

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

PROPERTY NAME: Foothills Green

Head of Household Information

| | | | |
|-----------|------------|---------|---------|
| Last Name | First Name | Phone # | Other # |
|-----------|------------|---------|---------|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

| | |
|---|--|
| Race of Head of Household: (Please Circle) White Black Am. Indian Other | Ethnicity: (Please Circle) Hispanic Non Hispanic |
|---|--|

Spouse/Co-Head Information

| | | | |
|-----------|------------|---------|---------|
| Last Name | First Name | Phone # | Other # |
|-----------|------------|---------|---------|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

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/Foothills Green will verify all information you provide. An incomplete application may prevent this agency from processing your paperwork for housing at **Foothills 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

| <input checked="" type="checkbox"/> 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 Foothills 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 Foothills 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 | | | | | |
| | _____ | | | | | |