

APPLICATION FOR RESIDENCY

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

FAMILY MEMBER INFORMATION: _____

NAME	DATE OF BIRTH	SOCIAL SECURITY #

MONTHLY INCOME: _____ (HEAD OF HOUSEHOLD)

MONTHLY INCOME: _____ (FAMILY MEMBER)

MONTHLY INCOME: _____ (FAMILY MEMBER)

PLEASE LIST ALL SOURCES OF INCOME FOR ALL FAMILY MEMBERS:

EMPLOYMENT _____ SOCIAL SECURITY _____ DISABILITY _____

STATE AIDE OR OAP _____ PENSION FUNDING _____ PRIVATE RETIREMENT _____

OTHER: _____

PLEASE LIST ALL BANK ACCOUNTS AND ASSETS:

HELP US TO HELP YOU!!!! PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY:

- _____ WHEELCHAIR ACCESSIBILITY
- _____ VISION IMPAIRMENT MODIFICATION
- _____ HEARING IMPAIRMENT MODIFICATION
- _____ LIVE IN AID

Application Certification: I certify that the information to Dove Valley Apartments on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that giving false statements or information is punishable under Federal law. I also understand that giving false statements or information are grounds for immediate termination of housing assistance and termination of any and all rental agreements. I further understand that proof of U.S. citizenship may be required as a condition of residency in the form of government issued picture ID.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

THANK YOU for applying with Dove Valley!!!!
Should you have any further questions or comments
please fill free to contact us at 970-667-3232.

We appreciate all questions and strive to make your experience a great one...

All persons will be treated fairly and equally without regards to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973. Dove Valley does not discriminate on the basis of handicapped status in the admission of access to its facilities or treatment of nor employment in its federally assisted programs or activities. Samuel G. Betters has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of HUD regulations implementing Section 504 (24 CFR Part 8, dated June 2, 1988). 8/06

FOR OFFICE USE
Received by: _____ Date: _____ Time: _____ Received by mail _____

