

OLATHE MEADOWS SENIOR HOUSING APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

MONTROSE COUNTY HOUSING AUTHORITY
222 HAP COURT
OLATHE, CO 81425

PHONE (970)323-5445
FAX (970)323-6179

Name

Mailing Address

Residence Address

City, State, Zip

City, State, Zip

Do you need an interpreter? No _____ Yes _____

Part 1: Head of Household

Please complete this part for the Head of Household. "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."

Social Security Number _____
Date of Birth _____
Sex Female Male

Race White
(Check One Box) Black/African American
 Asian/Pacific Islander

Are you Disabled Yes No
Home Telephone _____
Other Telephone _____
Other Telephone Type Work Other Specify:

American Indian/
Alaska Native
 Hispanic
(Check One Box) Not Hispanic
Racial and ethnic data for
statistical purposes only.

Are any adult household members students of higher education? Yes _____ No _____
Would you benefit from the features of an accessible unit? Yes _____ No _____

Part 2: Household Information

Use "F" or "M" to indicate sex. If a household member is disabled insert "Y", if not disabled, insert "N." List relationship of each person to the Head of Household.

Last Name	First Name	Social Security #	Date Of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Part 3: Please List A Contact Person

Name _____ Phone Number _____ Relationship _____

Part 4: Mandatory Colorado Bureau of Investigation Reports

No Family member may engage in substance abuse related criminal activity, or violent criminal activity. Screening will be comprised of routine inquiries of any family member 18 years old or older through the Colorado Bureau of Investigation, Real Page Inc., NSOS and any other information provided to the Housing Authority.

Have you or any member of your family ever been arrested for drug related or violent criminal activity? Yes _____ No _____ Who? _____

Where? _____

Date of Arrest? _____

Are you or anyone in your household subject to a lifetime sex offender registration requirement in any state? _____

Please list **ALL** states you have resided in? _____

Part 5: Rental History

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

Do you presently owe any previous housing charges or rent? _____

List all the addresses where you have lived for the past three 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 current address or most recent address: _____

Landlords name: _____

Address _____

Landlord's phone # _____ Rented from _____ to _____

Monthly rent \$ _____

Your prior address: _____

Landlords name: _____

Address _____

Landlord's phone # _____ Rented from _____ to _____

Monthly rent \$ _____

*How did you hear about Olathe Meadows? _____

Part 6: Family Income and Assets

List total gross income (before taxes) and payments received by each family member from wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source.

<u>First Name</u>	<u>Gross Income</u>	<u>How Often</u>	<u>If Income is from Wages</u> <u>List Address of Employer</u>
_____	_____	_____	_____
_____	_____	_____	_____

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Income from asset
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

Have you disposed of any assets for less than fair market value during the past two years? Yes _____ No _____ If yes please list. _____

Part 7: Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Check each box that applies to your current status.

Housing Need Preference

I have been involuntarily displaced. This means that you have vacated, or will vacate your present home (within six months) as a result of a disaster, such as a fire, flood, government activity, or by action of the owner due to reasons beyond your ability to control or prevent. Explain: _____

I am homeless. This means that you are living in housing which does not provide safe or adequate shelter. Explain: _____

Notice: *For each project assisted under a contract for project-based assistance, of the dwelling units that become available for occupancy in any fiscal year that are assisted under the contract, not less than 40 percent shall be available for leasing only by families that are extremely low income families at the time of admission.*

Part 8: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes. I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I furnish false or incomplete information. I accept full responsibility for keeping MCHA informed of my current address, and I understand that my application will be removed from all waiting lists if I fail to do so. I understand that the MCHA will contact me by mail and if I do not respond in the required time frame, or my mail is returned to the MCHA, I will be removed from all waiting lists. GJHA is not responsible for mail that is not delivered or is delayed by the Post Office. I certify that all answers and information given by me are true, correct, and accurate to the best of my knowledge.

Signature of Applicant _____

Date _____

