

**VALLEY SENIOR HOUSING  
500 N. PARACHUTE AVE. #100  
PARACHUTE, CO 81635**

**APPLICATION FOR HOUSING**

\*\*\*\*Please return this application to: Garfield County Housing Authority, 2128 Railroad Ave., Rifle, CO 81650\*\*\*\*

**APPLICANTS NAME:** \_\_\_\_\_  
Last First Middle Initial

**CO-APPLICANTS NAME:** \_\_\_\_\_  
Last First Middle Initial

**ADDRESS:** \_\_\_\_\_  
Street Address City State Zip

**PHONE NUMBER:** \_\_\_\_\_

**PRESENT LANDLORDS NAME:** \_\_\_\_\_

**PRESENT LANDLORDS PHONE NUMBER:** \_\_\_\_\_

**APPLICANT**

**CO-APPLICANT**

<b>SS#:</b> _____	_____
<b>AGE:</b> _____	_____
<b>DATE OF BIRTH:</b> _____	_____
<b>BIRTH PLACE:</b> _____	_____
<b>HANDICAPPED/ DISABLED</b> _____	_____
<b>DRIVERS LIC #:</b> _____	_____
<b>DESCRIBE &amp; NAME ANY PETS</b> _____	_____

**DO YOU OR ANY MEMBER OF THE HOUSEHOLD HAVE A NEED FOR THE FEATURES OF AN ACCESSIBLE APARTMENT? \_\_\_\_ YES \_\_\_\_ NO**

**Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Separated \_\_\_\_**

**Auto license plate number \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_**

**Second vehicle license number \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_**

**IN CASE OF EMERGENCY NOTIFY:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**Personal reference (Not a relative or employer)**

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Name	Address	Phone #
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Have you ever been evicted, breached or violated your contract while leasing any type rental housing? \_\_\_\_\_  
If yes, explain:

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Have you ever received rental subsidy before? \_\_\_\_\_ If yes, where and when?

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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 <input type="checkbox"/> No <input type="checkbox"/>
Domestic Violence	Yes <input type="checkbox"/> No <input type="checkbox"/>

Has any adult member of the household ever been arrested for the use, sale or production of Methamphetamine?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Is any adult member of the household a lifetime registered sex offender?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes to any question, please explain: \_\_\_\_\_

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List all current employers of household members.

NAME	FULL ADDRESS & ZIP	PHONE

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**ASSETS**

APPLICANT	CO-APPLICANT	AMOUNT, INSTITUTION, ACCOUNT NUMBERS
( )	( )	CASH _____
( )	( )	CHECKING ACCOUNTS _____
( )	( )	SAVINGS ACCOUNTS _____
( )	( )	CERTIFICATES OF DEPOSIT _____
( )	( )	STOCKS, BONDS, TREASURY BILLS _____
( )	( )	IRA'S _____

OTHER (EXCLUDING HOUSEHOLD GOODS OR PERSONAL PROPERTY): \_\_\_\_\_

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REAL ESTATE:

TYPE: \_\_\_\_\_

VALUE: \_\_\_\_\_

LOAN AMOUNTS: \_\_\_\_\_

INCOME: \_\_\_\_\_

**MONTHLY HOUSEHOLD INCOME**

	APPLICANT	GROSS AMOUNT	CO-APPLICANT	GROSS AMOUNT
SOCIAL SEC	( )	_____	( )	_____
SSI	( )	_____	( )	_____
INTEREST	( )	_____	( )	_____
DIVIDENDS	( )	_____	( )	_____
OAP/AND	( )	_____	( )	_____
VETERANS BENEFITS	( )	_____	( )	_____
PENSIONS/ RETIREMENT	( )	_____	( )	_____
DISABILITY	( )	_____	( )	_____
OTHER	( )	_____	( )	_____

**REGULAR MEDICAL EXPENSES**

APPLICANT	CO-APPLICANT	EXPENSE	AMOUNT	HOW OFTEN
( )	( )	Medical insurance	_____	_____
( )	( )	Prescriptions	_____	_____
( )	( )	Over the counter drugs	_____	_____
( )	( )	Doctor bills	_____	_____
( )	( )	Hospital bills	_____	_____

Any other major medical expenses anticipated during the next twelve months (glasses, hearing aids, etc.)

\_\_\_\_\_

Name and address of nearest relative (not living with you)

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I certify that the rental unit I occupy will be my permanent residence and I will not maintain a separate unit or housing in a different location. I further certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above. I certify that only those persons listed on this application will occupy dwelling, unless prior approval by management is given. Names of all persons authorized by management to occupy dwelling will appear on the most current certification prepared for my household.

I understand that deliberate submission of false information on any application, certification, re-certification or request for interim adjustment constitutes grounds for termination of assistance.

I understand that a criminal background check will be obtained on all adult applicants.

I understand that the completion of this form alone does not insure that my name will be placed on the waiting list. All support documentation must be executed as required in order to determine eligibility for placement on the waiting list.

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APPLICANT

DATE

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APPLICANT

DATE

Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device, a material fact, or makes any false fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

I understand that the managing agent will verify, in writing through a third party, the information provided on the application.

I understand that the household income is subject to verification through the records of the Colorado Department of Labor by Farmers Home Administration.

By signing below, I certify I have read and understand the above statements.

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Tenant/Applicant

Date

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Co-tenant/Applicant

Date

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicant on the basis of visual observation or surname.

Ethnicity:

Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

Race: (Mark one or more)

1. American Indian/Alaska Native \_\_\_\_\_
2. Asian \_\_\_\_\_
3. Black or African American \_\_\_\_\_
4. Native Hawaiian or Other Pacific Islander \_\_\_\_\_
5. White \_\_\_\_\_

Gender:

Male \_\_\_\_\_ Female \_\_\_\_\_

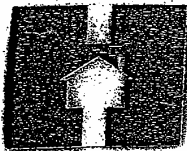
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**OFFICE USE ONLY**

DATE:

TIME:

INITIALS:





**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

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

**\* 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.