

For Office Use Only:
BR Size: 2 or 3
Rent: 40% or 50%
Date App Received:

PROPERTY NAME: Arapahoe Green

Head of Household Information

Last Name	First Name	Phone #	Other #
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Address	City	State	Zip
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Race of Head of Household: (Please Circle) White Black Am. Indian Other	Ethnicity: (Please Circle) Hispanic Non Hispanic
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Spouse/Co-Head Information

Last Name	First Name	Phone #	Other #
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Address	City	State	Zip
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Household Members Information

List Everyone Who Lives In Your Household (Include Yourself as Head of Household)

Name	Sex	Relationship to Yourself	Social Security #	Birthdate	Race/ Ethni city	Do You Have an Income ?	
						Yes	No
		Head of Household (Myself)				Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

***Please Note:**

This information is requested by the owner to assure the Federal Government, acting through federal, state, and local agencies that Federal Laws prohibiting discrimination against resident applicants on the basis of race, national origin, and sex, 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. If you choose not to furnish it, the owner is required to note the race/origin and sex of individual applicants on the basis of visual observation or surname.

***Notice:**

The information you provide on this application will be treated as confidential. It includes both information necessary for determining your housing eligibility and information required for statistical purposes.

Please answer each question by filling in the blank spaces provided. Answer each question as completely as possible. Rocky Mountain HDC/Arapahoe Green will verify all information you provide. An incomplete application may prevent this agency from processing your paperwork for housing at **Arapahoe Green.**

Household Income

(List All Sources of Income)

1. Does anyone in your household have Work Income? (Please Circle) YES NO

Employer	Average # of Hours Worked Per Week	Who Receives It?	How Often Paid?	Do you work overtime on a regular basis?		Average # Overtime Hours worked per week	# of weeks worked per year? (52 weeks a Year)
				Y	N		
				Y	N		
				Y	N		
				Y	N		

Does anyone in your household have Self-Employment? (Please Circle) YES NO

Business	Address	Who Receives It?	How Often Paid	Gross Monthly Income

Other Household Income

2. Does anyone in your household have Non-Work Income? (Please Circle) YES NO

✓ If YES please Check below.	Who Receives It?	How Often Paid?	Gross Monthly Amount
Supplemental Security Income/Social Security Disability			
Colorado Works/TANF			
Old Age Pension (OAP)			
Aid to Needy Disabled (AND)/ Aid to the Blind (AB)			
Alimony			
Child Support			
Money from Others, such as friends or Relatives			
Veteran's benefits			
Unemployment Compensation			
Workers Compensation/Disability or Sick Benefits			
Pension or Retirement Income			
Any OTHER Income, Explain:			

ASSETS:

3. List Any Assets you have (Checking Acct, Savings Acct, CD's, Etc)

Type of Asset	Balance	Interest Rate (If Any) %	Name of Financial Institution

Current Landlord Information for Head of Household

Current Address:	Name Management Company/Name of Property & Contact Name:	Landlord Phone #:	Other #:
Address	City, State	Zip	How Long at This Address?
Date Move In:	Date Moved Out:	Do You Own Pets?	Amount of Current Rent
		YES NO	\$

Previous Landlord Information for Head of Household

Current Address:	Name Management Company/Name of Property & Contact Name:	Phone #:	Other #:
Address	City, State	Zip	How Long at This Address?
Date Move In:	Date Moved Out:	Do You Own Pets?	Amount of Current Rent
		YES NO	\$

Current Landlord Information for Spouse/Co-Applicant

IF INFORMATION IS THE SAME AS HEAD OF HOUSEHOLD, MARK "SAME AS HOH"

Current Address:	Name Management Company/Name of Property & Contact Name:	Phone #:	Other #:
Address	City, State	Zip	How Long at This Address?
Date Move In:	Date Moved Out:	Do You Own Pets?	Amount of Current Rent
		YES NO	\$

Previous Landlord Information for Spouse/Co-Applicant

Current Address:	Name Management Company/Name of Property & Contact Name:	Phone #:	Other #:
Address	City, State	Zip	How Long at This Address?
Date Move In:	Date Moved Out:	Do You Own Pets?	Amount of Current Rent
		YES NO	\$

QUESTIONNAIRE: Please circle YES or NO	Applicant		Spouse/Co-Applicant	
	Yes	No	Yes	No
1. Are you Employed?	Yes	No	Yes	No
2. Are you a full-time student?	Yes	No	Yes	No
3. Do you own a business?	Yes	No	Yes	No
4. Do you own real estate?	Yes	No	Yes	No
5. Do you have a checking account?	Yes	No	Yes	No
6. Do you have a savings account?	Yes	No	Yes	No
7. Do you own stocks and/or bonds?	Yes	No	Yes	No
8. Do you receive interest income?	Yes	No	Yes	No
9. Do you earn commissions, tips, or bonuses?	Yes	No	Yes	No
10. Do you receive income from a trust fund?	Yes	No	Yes	No
11. Have you disposed of any assets in the last 2 years?	Yes	No	Yes	No
12. Are you pregnant?	Yes	No	Yes	No
13. Are you disabled, handicapped, or elderly?	Yes	No	Yes	No
14. If yes to question #12, will you have an attendant?	Yes	No	Yes	No
15. Are you a United States Citizen?	Yes	No	Yes	No
16. Are you a Registered Alien?	Yes	No	Yes	No
17. Are you a Refugee?	Yes	No	Yes	No
18. Are you I-94 with Work Authorization?	Yes	No	Yes	No
19. Do you own a vehicle(s)?	Yes	No	Yes	No

If you answered yes to question # 19 please complete the following vehicle information.

Make of Vehicle	Model	Color	Year	Car License Plate #

EMERGENCY INFORMATION

Who should we contact in case of an emergency?

Name	Address	City, State	Zip
Phone #	Other Phone #	Relationship	

AUTHORIZATION OF RELEASE OF INFORMATION

Applicant(s) authorize owners or agents of Arapahoe Green permission to verify all information noted above to comply with program or lease requirements. General information may be shared between professional staff on a need-to-know basis, at the discretion of the Management Agent. Information which involves criminal acts, including use of physical force, offenses against other persons, child abuse or neglect, etc, will be reported to authorities as required by law.

CERTIFICATION

I/We am/are applying for housing and state that all information provided herein is true, accurate, and complete. Application included pages 1 through 5 and one page NWIS Application. The information obtained will be used for Management purposes only and will be held in confidence.

The above information is to the best of my knowledge true and correct. If any part of the information is found to be false, owner or agents may deny my application for housing at Arapahoe Green.

Resident Signature

Date

Resident Signature

Date

FOR OFFICE USE ONLY

Applicant Income	Income Limit	Utility Allowance	Tenant Rent	Subsidy Amt.	Gross Rent	Income Calculation:
\$	\$	\$	\$	\$	\$	
	For # of people _____					