

Montrose County Housing Authority
 222 Hap Court
 Olathe, CO 81425
 Phone: (970) 323 5445
 Fax: (970) 323 6179

<p><u>FOR MCHA USE ONLY</u></p> <p>RECEIVED;</p> <p>DATE: _____ TIME: _____</p>

Housing Choice Voucher Preliminary Application

PLEASE PRINT CLEARLY!

Head of Household _____

(As it appears on Social Security Card) The Head of Household must be 18 years of age at the time of application.

Race (must check one) White Hispanic Asian/Pacific Islander
 Black American Indian/Alaska Native

Ethnicity (must check one) Hispanic Not Hispanic
Racial and ethnic data for statistical purposes only.

Legal Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone #: _____ Cell #: _____ Email: _____

Household Composition

LIST ALL MEMBERS WHO WILL BE LIVING IN THE ASSISTED HOUSING UNIT. **START WITH YOURSELF!**

Last Name	First Name	Relationship	Birth date	Sex	Soc. Sec. Number	Place of Birth	Disabled	
							Yes	No
		HEAD					<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

Do you expect any one else to join your household within the next 12 months? Yes No
 If yes, please explain _____

Have you or any member of your family ever used a different name? Yes No
 If yes, what name did you use _____

Family Income, Assets and Allowable Expenses

Income Information. List total **MONTHLY** income (before taxes) and payments received by each family member from **ANY** source.

First Name	Wages	TANF	Child Support	UIC Benefits	Soc. Sec/SSI or Disability	Pensions	Odd Jobs or Other Income

Asset Information. List total cash value and total income received for assets owned by all family members.

	Cash Value	Income from Asset
Checking Accounts		
Savings Accounts		
Stocks, Bonds, CD, Investments		
Real Estate		
Other		

Allowance Expenses.

Do you pay daycare for household member who are under 13 years of age in order to enable a family member to work or go to school? Yes No

Do you pay for the care of a disabled family member in order to enable a family member to work or go to school? Yes No

If you are elderly or a person with disabilities; do you have any out of pocket medical expenses?
 Yes No. If yes, what are they? _____

Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance and IF you are entitled to a preference when placed on the program's wait list. Check each box that applies to your current status.

Have you or any member of your household ever received housing assistance before?

Yes No If you answered Yes, when and where _____

Did you leave in good standing with the housing authority? Yes No

Have you or any member of your household been evicted from Public housing, Indian housing, Section 23 housing, housing assisted by the Section 8 program for drug-related criminal activity during the past three years? Yes No if you answered yes, please explain _____

STOP! Verification of the Preference you claim **MUST BE ATTACHED** when the application is returned to our office.

Housing Need Preference

VICTIM OF VIOLENCE, NATURAL DISASTER, OR GOVERNMENT ACTION. Examples may include a recent incident of domestic violence, a recent flood or fire, victims of hate crimes; persons relocated by a government action.

Acceptable forms of verification:

- a. Certification from local police, social service agency, court, clergy, physician, public or private shelter, or counseling facility concerning displacement due to domestic violence.
- b. Certification from police concerning displacement due to witness protection or hate crimes.
- c. Certification from a unit of government concerning displacement due to disaster.

HOMELESS. This means that you are living in housing which does not provide safe or adequate shelter.

Acceptable forms of verification:

- a. Certification of this status can be from a public or private facility providing shelter to a family, or from local police or social service agency.

WORKING TOWARDS SELF-SUFFICIENCY. Those who are **currently working OR** those who are currently enrolled in an educational training or upward mobility programs and who are executing their goals.

Acceptable forms of verification:

1. For those who are currently working.
 - a. Check Stub
 - b. Letter from an Employer
2. For those enrolled in an educational training program or upward mobility program or who are executing their goals.
 - a. School schedule that reflects courses for a degree.
 - b. Certification from job training provider.
 - c. Personal goal plan verified by case manager.
 - d. Copy of graduation certificate.

HEAD OF HOUSEHOLD OR SPOUSE IS ELDERLY OR DISABLED. Elderly is defined as over age 62. A disability is defined as a physical or mental impairment of long and indefinite duration.

Acceptable forms of verification:

- a. Driver's License
- b. Doctor's statement
- c. Disability income (Social Security Award Letter)

CURRENTLY HAVE NO SELECTION PREFERENCE

It is **your responsibility** to notify our office of any change in your address, phone number or preferences. If your situation changes and you qualify for a preference your application will then be placed on the "preference" waiting list by the date and time of the **original submission** of this application. All correspondence regarding your Housing Application and the offer of Section 8 rental assistance will be sent by US Postal Service to the mailing address listed on page one of the application.

Mandatory Colorado Bureau of Investigation Reports

Have you or any member of your family ever been arrested for drug related or violent criminal activity? Yes No Who? _____

Where _____

Date of arrest _____

No family member may engage in substance abuse related criminal activity, or violent criminal activity. Screening will be comprised of route inquiries of any family member 18 years old or older through the Colorado Bureau of Investigation, and other information provided the Housing Authority.

Signature and Application Certification

I/We certify that the information give to the Montrose County Housing Authority is accurate and complete to the best of my/our knowledge and belief. I/We also understand that false statements or information are punishable under Federal and state law and are grounds for denial or termination of housing assistance.

Signature of Head of Household Date

Signature of Other Adult Member(s) Date

Signature of Other Adult Members(s) Date

WARNING: Section 1001 of Title 18 of the U.S. Code, makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any manner within its jurisdiction.

A TDD service for those individuals with hearing and speech disabilities.
Colorado Relay Service 1-800-659-2656

Termination from this program for any reason will PERMANENTLY ban you from any future participation in this rental assistance program.

