

Date: _____
Time: _____
Staff Initials: _____
For Agency Use Only

HOUSING CHOICE VOUCHER (SECTION 8) RENTAL ASSISTANCE APPLICATION

This Form must be completed IN YOUR OWN HANDWRITING. Please print and read all questions carefully. If a particular question does not apply, please write N/A or none in the space.

CONTACT INFORMATION

Applicant's Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone No.: _____ Work Telephone No.: _____

Please list the names and telephone numbers of two friends or relatives that we may contact if we are unable to reach you.

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

FAMILY INFORMATION

In the numbered boxes, start with the "head of household" and list the names and other information of all persons who will live in the rental unit while you are receiving Section 8 assistance. Please be aware that all information you provide on this application will be verified once you reach the top of the waiting list.

PLEASE NOTE: You will be required to submit evidence of citizenship or eligible immigration status:

1) FULL LEGAL NAME:	RELATIONSHIP:	AGE – BIRTHDATE:	PLACE OF BIRTH:
SS#:	STUDENT?		U.S. CITIZEN?
2) FULL LEGAL NAME:	RELATIONSHIP:	AGE – BIRTHDATE:	PLACE OF BIRTH:
SS#:	STUDENT?		U.S. CITIZEN?
3) FULL LEGAL NAME:	RELATIONSHIP:	AGE – BIRTHDATE:	PLACE OF BIRTH:
SS#:	STUDENT?		U.S. CITIZEN?
4) FULL LEGAL NAME:	RELATIONSHIP:	AGE – BIRTHDATE:	PLACE OF BIRTH:
SS#:	STUDENT?		U.S. CITIZEN?
5) FULL LEGAL NAME:	RELATIONSHIP:	AGE – BIRTHDATE:	PLACE OF BIRTH:
SS#:	STUDENT?		U.S. CITIZEN?
6) FULL LEGAL NAME:	RELATIONSHIP:	AGE – BIRTHDATE:	PLACE OF BIRTH:
SS#:	STUDENT?		U.S. CITIZEN?

7) FULL LEGAL NAME:	RELATIONSHIP:	AGE – BIRTHDATE:	PLACE OF BIRTH:
SS#:	STUDENT?		U.S. CITIZEN?
8) FULL LEGAL NAME	RELATIONSHIP	AGE – BIRTHDATE:	PLACE OF BIRTH:
SS#:	STUDENT?		U.S. CITIZEN?

Add any additional members of your household on a separate piece of paper. Be sure to include all of the information above for each household member.

Do you expect any one else to join your household within the next 12 months? Yes _____ No _____

If yes, please explain _____

Is the Head of Household or spouse elderly, or a person with disabilities? Yes _____ No _____

APPLICATION SELECTION PREFERENCE

You are applying for a Housing Choice Voucher (Section 8 housing subsidy) through a local organization that administers the vouchers for the Colorado Division of Housing (DOH). DOH has established certain preferences. In order to determine whether you qualify for a preference, please complete the section below. Your eligibility for a preference will be verified at the time your name reaches the top of the waiting list.

Please check the following category which best describes your situation:

- ___ **VICTIM OF VIOLENCE, NATURAL DISASTER, OR GOVERNMENT ACTION**
 Examples may include victims of a recent incident of domestic violence; a recent flood or fire; victims of hate crimes; persons relocated for various reasons by a government; or households living in a unit that is not physically accessible for mobility impaired member of that household.
- ___ **HOMELESS**
 By federal regulation, families who are homeless are either living in a public or private shelter; living on the streets or in an automobile; or who is a participant in a transitional housing program. It may also mean an individual or family who lacks a fixed, regular, or adequate nighttime residence.
- ___ **CURRENTLY ENROLLED IN AN EDUCATIONAL, TRAINING, OR UPWARD MOBILITY PROGRAM.**
 This would include individuals who are currently working towards self-sufficiency by being enrolled in a school or job-training program.
- ___ **PREVIOUSLY ENROLLED IN AN EDUCATIONAL, TRAINING, OR UPWARD MOBILITY PROGRAM AND IS IN THE PROCESS OF MEETING HIS/HER PROGRAM GOALS.**
 This would include those who have finished school or a training program and are now entering the job market.
- ___ **CURRENTLY WORKING**
- ___ **HEAD OF HOUSEHOLD OR SPOUSE IS ELDERLY OR DISABLED**
 Elderly is defined as over the age of 62. A disability is defined as a physical or mental impairment of long and indefinite duration.

IMPORTANT: By checking one or more of the Application Selection Preferences above, you are indicating that you are in need of housing for one of those reasons. If the housing organization is unable to verify the information you have given, you will be taken off the "selection preference" list, and placed on the "non-preference" waiting list by the date and time of your original application.

I CURRENTLY HAVE NO SELECTION PREFERENCE

IMPORTANT: If your situation changes, and you qualify for one of the selection preferences listed above, please contact the housing agency and update your application. If you do so, your application will then be placed on the "preference" waiting list by the date and time of the original submission of this application.

IMPORTANT: If you do not understand this information, or if you are not sure you qualify for an Application Selection Preference, please ask a staff member of the housing organization to explain the preferences in more detail.

PROGRAM DATA

How did you hear about the Section 8 Housing Assistance Program? _____

Have you or any family member ever received housing assistance before? Yes _____ No _____

If yes, where and when? _____

Have you, or any household member ever been requested to pay back money to a federally assisted housing program?

Yes _____ No _____ If yes please explain where and when _____

Have you or any member of your family ever been convicted of a drug-related or violent crime? Yes _____ No _____

If yes please explain _____

Have you ever used a different name? Yes _____ No _____ If yes, what name did you use _____

RACIAL AND ETHNIC CATEGORIES

The following information is requested for statistical purposes so that the Department of Housing and Urban Development may determine the degree to which minority families are using its programs. Please indicate which racial and ethnic group to which you and each member of your family belong:

RACE CATEGORIES	NUMBER OF PERSONS
White	
Black/African American	
American Indian/ or Alaska Native	
Asian	
Native Hawaiian/Other Pacific Islander	

ETHNIC CATEGORIES	NUMBER OF PERSONS
Hispanic or Latino	
Not Hispanic or Latino	

SOURCES OF INCOME

List all members of your family who are currently employed, either full-time or part-time and their income. Include earnings from self-employment, military pay, tips, etc. ALSO list all members of your family who are currently receiving income from other sources, for example: Social Security, pensions, disability, TANF, SSI, unemployment compensation, babysitting, alimony, child support, regular contributions or gifts. You must include all sources of income.

NAME OF HOUSEHOLD MEMBER RECEIVING INCOME	WHAT IS THE TYPE OR SOURCE OF INCOME. INCLUDE THE NAME AND ADDRESS OF ALL EMPLOYERS	HOW OFTEN IS THIS INCOME RECEIVED AND WHAT IS THE AMOUNT?

ASSETS

Please list bank accounts of all household members:

Checking Account: _____ name on account	Bank name and address: 	Account number: 	Current balance:
Savings account: _____ name on account	Bank name and address: 	Account number: 	Current balance:
Other accounts: _____ name on account	Name and address 	Account number: 	Current balance:

For additional asset information, add another sheet of paper.

Do you currently own real estate? No Yes If yes, address of property \$ _____

Appraised value \$ _____

Have you ever owned real estate? No Yes () When? _____

OTHER ASSETS

Include life insurance policies, stocks, bonds, annuities, etc.

Who owns it?	What is it?	Approximate value	Do you receive any income from this asset? How much ?

Have you received any lump-sum payments, cash gifts, or inheritances or have you sold any real estate or a mobile home? Yes No

ALLOWABLE EXPENSES

Do you pay daycare for household members 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

ALLOWANCE EXPENSES FOR THE ELDERLY OR PERSONS WITH DISABILITIES

Do you have any out-of-pocket medical expenses? Yes No ,
if yes, what are they?

SIGNATURE AND APPLICATION CERTIFICATION

It is this housing agency's policy to verify all information contained in this application. Please sign your name, where indicated, in acknowledgment of this policy.

I/We certify that the information given to the _____ Housing Agency is accurate and complete to the best of my/our knowledge and belief. I/We also understand that false statements or information are grounds for denial of housing assistance or termination of my/our housing assistance in the future.

Signature of Head of Household

Date

Signature of Other Adult Member(s)

Date

Signature of Other Adult Member(s)

Date

Signature of Other Adult Member(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 matter within its jurisdiction.

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