

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

Please be advised that all applicants will be screened equally before final acceptance into any Loveland Housing Authority (LHA) program. This screening involves criminal/civil background, credit history, previous landlord references and citizenship. A copy of the written screening policy is available upon request from LHA. Application will not be processed if incomplete or unsigned. Please notify staff if you require assistance completing this form.

Head of Household (HOH) Name _____ Social Security Number _____

Present 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	Date of Birth	Sex M/F(Optional)	Household Member Names	Date of Birth	Sex M/F(Optional)
1. HOH -			5.		
2.			6.		
3.			7.		
4.			8. Unborn Child Due Date:		

GROSS Monthly Income Information:

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 \$ _____ Type? _____
 AND \$ _____ Other Income \$ _____ Type? _____

Special Needs: - 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)

Optional: Please circle: 1. White 2. Black 3. American Indian 4. Asian 5. Pacific Islander
 and 1. Hispanic or 2. Non-Hispanic

Is your family currently: Living in Loveland Yes No Working in Loveland Yes No
 Displaced due to federally proclaimed natural disaster Yes No

Are you a U.S. Veteran? Yes No Do you currently have a Section 8 voucher? Yes No

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 _____

<p>FOR OFFICE USE ONLY:</p> <p>Unit size per eligibility</p> <p><input type="checkbox"/> 1 Bedroom</p> <p><input type="checkbox"/> 2 Bedroom</p> <p><input type="checkbox"/> 3 Bedroom</p>	<p><input type="checkbox"/> Cornerstone _____</p> <p><input type="checkbox"/> Edge _____</p> <p><input type="checkbox"/> Orchard Place _____</p> <p><input type="checkbox"/> Silver Leaf I _____</p> <p><input type="checkbox"/> Silver Leaf II _____</p> <p><input type="checkbox"/> Brookstone _____</p> <p><input type="checkbox"/> Meadows _____</p> <p><input type="checkbox"/> Rockcrest _____</p> <p><input type="checkbox"/> Section 8 _____</p>
<p>Date received: _____ Reviewed by (Initial): _____</p> <p>Time received: _____ Received by: <input type="checkbox"/> office <input type="checkbox"/> mail <input type="checkbox"/> fax <input type="checkbox"/> email</p>	

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 Loveland Housing Authority (LHA) waitlist. 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 15 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 a Purge letter may be mailed to the address provided on this application or the most recent update. I must respond to all correspondence from LHA within the time specified or my name will be removed from the wait list(s).**
- _____ I understand I have the right by law to include as part of this application for housing, the name, address, telephone number, and other relevant info of a family member, friend, or social, health, advocacy, or other organization. This contact info is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during my tenancy or to assist in providing any special care or services I may require. I can do this by requesting the **HUD-92006** form **NOW** from Loveland Housing Authority, or I can choose to complete the form once I receive a letter indicating my name has come to the top of the list for a unit. By initialing, I wish to wait to complete the form.

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

Head of Household (HOH) Printed Name

Date

Head of Household (HOH) Signature