

www.lovelandhousing.org • 375 W. 37th St., Suite 200 • Loveland, Colorado 80538 • 970-667-3232 • TDD 970-667-3293

Thank you for your interest in Loveland Housing Authority (LHA). We maintain waiting lists for our housing programs according to Federal housing laws. Please be advised that all applicants will be screened equally before final acceptance into any LHA program(s). The screening involves verification of income, criminal background, credit history, previous landlord references and citizenship. Application will not be processed if incomplete or unsigned. Please notify staff if you require assistance completing this form. You must complete the entire application for it to be valid along with submitting Supplement to Application HUD-92006 form.

Head of Household (HOH) Name \_\_\_\_\_

Residential Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from street address) \_\_\_\_\_ Email/Phone Number \_\_\_\_\_

*Please complete for all family members applying for housing including Head of Household (HOH)*

Household Member Names	Relationship	S.S.#	Date of Birth	Sex M/F(Optional)	Disabled Y/N (Optional)
1. HOH -	Self				
2.					
3.					
4.					
5.					
6.					
7.					

8. Will there be any change in the # of persons in your household (due to pregnancy or marriage or for any other reason)? Y or N  
If Yes, what? \_\_\_\_\_

Household member # as indicated above	Race (optional) - racial & ethnic information is for statistical purposes only. Please mark with an "X".						
	White	Black/African American	American Indian/Alaska Native	Asian	Native Hawaiian/Other Pacific Islander	Other	Hispanic
1.							Y or N
2.							Y or N
3.							Y or N
4.							Y or N
5.							Y or N
6.							Y or N
7.							Y or N
8.							Y or N

**GROSS Monthly Income Information:** Always keep your income current (in writing).

HOH Gross monthly wages from employment \$ \_\_\_\_\_ Source \_\_\_\_\_  
 Other Adult Gross monthly wages from employment \$ \_\_\_\_\_ Source \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ Self Employment \$ \_\_\_\_\_  
 TANF \$ \_\_\_\_\_ SSI Disability \$ \_\_\_\_\_ Veteran Benefits \$ \_\_\_\_\_  
 OAP \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_ Value of All Assets? \$ \_\_\_\_\_  
 AND \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_ Type? \_\_\_\_\_

**Applicant Certification:** I certify that the above information on household composition and income is accurate and complete to the best of my knowledge and belief. I understand that providing false statements or information is punishable under federal law and providing false statements or information are grounds for termination of housing assistance and termination of tenancy.

Head of Household (HOH)'s Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b> Unit size per eligibility <input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom  <input type="checkbox"/> Windsor Meadows I _____ <input type="checkbox"/> Windsor Meadows II _____	<input type="checkbox"/> Artspace _____ <input type="checkbox"/> Brookstone _____ <input type="checkbox"/> Edge _____ <input type="checkbox"/> Meadows _____ <input type="checkbox"/> Rockcrest _____ <input type="checkbox"/> Cornerstone _____ <input type="checkbox"/> Edge II _____	<input type="checkbox"/> Orchard Place _____ <input type="checkbox"/> Silver Leaf I _____ <input type="checkbox"/> Silver Leaf II _____ <input type="checkbox"/> Section 8 _____ <input type="checkbox"/> Mirasol I _____ <input type="checkbox"/> Mirasol II _____ <input type="checkbox"/> Mirasol III _____ <input type="checkbox"/> Mirasol Paired Rental Homes _____	<input type="checkbox"/> Lone Tree Village _____ <input type="checkbox"/> Talons Pointe _____ <input type="checkbox"/> Falcon Ridge _____ <input type="checkbox"/> Cleave Street _____ <input type="checkbox"/> Peak View _____ <input type="checkbox"/> The Pines _____  <input type="checkbox"/> Dove Valley _____
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Date received: \_\_\_\_\_ Reviewed by (initial): \_\_\_\_\_  
 Time received: \_\_\_\_\_ Received by:  office  mail  fax  email

PLEASE COMPLETE BACK OF **WHITE** PAGE NEXT

**Accessibility/Reasonable Accommodation**

We have units that are accessible for residents who have impaired mobility, vision, or hearing. As a result of a household member's disability, are you requesting any reasonable accommodations be made (such as wheelchair-accessible unit, etc.)?  Yes  No

Check any of the following if needed:

- Unit modified for vision impaired  Unit modified for hearing impaired  Unit without stairs
- Extra bedroom to accommodate live-in aide or medical equipment  Wheelchair accessible  
(Requires 504 Reasonable Accommodation Approval)

**Application Preferences**

Some waiting lists give selection preferences to households that meet certain conditions. In an effort to serve local residents first, Loveland Housing Authority has a preference to serve applicants that live/work in Loveland which will be verified. Windsor, Milliken and Estes Park have similar preferences for their city.

Check any conditions that apply to the head of household, spouse, or co-head:

- Living in Loveland?  Yes  No
- Working in Loveland:  Yes  No
- Have you been affected by a Federal declared Natural Disaster?  Yes  No
- Living in Windsor?  Yes  No
- Working in Windsor?  Yes  No
- Living in Milliken?  Yes  No
- Working in Milliken?  Yes  No
- Living in Estes Park  Yes  No
- Working in Estes Park  Yes  No
- Do you or a household member consider yourself an artist?  Yes  No
- Are you a S8 Voucher holder?  Yes  No
- Are you a Veteran?  Yes  No

**Current Housing**

Are you currently homeless?  Yes  No (If no, go to Loveland Residence question)

What year did you become homeless? \_\_\_\_\_

Where are you currently sleeping?

- family/friends  shelter  short term housing (motel, campground)  unsheltered (car, park, etc.)

Is your child receiving McKinney-Vento?  Yes  No

Loveland Residence Since: Month \_\_\_\_\_ Year \_\_\_\_\_

Number of bedrooms \_\_\_\_\_

Housing type:  None  Rental  Own  Other - Explain \_\_\_\_\_

What is your monthly costs for rental or mortgage? \_\_\_\_\_

**Other Miscellaneous**

Do you have a pet?  Yes  No

I understand that not all properties are pet friendly; restrictions may apply.

List states where household members have resided:

Other State 1 \_\_\_\_\_ Other State 2 \_\_\_\_\_

What is the primary language in your household?  English  Spanish  Other \_\_\_\_\_

Do you have a High School Diploma or GED?  Yes  No

How did you hear about LHA?

- Family/Friends  Advertising  Social Agency  Other \_\_\_\_\_

All persons will be treated fairly and equally according to the Fair Housing Act and Section 504 of the Rehabilitation Act. LHA does not discriminate based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), and disability. A 504 Coordinator has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's (HUD) regulations implementing Section 504 (24 CFR Part 8, dated June 2, 1988)

# Loveland Housing Authority (LHA)

## Application for Tenant Eligibility

**PLEASE READ AND INITIAL THAT YOU UNDERSTAND EACH STATEMENT BELOW:**

- \_\_\_\_\_ I understand my name will be placed on the waitlist I applied for. All contact will be made via 1st class mail to the address on this application once my name comes to the top of the list. When I am contacted, all information about my household will be verified at screening.
- \_\_\_\_\_ I understand I will need to declare citizenship eligibility or immigration status for all household members at screening.
- \_\_\_\_\_ I understand a criminal background and credit check will be required of ALL adult household members (18 years old and over) at screening.
- \_\_\_\_\_ I understand the LHA has a smoke-free policy which prohibits smoking of any substance within 25 feet of any building. I also understand that Federal law considers marijuana an illegal substance and is not allowed on LHA properties.
- \_\_\_\_\_ **I understand it is my responsibility to inform the LHA of ANY changes of income, address or family composition. All changes must be submitted by completing an LHA Application UPDATE form. Information will not be updated by phone.**
- \_\_\_\_\_ **I understand purging of the waiting lists (clean up) will happen at least yearly utilizing the address on this application. If you do not respond within the timeframe or failure to inform the housing authority may result in your name being removed from the waiting list(s).**
- \_\_\_\_\_ I understand that I may have applied to other properties owned/managed by Loveland Housing Authority that are not listed on this application. I give permission to update, if applicable, address, income and other pertinent info based on what is on this application.
- \_\_\_\_\_ I understand I will be given the option to complete the HUD-92006 Form, Optional Contact Person or Organization, aka Supplement to Application.

Is any member of the household subject to State lifetime sex offender registration in any state? Yes  No

If yes, what member #, what state? \_\_\_\_\_

Is any household member listed age 62 or older as of 1/31/2010 who does not have a S.S. #? Yes  No

If yes, what member #? \_\_\_\_\_

I understand and agree to the above information and my responsibilities as an applicant. I verify all information is true and accurate.

\_\_\_\_\_  
Head of Household (HOH) Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head of Household (HOH) Signature

Attached HUD-92006 Form

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

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

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.