

Garfield County Housing Authority

Waiting Lists

Please select only waiting lists that apply to your family and needs. See back of sheet for more information.

#1 Waiting list for general GCHA Rental Assistance program:

General Section 8 Housing Choice Voucher Wait List

*Open to any income qualified family.

#2 Waiting list for Silt Senior Housing, Silt:

Silt Senior Housing Project-based Voucher Wait List

*Open to any income qualified family with head of household or spouse age 62 or older or age 55 and disabled. Family must choose to live in the Silt Senior Housing development, 701 Home Avenue, Silt, CO for at least one-year.

#3 Waiting list for Valley Senior Housing, Parachute:

Valley Senior Housing

*Open to any income qualified family with head of household or spouse age 62 or older or disabled. Family must choose to live at Valley Senior Housing in Parachute, CO.

*A supplemental application is also required.

Garfield County Housing Authority

Waiting Lists

Please note that the Garfield County Housing Authority also has applications for Section 8 Rental Assistance in Pitkin and Eagle counties. Please ask for these applications if interested.

Garfield County Housing Authority maintains separate waiting lists for Section 8 rental assistance. If you meet the criteria for both, you may select to be placed on both lists (please check both boxes). All but the first waiting list require you to live at a specific property.

An applicant who chooses not to accept the voucher will be removed from the particular waiting list, but will maintain their place on any other waiting list, if applicable.

It is your responsibility to make sure we have received your application. If another organization is mailing or faxing your application, ***you are responsible for making sure GCHA receives it.*** Upon receipt of your application, GCHA will send you a confirmation letter. If you **do not** receive a confirmation letter within **10 days** after applying, please contact our office. ***We are not responsible for application that we do not receive.***

A CBI (Colorado Bureau of Investigation) form must be filled out by each person in the applicant household over 18 years of age.

If you have any questions, please contact our office at 970-625-3589. We will be happy to assist you.

**RENTAL ASSISTANCE APPLICATION
GARFIELD COUNTY HOUSING AUTHORITY
2128 RAILROAD AVENUE
RIFLE, CO 81650
(970) 625-3589 or (888) 627-3589 Fax: (970) 625-0859**

(APPLICANTS LAST NAME) (FIRST NAME) (MIDDLE) (MAIDEN/OTHER)

(Street Address) (City) (State) (Zip)

(Mailing Address, if different than above) (Telephone or Message Number)

Have you ever received any type of HUD rental assistance before? If so, where and when?

HOUSEHOLD MEMBERS

(Including yourself)

Name:		Relation			Date of	Social	U.S.	Place of
Last	First	To Head	Sex	Age	Birth	Security#	Citizen	Birth
		Self						

Is Head of Household or spouse over age 62? Yes ___ No ___ or a person with disabilities? Yes ___ No ___.

LIST ALL HOUSEHOLD INCOME FOR EVERYONE LISTED ABOVE

Include income from Employment, Social Security, SSI, OAP, AND, TANF, Alimony, Child Support, VA Benefits, Worker's Comp, Unemployment Compensation, Pensions and Annuities, Retirement Income, Armed Forces Allotment, payments or regular gifts/contributions to the Household from any other source.

Household Member Name	Source of Income (List employer's name & Address, if applies)	How Often Paid	Average GROSS Amount of each payment
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(OVER)

LIST ANY SELF-EMPLOYMENT INCOME INCLUDING CHILD CARE, CLEANING, ETC.

HOUSEHOLD ASSETS

List cash, bank accounts, certificates of deposit, bonds (face value), stocks, dividends, treasury bills, mobile homes, real estate, etc. **DO NOT** include household goods, furniture or personal property.

ASSET	IN WHO'S NAME?	CURRENT VALUE	BANK/ ACCT #

Please provide address of real estate or mobile home:

CURRENT HOUSING INFORMATION

Are you planning to remain at your current address? _____ Landlord's Name _____
Do you pay rent now? _____ Monthly amount _____ Average utilities amount? _____
Do you need to move from your current address? _____ If so, have you found a new rental? _____
If yes, indicate name and address of new landlord. _____
Are you living in Garfield County? _____ If so, since when? _____
Do you now or have you ever owed money to any Housing Authority, Rental Assistance Program, Indian Housing Program, Lift-Up Homeless Program or landlord while receiving rental assistance? If so please explain:

OTHER IMPORTANT INFORMATION

Within the last two years, has any adult member of the household been arrested for **ANY** criminal activity including but not limited to:
Drug or alcohol use or distribution Yes No
Domestic Violence Yes No
Has any adult member of the household ever been arrested for the use, sale or production of Methamphetamine? Yes No
Is any adult member of the household a lifetime registered sex offender? Yes No
If yes to any question, please explain:

YOUR ORIGIN HAS NO BEARING ON YOUR ELIGIBILITY. Please circle one:

Race: White Black/African American Asian American Indian Native Hawaiian/Pacific Islander Multiracial

Ethnicity: Hispanic/Latino Non-Hispanic

Name, address and phone of nearest relative not living with you:

All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap or national origin in compliance with the Fair Housing Act. The information in this form is to be used by the Garfield County Housing Authority to determine eligibility, unit size and amount of tenant payment. It will not be disclosed outside the Housing Authority except as required or permitted by law. **IMPORTANT:** By signing this application you are certifying that you are aware that Federal Law provides for a fine of imprisonment for any person who fraudulently receives assistance to which he/she is not entitled. I understand that the Housing Authority may require documentation of any information provided in this application or in the future. I hereby authorize release of information requested from or by the Housing Authority. I am aware that it is my responsibility to notify the Authority of any change in information included in this application. I certify that all answers given herein are true, correct and complete to the best of my knowledge.

APPLICANTS SIGNATURE _____

CO-APPLICANT'S

SIGNATURE _____ **DATE** _____

OFFICE USE ONLY: DATE: _____ TIME: _____ INITIALS: _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

GARFIELD COUNTY HOUSING AUTHORITY

2128 Railroad Avenue, Rifle, CO 81650

(970) 625-3589 or (888) 627-3589

Fax (970) 625-0859

Authorization for Release of Information

I give authorization to the Garfield County Housing Authority to contact all agencies, employers, banks, doctors, law enforcement agencies, organizations, sources, offices or groups including but not limited to: Department of Human Resources, Adult and Family Services and State Employment Divisions, to obtain any information or materials which are deemed necessary to determine my eligibility or continued participation in the Section 8 Rental Assistance Program.

I give authorization to all the above agencies contacted by the Garfield County Housing Authority, to cooperate fully and divulge all information requested.

This authorization expires fifteen months after the date signed below.

Signatures:

Print Name

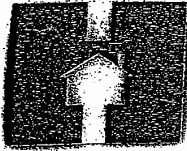
Signature

Date

Social Security Number

Address

Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.



GARFIELD COUNTY HOUSING AUTHORITY
 2128 Railroad Avenue Rifle, CO 81650
 Phone (970) 625-3589 or (970) 945-0779 Fax (970) 625-0859



The Garfield County Housing Authority requires all applicants and household members over the age of 18 to fill out and sign a Public Request for Arrest Information form. This will be used to determine if they have engaged in criminal activity, including domestic violence or drug related offences.

PUBLIC REQUEST FOR ARREST INFORMATION

Colorado Bureau of Investigation
 690 Kipling Street
 Denver, CO 80215

* First Name	
Middle Name/Initial	
*Last Name	
*Date of Birth	
Social Security Number	
Gender	
Race	

*** Required Field**

I understand by signing this document I am giving the Garfield County Housing Authority the authorization to request arrest information from the Colorado Bureau of Investigation.

I understand that the Garfield County Housing Authority may need to contact other agencies regarding the contents of this report.

I also understand that certain arrest information may prohibit me from receiving rental assistance from the Garfield County Housing Authority.

 Signature

 Date

GARFIELD COUNTY HOUSING AUTHORITY
2128 RAILROAD AVENUE
RIFLE, CO 81650
(970) 625-3589 or 888-627-3589
Fax 970-625-0859

What is a CBI Report?

Why Do I need to agree to have one done?

As an applicant for Section 8 Rental Assistance, you must sign an authorization giving us permission to perform a criminal back-ground check on all adults in your household.

HUD requires the Housing Authority to review applicant back grounds and determine if any adult in the household has participated in the following activities:

- DRUG RELATED CRIMINAL ACTIVITY THAT WOULD ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELL BEING OF OTHER TENANTS OR CAUSE DAMAGE TO PROPERTY.
- CRIMES OF PHYSICAL VIOLENCE AGAINST PERSONS OR PROPERTY.

If you are concerned about something in your back ground, talk to your Section 8 Coordinator. Many items in your history may not be relevant.

All results are confidential and not passed along to any other agency.