

Office Use Only:
 Br Size: 2 or 3
 Rent: 30% or 50% or 60%
 HC Unit: Yes No
 Date Application Received: _____

ROCKY MOUNTAIN HDC, INC. APPLICATION

PROPERTY NAME: Arapahoe Green

Name of Head of Household: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip code: _____

Size of unit I am interested in: (We have 2 or 3 bedrooms) _____ I need a handicapped accessible unit: Yes No

***Race of Head of Household:** White Black Am Indian Other Ethnicity: Hispanic Non Hispanic

Name of Spouse or Co-applicant: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip code: _____

(If the same as HOH, write in SAME)

LIST EVERYONE WHO LIVES IN YOUR HOUSEHOLD (Include yourself as Head of Household)

Last Name, First Name	Relationship (Spouse, Child, etc.)	Social Security #	Birthdate	Sex M/F	* Race/ Ethnicity
1.	Head of Household				Noted above
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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

LIST ALL SOURCES OF GROSS MONTHLY INCOME

I. EMPLOYMENT

Name of Employer for HOH: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip code: _____

Employed from: _____ to _____

Salary: 1- **Hourly wage:** \$ _____

2- Number of hours you work per week _____

3- Number of weeks you work per year: _____

4- Do you work overtime on an ongoing basis? Yes _____ or No _____ If yes, # of hours you work per week _____

OR 5- Monthly salary \$ _____ 6- **Biweekly salary** \$ _____ 7- **Semi-monthly:** _____

Name of Employer for Spouse/Co-applicant: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip code: _____

Employed from: _____ to _____

Salary: 1- **Hourly wage:** \$ _____

2- Number of hours you work per week _____

3- Number of weeks you work per year: _____

4- Do you work overtime on an ongoing basis? Yes _____ or No _____ If yes, # of hours you work per week _____

OR 5- Monthly salary \$ _____ 6- **Biweekly salary** \$ _____ 7- **Semi-monthly** _____

II. LIST OTHER SOURCES OF MONTHLY GROSS INCOME

Social Security	\$	Child Support	\$
Social Security	\$	Alimony	\$
SSI	\$	O.A.P.	\$
SSI	\$	Pension	\$
A.N.D.	\$	Unemployment	\$
T.A.N.F.	\$	Other	\$

III. ASSETS

List any types of assets you have (checking, savings, CD's, etc.)

Type of asset: _____ Balance: \$ _____ Interest rate (if any) _____
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Type of asset: _____ Balance: \$ _____ Interest rate (if any) _____

IV. LANDLORD INFORMATION FOR HEAD OF HOUSEHOLD

Current address: _____ City: _____ State: _____ Zip code: _____
Name of current landlord: _____
LL Address: _____ City: _____ State: _____ Zip: _____
Phone number: _____ Monthly rent amount: \$ _____
How long at this address: _____ Date you moved in: _____ Date you moved out: _____
Do you own pets? Yes or No

If you have lived at this address less than two years complete landlord information for previous residency.

Previous address: _____ City: _____ State: _____ Zip code: _____
Name of previous landlord: _____
LL Address: _____ City: _____ State: _____ Zip: _____
Phone number: _____ Monthly rent amount: \$ _____
How long at this address: _____ Date you moved in: _____ Date you moved out: _____
Did you own pets? Yes or No

V. LANDLORD INFORMATION FOR CO-APPLICANT (If the same as HOH , mark the SAME as HOH)

Current address: _____ City: _____ State: _____ Zip code: _____
Name of current landlord: _____
LL Address: _____ City: _____ State: _____ Zip: _____
Phone number: _____ Monthly rent amount: \$ _____
How long at this address: _____ Date you moved in: _____ Date you moved out: _____
Do you own pets? Yes or No

If you have lived at this address less than two years complete landlord information for previous residency.

Previous address: _____ City: _____ State: _____ Zip code: _____
Name of previous landlord: _____
LL Address: _____ City: _____ State: _____ Zip: _____
Phone number: _____ Monthly rent amount: \$ _____
How long at this address: _____ Date you moved in: _____ Date you moved out: _____
Did you own pets? Yes or No

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR HEAD OF HOUSEHOLD & CO-APPLICANT/SPOUSE

Answer yes or no.

	Applicant	Co-applicant
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, and bonuses?	___ Yes ___ No	___ Yes ___ No
10. Do you receive income from trust funds?	___ Yes ___ No	___ Yes ___ No
11. Have you disposed of assets in the last 2 years?	___ Yes ___ No	___ Yes ___ No
12. Are you pregnant?	___ Yes ___ No	___ Yes ___ No
13. Are you a United States Citizen?	___ Yes ___ No	___ Yes ___ No
14. Are you a Registered Alien?	___ Yes ___ No	___ Yes ___ No
15. Are you a Refugee?	___ Yes ___ No	___ Yes ___ No
16. Are you I-94 with Work Authorization?	___ Yes ___ No	___ Yes ___ No
17. Are you disabled, handicapped or elderly?	___ Yes ___ No	___ Yes ___ No
18. If yes to # 17, will you have an attendant?	___ Yes ___ No	___ Yes ___ No
19. Do you own a vehicle (s)?	___ Yes ___ No	___ Yes ___ No

Make of vehicle: _____ Year _____ Car License #: _____

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IN CASE OF AN EMERGENCY WHO SHOULD WE CALL:

Name: _____ Relationship: _____ Phone: _____

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AUTHORIZATION OF RELEASE OF INFORMATION

Applicant (s) authorizes 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 and 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 a one page NWIS application. The information obtained will be used for management purposes only and will be held in confidence.

Applicant Date

Co-applicant Date

FOR OFFICE USE ONLY

Name of resident: _____ Move-in date: _____

Rent: _____ Utility allowance: _____ Income limit: _____ for # of people _____

Income calculation:

Verifications received: _____ Date paperwork signed: _____ Bank form signed: _____

Completed by: _____