

**Montrose County Housing Authority**  
**222 Hap Court**  
**Olathe, Co 81425**

Dear Prospective Resident,

We are so excited that you have chosen to make **Barbara Court** for your future home! We are sure you will be pleased living here and enjoy the many amenities our community has to offer. To make the application process as smooth as possible, refer to the list below of the few things we will need from you.

- Please complete the entire application, for information that does not apply, list **N/A** do not leave any lines blank. To process your application, be sure to provide us with accurate phone numbers requested. This is a preliminary application to get you on the waitlist, you are not guaranteed a unit until your name reaches the top of the waitlist and all verifications have been completed and you are offered a unit.
- Please provide signatures of everyone in the household 18 years and older on application, and release of information, that is attached to application.
- A copy of your State issued ID or Driver's license, birth certificate, social security card, verification of income, six months of bank statements, list of assets, and Permanent resident card for all household members will be needed once your application has reached the top of the waitlist. The Government will be using its wage matching capabilities to compare wage and benefit information provided by you, with information obtained from the State Department of Labor.
- We will notify you by mail when your name reaches the top of the waitlist to come in for an interview. During the interview we will run background check, verify landlord references and income. Once you qualify, at the time of interview we will show you all available units. One half of the deposit will be required to hold your unit. If you cancel after 48 hours your holding deposit becomes non-refundable.
- **"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER, AND EMPLOYER."** Management will not discriminate on the basis of race, color, religion, creed, national origin, sex, disability, familial status, sexual orientation, gender identity, or age (except when age is related to eligibility) in any phase of occupancy process.

I/We agree to have Montrose County Housing verify my/our rental history, my/our employment, my/Our Criminal history, and My/Our Credit history. I/We also agree to the conditions and terms listed above. I/We understand that Owner/Management reserves the right to re-run criminal backgrounds every twelve months to ensure continued compliance with our rental criteria.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



FOR OFFICE USE ONLY

Application # \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Staff: \_\_\_\_\_

Income Category \_\_\_\_\_ Priority \_\_\_\_\_ Type income \_\_\_\_\_ Bdrms \_\_\_\_\_

PLEASE INDICATE YOUR PROGRAM PREFERENCE BELOW:

**Barbara Court ( )**  
1-bedroom units

I certify that, if rented, a unit it will serve as the household's primary residence?

Yes /No \_\_\_\_\_  
Initials

Name of Head of Household: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Current address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_  
Annual Income: \$ \_\_\_\_\_.

**A. FAMILY COMPOSITION** (Include all people who live in your household starting with head of household).

Name of Family Members	Relation to Family Head	Birth Date	Birth Place	Social Security #
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

Total Household members \_\_\_\_\_  
Do you have any house hold members that only live part time in your household? \_\_\_\_\_  
Are there any anticipated changes in household composition over the next 12 months? \_\_\_\_\_ If yes, list anticipated changes here \_\_\_\_\_

**B. DISABLED OR HANDICAPED**

"Individual with handicaps" means any person who has a physical or mental impairment that substantially limits one or more major life activities or has a record of such an impairment."

- Does any member of household request handicap deduction? Yes \_\_\_\_\_ No \_\_\_\_\_
- Name of person requesting deduction \_\_\_\_\_
- Does any member of the family require handrails or a wheelchair? Yes \_\_\_\_\_ No \_\_\_\_\_



4. Will a service/companion animal live in your unit? \_\_\_\_\_ I understand that I must provide documentation for my pet \_\_\_\_\_

A **reasonable accommodation** is a change in rules, policies, practices, or services so that a person with a disability will have an equal opportunity to use and enjoy a dwelling unit or common space.

5. I will be requesting a reasonable accommodation for? (Please attach proper paperwork) \_\_\_\_\_

6. Does anyone in the household qualify under the Victims Against Women Act? (VAWA) \_\_\_\_\_ Please see the attachment and provide proper documentation.

7. Anyone in your household disabled or 60 and older who qualify for any medical deductions? \_\_\_\_\_ if so who? \_\_\_\_\_ How much? \_\_\_\_\_

**C. RECORD OF CRIMINAL CONVICTION**

Have you or anyone in your household ever been convicted for an offense other than a misdemeanor? ( ) No ( ) Yes

If yes, indicate who \_\_\_\_\_

Nature of conviction \_\_\_\_\_

Time Served \_\_\_\_\_ Date Released \_\_\_\_\_

Is anyone a registered sex offender? \_\_\_\_\_

List all states you have resided in? \_\_\_\_\_  
\_\_\_\_\_

**D. AUTOMOBILE IDENTIFICATION**

1. Year/Make/Model \_\_\_\_\_ Lic. Plates# \_\_\_\_\_

2. Year/Make/Model \_\_\_\_\_ Lic. Plates# \_\_\_\_\_

**E. LIST 2 PERSONAL OR EMPLOYER REFERENCES OTHER THAN FAMILY**

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>
1.	_____	_____	_____
2.	_____	_____	_____

**F. LIST THE NAMES, ADDRESSES AND HOME PHONE FOR YOUR 2 NEAREST RELATIVES.**

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE#</u>	<u>RELATIONSHIP</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

**G. ALL ADULT HOUSEHOLD MEMBERS WILL BE REQUIRED TO SIGN AN INCOME VERIFICATION FORM** Fill in the next portion for every member that has worked for the past 12 months or anticipate they will work in the next 12 months. If you need more room, attach another sheet. Please include self-employment.

<u>MEMBER'S NAME</u>	<u>EMPLOYER'S NAME</u>	<u>EMPLOYER ADDRESS</u>	<u>INCOME</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____



\$ \_\_\_\_\_  
TOTAL WAGES RECEIVED \$ \_\_\_\_\_

DO YOU OR ANY MEMBER OF YOUR FAMILY RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES? (Indicate by writing in your monthly amount or -0-)

Unemployment \$ \_\_\_\_\_ PA \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ W.C. \$ \_\_\_\_\_  
Veteran's Benefits \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Retirement Pension \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_ Annuity Payments \$ \_\_\_\_\_ Other \_\_\_\_\_

Even if you are not receiving it, ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO RECEIVE, OR EXPECT TO RECEIVE, any of the following types of income assistance?

Public Assistance ( ) Yes ( ) No    Child Support ( ) Yes ( ) No    Section 8 ( ) YES ( ) NO  
Alimony ( ) Yes ( ) No    Social Security ( ) Yes No ( )

I am entitled to \_\_\_\_\_ payments and am currently making efforts to collect support owed to us. Describe efforts and attached court order for verification. \_\_\_\_\_

Periodic payments from trust, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings, if yes please list \_\_\_\_\_

Please list any income any adjustments to income for which you may qualify? (medical, child care, ect.) \_\_\_\_\_

**H. PLEASE LIST ANY ASSETS YOU HAVE**

Savings: Bank & Account # \_\_\_\_\_ \$ \_\_\_\_\_  
Checking: Bank & Account # \_\_\_\_\_ \$ \_\_\_\_\_  
Stocks & Bonds: Bank & Account # \_\_\_\_\_ \$ \_\_\_\_\_  
Insurance, policy cash value \_\_\_\_\_ \$ \_\_\_\_\_  
Credit Union Shares \_\_\_\_\_ \$ \_\_\_\_\_  
Savings Cert. Or bonds \_\_\_\_\_ \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

I have no assets-----Initials \_\_\_\_\_  
Yes, I have assets but are under \$5000 combined-----Initials \_\_\_\_\_  
Yes, I have assets and combined they are over \$5000-----Initials \_\_\_\_\_  
TOTAL ASSETS ----- \$ \_\_\_\_\_

**REAL STATE:**

Do you now or have you in the past two years owned Real Estate?  
( ) Yes ( ) No If yes, please explain \_\_\_\_\_  
Have you disposed of any other assets in the past two years?  
( ) Yes ( ) No If yes, please explain \_\_\_\_\_  
Do you currently have real estate in your name? \_\_\_\_\_

**I. RENTAL HISTORY**

Have you ever been evicted from any previous housing or been asked to move by the landlord? ( ) No ( ) Yes If yes, please explain \_\_\_\_\_

Do you presently owe any previous housing charges or rent? ( ) No ( ) Yes



If yes, please explain \_\_\_\_\_  
Amount owing \$ \_\_\_\_\_

Have you ever lived in a subsidized unit?  
( ) No ( ) Yes When? \_\_\_\_\_ Where? \_\_\_\_\_  
How long have you lived in the area? \_\_\_\_\_

**J. LANDLORD REFERENCES:**

List ALL the addresses where you have lived for the past five years, and the Name, Address, and Telephone # of the Landlord. Also, include the approximate date you rented from each landlord. If you need more space, use another sheet.

Your present or most recent address: \_\_\_\_\_

Landlord's name \_\_\_\_\_  
Address \_\_\_\_\_  
Landlord's phone # \_\_\_\_\_ Rented from \_\_\_\_\_ to \_\_\_\_\_  
Monthly rent \$ \_\_\_\_\_ Are you being evicted? \_\_\_\_\_

-----  
Your previous address: \_\_\_\_\_

Landlord's name \_\_\_\_\_  
Address: \_\_\_\_\_  
Landlord's phone # \_\_\_\_\_ Rented from \_\_\_\_\_ to \_\_\_\_\_  
Monthly rent \$ \_\_\_\_\_ Did you leave in good terms? \_\_\_\_\_

**K. PLEASE ANSWER THE FOLLOWING BY PLACING AN X IN THE YES OR NO' COLUMN**

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Has anyone in your household turned 18 during the past year?   | ( )        | ( )       |
| 2. Does anyone in your household, age 18 or older attend school full time   | ( )        | ( )       |
| 3. If you answered yes to (2) above, does the student receive or expect to receive a Pell Grant, Tuition Waiver, or any other form of Tuition/Fees Books Reimbursement or Assistance? | ( )        | ( )       |
| 4. Does anyone live with you who is not listed in the household information section of page 2? -----  | ( )        | ( )       |
| 5. Do you plan to have anyone living with you in the future who is not listed in the household information section on page 2? -----   | ( )        | ( )       |
| 6. Is any member of your household employed full-time, part-time, seasonally employed or self-employed? -----   | ( )        | ( )       |
| 7. Does any member of your household EXPECT TO WORK for any period during the next twelve months? -----   | ( )        | ( )       |
| 8. Does any member of your household work for someone who pays them in Cash?-----   | ( )        | ( )       |



9. Is any member of your household on a leave of absence from work due to layoff, medical leave, maternity leave or military leave?----- ( ) ( )
10. Does any member of your household now receive or EXPECT TO RECEIVE Any other type of income?----- ( ) ( )

THE INFORMATION IN THIS APPLICATION IS FULL, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I understand that if I have not given full, true and complete information to the best of my knowledge, my application for housing assistance may be denied.

I have no objection to inquiries being made by the Montrose County Housing Authority for the purpose of verifying the statements contained in this application.

I also understand that if I do not cooperate in helping verify my eligibility when the time comes, my application may be denied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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 and the Department of Housing and Urban Development that the Federal laws prohibiting discrimination against tenant applications 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/national origin and sex of individual applicants on the basis of visual observation or surname.”

Ethnicity

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

Race: (Mark one or more)

American Indian/Alaskan native \_\_\_\_\_ Asian \_\_\_\_\_

Black or African American \_\_\_\_\_ White \_\_\_\_\_

Native Hawaiiin or Other Pacific Islander \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadline vary by program or incident.



Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

*“This institution is an equal opportunity provider and employer.”*

***You can mail or drop off completed application to: 222  
Hap Court, Olathe, Co 81425  
or fax to 9703236179  
or email to [Property@montroseha.com](mailto:Property@montroseha.com)***

