							
If you or any member of your household have any pending legal actions that might result in a monetary award to you or them, such as a lawsuit, insurance claim, accident claim, victim's compensation claim, divorce, inheritance, etc., please provide details, including case or reference number, date filed & status:							

**RESIDENCE**

List the addresses of where you have lived for the past three years:

Address			Dates of Residence	Landlord
1) Address			From:	Name:
City:	State	County:	To:	Phone:
2) Address			From:	Name:
City:	State	County:	To:	Phone:
3) Address			From:	Name:
City:	State	County:	To:	Phone:

**HOUSEHOLD MEMBERS**

Provide the names and information regarding all people who live at your residence:

NAME	DOB	AGE	RELATIONSHIP TO YOU	SS#	EMPLOYED?		HOURLY WAGE	HOURS PER WEEK
					Y/N	FT/PT		
							\$	
							\$	
							\$	
							\$	
							\$	

### **APPLICANT'S EMPLOYMENT HISTORY**

Provide the following information beginning with your current or most recent job:

Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed:		Reason for leaving:			
Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed:		Reason for leaving:			
Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed:		Reason for leaving:			
Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed:		Reason for leaving:			

### **SPOUSE'S EMPLOYMENT HISTORY**

Name & Address of Spouse's Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work performed:		Reason for leaving:			
Name & Address of Spouse's Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed:		Reason for leaving:			



## FINANCIAL INFORMATION

Answer all questions that pertain to you and any member of your household. If your name appears on any document listed below, you must answer the question with a YES.

FINANCIAL ASSETS	YES	NO	ACCOUNT NAME/BANK TITLE & ADDRESS		AMOUNT/VALUE
Checking Account					\$
Savings Account					\$
Line of Credit					\$
Credit Card					\$
Certificates of Deposit					\$
Life Insurance Policies					\$
Stocks, Bonds, Trusts Mutual Funds, Annuities, IRA					\$
Burial Plot(s)					\$
Retirement Pension					\$
Cash on Hand					\$
Other					\$
<b>Real and/or Personal Property</b>			<b>Description/Location of Property</b>	<b>Current Value</b>	<b>Amt. Owed</b>
Home					\$
Land					\$
Recreational –Boats, Snowmobiles, etc.					\$
Mobile Home					\$
Rental Property					\$
Vehicle					\$
Vehicle					\$
Vehicle					\$
Trailer/Camper					\$
Equipment/Machinery					\$
Livestock					\$
Other					\$

# INCOME

EARNINGS	SOURCE		MONTHLY AMOUNT	
Gross Wages			\$	
Self-Employment Income			\$	
Severance Pay			\$	
Other: _____			\$	
UNEARNED INCOME	APPLIED FOR		RECEIVING	
	Yes	No	You	Household Member
Social Security			\$	\$
SSI			\$	\$
Child Support/Alimony			\$	\$
Rental Income			\$	\$
Divorce property settlement			\$	\$
Unemployment Benefit			\$	\$
Worker's Compensation			\$	\$
Veteran's Benefits			\$	\$
Retirement/Pension			\$	\$
Tribal Assistance			\$	\$
Educational Loans/Grants			\$	\$
Interest/Dividends			\$	\$
Inheritance			\$	\$
Lawsuit Settlement			\$	\$
Church Assistance			\$	\$
Food Stamps			\$	\$
Subsidized Housing/Utility			\$	\$
Energy Assistance			\$	\$
Income Tax Refunds			\$	\$
Subsidized Child Care			\$	\$
Sale of personal belongings			\$	\$
Sale of property (real/personal)			\$	\$
Other: _____			\$	\$



**LIVING EXPENSES**

<b>HOUSING/UTILITIES</b>	<b>PAID TO:</b>	<b>MONTHLY AMOUNT</b>	<b>ALLOWABLE (County Use Only)</b>
Rent/Mortgage			
Space Rent (Excluding RV parks)			
Homeowner's Insurance			
Property Taxes			
Electricity			
Gas			
Water			
Garbage			
Sewer/Trash			
Phone			
<b>EDUCATION/JOB RELATED</b>			
Child Care			
Car/Truck Payment			
Auto Insurance			
Fuel/Auto Maintenance			
Bus Pass			
<b>MEDICAL/HEALTH CARE</b>			
Doctors			
Hospital			
Prescriptions			
Dental/Vision			
Health Insurance Premiums			
Other _____			
<b>HOUSEHOLD</b>			
Groceries			
Non-food			
Court Ordered Costs			

Court Ordered Child Support			
Credit Cards (For medical bills only)			
Clothing			
Laundry			

Name of Applicant: (print) \_\_\_\_\_

Name of Spouse: (print) \_\_\_\_\_

#### RELEASE OF INFORMATION NON-MEDICAL COUNTY ASSISTANCE

In order to cooperate fully with the investigation and determination of my application for county non-medical assistance, I hereby authorize representatives from the Ada County Indigent Services to discuss my application with and to secure information, data, copies and records from my relatives, bankers, credit unions, physicians, hospitals, creditors and any other persons or organizations including, but not limited to the State Department of Health and Welfare, Social Security Administration, all branches of the United States Military, Tribal Records, law enforcement agencies, courts, Idaho Department of Labor, or employers having any information concerning me or my circumstances that said county representative feels is pertinent to the investigation of my application.

I hereby authorize Ada County Indigent Services to release to and exchange pertinent information regarding this application, the contents thereof and action taken thereon with all parties of interest, including, but not limited to those listed herein. I acknowledge that my application for assistance waives any and all confidentiality granted by state or federal law to the extent necessary to carry out the intent of Idaho Code Title 31 Chapter 34 regarding my application. I hereby authorize a copy of this agreement to be used when necessary and give it full force as the original.

I understand that I may revoke this consent at any time by submitting to the Ada County Indigent Services a written document signed by me and notarized except to the extent that action has been taken in reliance on it, and that unless consent is sooner revoked, this release is valid as long as it is pertinent to this application. I also understand that if I revoke this consent, to the extent it prevents or substantially interferes with the completion of the investigation of my application, it may result in my application being denied. **I understand that by accepting assistance from the county, I agree to repay the county for all or any portion of expenses paid on my behalf as determined by the Board of County Commissioners.**

By my signature I apply for county assistance and I hereby certify under penalty of perjury that the information contained in my application for county assistance is true and correct to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

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

#### NOTARY

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_ personally appeared

before me and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is(are) subscribed to this instrument and acknowledged to me that he/she (they) executed the same.

S E A L

\_\_\_\_\_  
Notary Public for Idaho  
Residing at: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_