EQUAL HOUSING OPPORTUNITY

DATE: _____
TIME: _____
STAFF INITIALS: _____
For Agency Use Only

RENTAL ASSISTANCE APPLICATION

The Holyoke Housing Authority prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, sex, marital status, familial status, parental status, religion, or sexual orientation.

This Form must be completed **IN YOUR OWN HANDWRITING.** Please print and read all questions carefully. If a particular question does not apply to you, please write N/A in the space.

FAMILY INFORMATION

Head of Household Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____

List the names of all persons, including you, who will live in the rental unit.

FULL LEGAL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX
1) _____	_____	_____	_____	_____
Place of Birth_____	Social Security Number: _____			
2) _____	_____	_____	_____	_____
Place of Birth_____	Social Security Number: _____			
3) _____	_____	_____	_____	_____
Place of Birth_____	Social Security Number: _____			

Are you or any member of the household a student (either part time or full time)? ____ Yes ____ No

Is the Head of the Household or Spouse: elderly or disabled? (Circle one or both)
If a handicap accessible unit is offered to an applicant not having a disability, the housing authority may require that applicant to move to a non-accessible unit when one is available.

Please list the names and telephone numbers of two friends or relatives that we may contact if we are unable to reach you or in case of an emergency.

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

Credit References:

Name	Address	Phone #
1. _____	_____	_____
2._____	_____	_____

EMPLOYMENT

List all members of your family who are currently employed, either full-time or part-time, include self-employed earnings.

NAME	NAME & ADDRESS OF EMPLOYER	AMOUNT
1) _____	_____	$_____
	_____	
2) _____	_____	$_____
	_____	

OTHER SOURCES OF INCOME

List all members planning on living in the rental unit who are receiving income from other sources. Examples: Social Security, pensions, disability, SSI, unemployment compensation, regular contributions and gifts.

HOUSEHOLD MEMBER	SOURCE OF INCOME	AMOUNT/PERIOD
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you expect any changes in your family income within the next 12 months? Yes ( ) No ( )

ASSETS

Checking Account: Bank: _____ Account #: _____
Address: _____ Balance: _____

Savings Account: Bank: _____ Account #: _____
Address: _____ Balance: _____

Do you currently own any real estate? Yes ( ) No ( ) Appraised Value? $_____

Has any member of your family sold or given away any real estate in the past two years? ____yes ____no

If yes, what is the current market value? $_____

OTHER ASSETS

FAMILY MEMBER	TYPE OF ASSET	VALUE	INCOME RECEIVED
_____	_____	$_____	$_____
_____	_____	$_____	$_____

Has any member of your family sold or given away any assets in the past two years? ____yes ____no

If yes, what? _____ Market value? $_____

MEDICAL EXPENSES

Medicare Premiums $_____ per _____ (month, year)

Insurance Premiums $_____ per _____ (month, year)

Doctor Payments $_____ per _____ (month, year)

Prescriptions $_____ per _____ (month, year)

Other Medical Expenses $_____ per _____ (month, year)

Describe_____

Do you have a pet that will be living in the apartment with you? _____

OUR AGENCY'S POLICY IS TO VERIFY ALL INFORMATION CONTAINED IN THIS APPLICATION. WE ARE ALSO REQUIRED TO COMPLETE A COLORADO BUREAU OF INVESTIGATION (CBI) BACKGROUND REPORT FOR ALL APPLICANTS. BY SIGNING THIS APPLICATION YOU ACKNOWLEDGE THAT A CBI REPORT WILL BE OBTAINED ON YOU AND THAT YOU ARE CERTIFYING THAT THE PRECEDING INFORMATION GIVEN TO THE HOLYOKE HOUSING AUTHORITY IS ACCURATE AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE AND BELIEF. YOU ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

PROGRAM DATA

Have you ever been evicted or violated your lease while participating in a housing assistance program?Yes( ) No( )
If Yes, please explain: _____
_____.

Please tell us how you heard about our housing property? _____

The following information is requested for statistical purposes so that the Department of Housing and Urban Development may determine the degree to which its programs are being used by minority families.
Please indicate which racial group to which you belong:

( ) White ( ) Hispanic ( ) Black ( ) American Indian/Native Alaskan
( ) Asian/Pacific Islander ( ) Other _____

Ethnicity: ( ) Hispanic ( ) Non-Hispanic

I/We certify that the information given to the Holyoke Housing Authority is accurate and complete to the best of my/our knowledge. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

_____ _____
Signature of Head of Household Date

_____ _____
Other Adult Member Date

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000, imprisoned for not more than five years, or both.

UPON RECEIPT OF THIS APPLICATION AT OUR OFFICE, YOU WILL BE NOTIFIED FOR THE APPROPRIATE VERIFICATION REQUIREMENTS. ELIGIBILITY WILL BE DETERMINED WHEN THE REQUIRED VERIFICATIONS ARE RECEIVED AND PROCESSED BY THIS OFFICE. WE WILL CONTACT YOU BY PHONE AS SOON AS POSSIBLE TO NOTIFY YOU OF YOUR ELEGIBILITY AND WHEN AN APPARTMENT IS AVAILABLE.

A TDD service for those individuals with hearing and speech disabilities
The Colorado Relay Service # is 1-800-659-2656
Or the Holyoke Housing Authority has a TTY phone at 970-854-2289

OMB Control # 2502-0581
Exp. (11/30/2015)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Signature of Applicant	**Date**