



Date: _____
 Time: _____
 Staff Initials: _____

For Agency Use Only

HCV Full Application

GENERAL INFORMATION - HEAD OF HOUSEHOLD (Please Print):

Head of Household Name: _____ Social Security Number: _____

Mailing Address or Shelter Name: _____ City: _____ State: _____ Zip: _____

Current Contact Telephone Numbers: Home: (____) _____ Cell: (____) _____

E-Mail Address: _____ U.S. Citizen: Yes No

Gender: Male Female Date of Birth: _____ Disabled: Yes No

Ethnicity: Hispanic Non-Hispanic Race: White Black American Indian/Alaska Native Asian/Pacific Islander

Income: Select all that apply and include monthly amounts received before any deductions:

<input type="checkbox"/> SSDI \$ _____	<input type="checkbox"/> Wages \$ _____	<input type="checkbox"/> TANF \$ _____	<input type="checkbox"/> Child Support \$ _____
<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> Day Labor \$ _____	<input type="checkbox"/> OAP \$ _____	<input type="checkbox"/> Income from Assets \$ _____
<input type="checkbox"/> Social Security \$ _____	<input type="checkbox"/> Commission/Tips \$ _____	<input type="checkbox"/> School financial aid \$ _____	<input type="checkbox"/> Alimony/ Maintenance \$ _____
<input type="checkbox"/> VA Benefits \$ _____	<input type="checkbox"/> Unemployment \$ _____	<input type="checkbox"/> Family/Friends \$ _____	<input type="checkbox"/> Retirement/ Pension \$ _____
<input type="checkbox"/> AND \$ _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Assets: Select all that apply and include current balances:

<input type="checkbox"/> Savings Account \$ _____	<input type="checkbox"/> Stocks \$ _____	<input type="checkbox"/> Certificates of Deposit \$ _____	<input type="checkbox"/> Payee/escrow account \$ _____
<input type="checkbox"/> Checking Account \$ _____	<input type="checkbox"/> Bonds \$ _____	<input type="checkbox"/> Own a home \$ _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Trust Fund \$ _____	<input type="checkbox"/> Money Market Funds \$ _____	<input type="checkbox"/> Cash \$ _____	<input type="checkbox"/> Other _____

APPLICATION SELECTION PREFERENCE:

You have applied for a Housing Choice Voucher through a local organization that administers the vouchers for the Colorado Division of Housing (DOH). DOH has established waiting list preferences. Please select the preference(s) below that apply to your situation. You will be required to verify that you meet the selected preference(s).

___ HOMELESS

___ FAMILIES THAT INCLUDE A PERSON WITH A DISABILITY

___ FAMILIES THAT INCLUDE VICTIMS OF DOMESTIC VIOLENCE

___ NON ELDERLY DISABLED FAMILIES TRANSITIONING FROM NURSING HOMES AND OTHER APPROVED INSTITUTIONAL SETTINGS INTO INDEPENDENT, COMMUNITY-BASED LIVING.

___ I CURRENTLY HAVE NO SELECTION PREFERENCE



GENERAL INFORMATION - ADDITIONAL HOUSEHOLD MEMBERS (Please Print):

Household Member Name: _____ **Social Security Number:** _____

Mailing Address or Shelter Name: _____ **City:** _____ **State:** _____ **Zip:** _____

Current Contact Telephone Numbers: Home: (_____) _____ Cell: (_____) _____

E-Mail Address: _____ **U.S. Citizen:** Yes No

Gender: Male Female **Date of Birth:** _____ **Disabled:** Yes No

Ethnicity: Hispanic Non-Hispanic **Race:** White Black American Indian/Alaska Native Asian/Pacific Islander

Income: Select all that apply and include monthly amounts received before any deductions:

<input type="checkbox"/> SSDI \$ _____	<input type="checkbox"/> Wages \$ _____	<input type="checkbox"/> TANF \$ _____	<input type="checkbox"/> Child Support \$ _____
<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> Day Labor \$ _____	<input type="checkbox"/> OAP \$ _____	<input type="checkbox"/> Income from Assets \$ _____
<input type="checkbox"/> Social Security \$ _____	<input type="checkbox"/> Commission/Tips \$ _____	<input type="checkbox"/> School financial aid \$ _____	<input type="checkbox"/> Alimony/ Maintenance \$ _____
<input type="checkbox"/> VA Benefits \$ _____	<input type="checkbox"/> Unemployment \$ _____	<input type="checkbox"/> Family/Friends \$ _____	<input type="checkbox"/> Retirement/ Pension \$ _____
<input type="checkbox"/> AND \$ _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Assets: Select all that apply and include current balances:

<input type="checkbox"/> Savings Account \$ _____	<input type="checkbox"/> Stocks \$ _____	<input type="checkbox"/> Certificates of Deposit \$ _____	<input type="checkbox"/> Payee/escrow account \$ _____
<input type="checkbox"/> Checking Account \$ _____	<input type="checkbox"/> Bonds \$ _____	<input type="checkbox"/> Own a home \$ _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Trust Fund \$ _____	<input type="checkbox"/> Money Market Funds \$ _____	<input type="checkbox"/> Cash \$ _____	<input type="checkbox"/> Other _____

Household Member Name: _____ **Social Security Number:** _____

Mailing Address or Shelter Name: _____ **City:** _____ **State:** _____ **Zip:** _____

Current Contact Telephone Numbers: Home: (_____) _____ Cell: (_____) _____

E-Mail Address: _____ **U.S. Citizen:** Yes No

Gender: Male Female **Date of Birth:** _____ **Disabled:** Yes No

Ethnicity: Hispanic Non-Hispanic **Race:** White Black American Indian/Alaska Native Asian/Pacific Islander

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Household Member Name: _____ Social Security Number: _____

Mailing Address or Shelter Name: _____ City: _____ State: _____ Zip: _____

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E-Mail Address: _____ U.S. Citizen: Yes No

Gender: Male Female Date of Birth: _____ Disabled: Yes No

Ethnicity: Hispanic Non-Hispanic Race: White Black American Indian/Alaska Native Asian/Pacific Islander

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<input type="checkbox"/> AND \$ _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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Household Member Name: _____ Social Security Number: _____

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<input type="checkbox"/> Social Security \$ _____	<input type="checkbox"/> Commission/Tips \$ _____	<input type="checkbox"/> School financial aid \$ _____	<input type="checkbox"/> Alimony/ Maintenance \$ _____
<input type="checkbox"/> VA Benefits \$ _____	<input type="checkbox"/> Unemployment \$ _____	<input type="checkbox"/> Family/Friends \$ _____	<input type="checkbox"/> Retirement/ Pension \$ _____
<input type="checkbox"/> AND \$ _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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<input type="checkbox"/> Checking Account \$ _____	<input type="checkbox"/> Bonds \$ _____	<input type="checkbox"/> Own a home \$ _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Trust Fund \$ _____	<input type="checkbox"/> Money Market Funds \$ _____	<input type="checkbox"/> Cash \$ _____	<input type="checkbox"/> Other _____

Please photocopy this page to add additional household members.

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.

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)	
<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	
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.	

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.

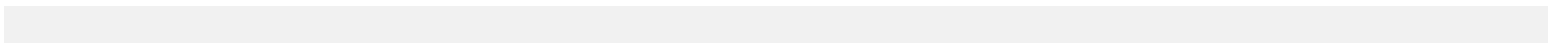
Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

SIGNATURE AND APPLICATION CERTIFICATION:

I certify that the information provided on this application was given voluntarily and is accurate and complete to the best of my knowledge. I understand that the answers are subject to verification. I understand it is a criminal offense to misrepresent facts of a claim or benefits before an agency providing federal assistance. I understand that if I make false statements or misrepresentations concerning my total family income or family circumstances, I may be subject to punishment under local, state and federal laws. I understand that this application does not imply any obligation or constitute a guarantee or contract by the Colorado Division of Housing (DOH).

I understand that my eligibility for the Housing Choice Voucher Program is dependent on the results of a criminal background check conducted through the Colorado Bureau of Investigation (CBI). My signature below not only certifies that the information provided is true and correct but also authorizes DOH to conduct a CBI background check. This background check will include all adult family members of my household including myself.

I understand that the signatures below authorize DOH to obtain income reports for all household members. These reports may be obtained from the Colorado Benefits Management System, the U.S. Department of Housing and Urban Development, the Colorado Department of Labor and Employment and Family Support Registry databases. Information from these reports will be considered when determining my family's eligibility for housing assistance and calculating rent portions. I also hereby authorize DOH, Division of Child Welfare and any Colorado county department of human/social services to share information necessary to determine eligibility for the FUP program.



Signature of Head of Household

Date

Signature of Other Adult Member

Date

Signature of Other Adult Member

Date

Signature of Other Adult Member

Date

Signature of Other Adult Member

Date

WARNING: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.



Please sent application to:

Mail:

SMRHA
Attn: HCV
PO Box 840
Telluride, CO 81435

Or Fax:

(970) 728-5371

Or Email:

elke@smrha.org