MASTER _____ UPDATE _____

LOVELAND Housing Authority

PRE-APPLICATION FOR TENANT ELIGIBILITY

EQUAL HOUSING OPPORTUNITY

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.

Head of Household (HOH) Name First MI Last

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 Received $_____ 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** _____

PLEASE COMPLETE BACK

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 equipment
(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 and Milliken have similar preferences for their city.

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

Living in:			**Working in:**		
☐ Loveland	☐ Yes	☐ No	☐ Loveland	☐ Yes	☐ No
☐ Windsor	☐ Yes	☐ No	☐ Windsor	☐ Yes	☐ No
☐ Milliken	☐ Yes	☐ No	☐ Milliken	☐ Yes	☐ No

Have you been affected by a Federal declared Natural Disaster? ☐ 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

Other Miscellaneous

Do you have a pet? ☐ Yes ☐ No

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

List all states where household members have resided:

Other State 1 _____ Other State 2 _____

How did you hear about LHA?

☐ Family/Friends ☐ Advertising ☐ Social Agency ☐ Other _____

Are you currently homeless? ☐ Yes ☐ No

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 member of the 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 verify all information provided to be true and accurate and I have received a copy of the LHA Affordable Housing Waitlist Application.

Processes form (Signature) _____ Date _____

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).

FOR OFFICE USE ONLY:
(Unit size per eligibility)
☐ Artspace
☐ Brookstone
☐ Edge I
☐ Edge II
☐ Edge III

☐ Meadows
☐ Rockcrest
☐ Cornerstone
☐ _____
☐ _____
☐ _____

Senior Housing:
☐ Mirasol I
☐ Mirasol II
☐ Mirasol III
☐ Mirasol Paired Rental Homes

Subsidized Housing:
☐ Orchard Place
☐ Silver Leaf I
☐ Silver Leaf II

Milliken Housing:
☐ Dove Valley

Windsor Housing Authority:
☐ Windsor Meadows I ☐ Windsor Meadows II ☐ Jacoby Meadows

Bedroom Size:
☐ 0 ☐ 2
☐ 1 ☐ 3

Date received: _____ Reviewed by (initial): _____
Time received: _____ Received by: ☐ office ☐ mail ☐ fax ☐ email