

**NORTHEAST COLORADO HOUSING INC**

**OFFICE USE ONLY Date/Time Received** \_\_\_\_\_

**APPLICATION FOR OCCUPANCY**

**PLEASE PRINT - RETURN COMPLETED APPLICATION TO: Northeast Colorado Housing Inc.**

You may contact the rental office for assistance in completing the **Application**.

**A. GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**List all persons who will live in the apartment. List head of household first.**

Name	Relationship	DOB	Social Security No.	Sex
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

**B. REFERENCE INFORMATION (Please provide two year history)**

**Current Landlord: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Previous Landlord(s): Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Non-related Personal References:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

**Credit References:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Account No. \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Account No. \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Account No. \_\_\_\_\_

**C. HOUSEHOLD INCOME**

Present Employer \_\_\_\_\_ Dates From \_\_\_\_\_ to \_\_\_\_\_  
 Employer's address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Position \_\_\_\_\_ Monthly gross salary \_\_\_\_\_  
 Previous Employer \_\_\_\_\_ Dates From \_\_\_\_\_ to \_\_\_\_\_  
 Employer's address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Position \_\_\_\_\_ Monthly gross salary \_\_\_\_\_

Co-Applicant's Employer \_\_\_\_\_ Dates From \_\_\_\_\_ to \_\_\_\_\_  
 Employer's address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Position \_\_\_\_\_ Monthly gross salary \_\_\_\_\_  
 Previous Employer \_\_\_\_\_ Dates From \_\_\_\_\_ to \_\_\_\_\_  
 Employer's address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Position \_\_\_\_\_ Monthly gross salary \_\_\_\_\_

**Other Income**

Name	Source of Income	Monthly Gross
_____	Social Security	_____
_____	Social Security	_____
_____	SSI Benefits	_____
_____	SSI Benefits	_____
_____	Veterans Benefits	_____
_____	Pension	_____
_____	Unemployment Comp	_____
_____	AFDC	_____
_____	Alimony	_____
_____	Child Support	_____
_____	Full time Students income 18 & over	_____

**D . Assets**

Checking account(s)	#	Bank	Balance \$
Checking account(s)	#	Bank	Balance \$
Savings account(s)	#	Bank	Balance \$
Savings account(s)	#	Bank	Balance \$
Certificates of deposit	#	Bank	Balance \$
IRA	#	Bank	Balance \$
Whole Life Insurance	#	Cash Value \$	_____
Savings Bond	#	Cash Value \$	_____
Real Property: Do you own any property?	_____ Yes _____ No. If Yes, state type of property		

Location: \_\_\_\_\_  
 Current Market Value: \$ \_\_\_\_\_  
 Outstanding Mortgage Balance: \$ \_\_\_\_\_

Have you sold/disposed of any business, property or other assets in the last 2 years? Yes No

If yes, state type of business, property or assets \_\_\_\_\_

Date of Sale/Disposition \_\_\_\_\_

Market Value When Sold/Disposed of \_\_\_\_\_

Amount Sold/Disposed for \_\_\_\_\_

Do you have any other assets not listed above (ie. Recreational vehicle or mobile home; do not include personal property)?

Yes No If yes, please list \_\_\_\_\_

**E. MEDICAL/HANDICAP ASSISTANCE EXPENSES**

Medical Expenses: Complete this part ONLY if head of household or spouse is 62 or older, handicapped or disabled.

Medicare Premiums \$ \_\_\_\_\_ Medical Insurance Coverage monthly premium \$ \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Anticipated medical expenses NOT covered by insurance nor reimbursed Monthly amount \$ \_\_\_\_\_

Medical bills or outstanding costs which you are making monthly payments \$ \_\_\_\_\_

Medical related travel costs \$ \_\_\_\_\_ Any other medical expenses: list type and amounts(attach sheet if Necessary) \_\_\_\_\_

**F. CHILD CARE EXPENSES**

Complete this part for household minors under 13 ONLY.

Name(s) of children cared for: \_\_\_\_\_ AGE \_\_\_\_\_  
\_\_\_\_\_ AGE \_\_\_\_\_  
\_\_\_\_\_ AGE \_\_\_\_\_  
\_\_\_\_\_ AGE \_\_\_\_\_

Name of person/agency caring for children: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Weekly cost of child care due to employment \$ \_\_\_\_\_

Weekly cost of child care due to education \$ \_\_\_\_\_

**G. PRORAM INFORMATION**

What size of unit are you requesting? 1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_

Do you wish to claim a \$400 deduction from your household income based on an "Elderly Household" status, where the tenant or co-tenant is 62 or older, handicapped, or disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish to have priority for a handicapped accessible unit with special design features? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a Letter of Priority issued by USDA-Rural Development due to displacement from another property? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been evicted from any type of housing? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested or convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested or convicted of a drug violation (use, attempted use, possession, manufacture, sale, or distribution)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you now or will you become a part time or full time student prior to move-in? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about this housing: \_\_\_\_\_

H.

**OTHER INFORMATION**

List all cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle: \_\_\_\_\_ Year/Make: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate No. \_\_\_\_\_ Registered To: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ Year/Make: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate No. \_\_\_\_\_

Do you own any pets? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I.

**CERTIFICATION**

I/We hereby certify that the unit applied for will be the household's permanent residence.

I/We further certify that I/we do/will not maintain a separate subsidized rental unit in another location.

I/We understand that I/we must pay a security deposit for this unit.

I/We certify that all information in this **Application** is true to the best of my/our knowledge and understand that false statements or information are punishable by law and will lead to cancellation of this **Application** or termination of tenancy after **occupancy**.

**SIGNATURES:**

Tenant \_\_\_\_\_ Date \_\_\_\_\_

Co-Tenant \_\_\_\_\_ Date \_\_\_\_\_  
Date \_\_\_\_\_

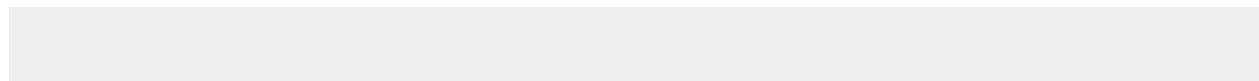
**AUTHORIZATION/CONSENT**

I/We do hereby authorize Northeast Colorado Housing Inc. and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our Application for housing in programs administered by Northeast Colorado Housing Inc.

**SIGNATURES:**

Tenant \_\_\_\_\_ Date \_\_\_\_\_

Co-Tenant \_\_\_\_\_ Date \_\_\_\_\_



“The information regarding race, ethnicity and sex designation solicited on this **Application** is requested in order to assure the Federal Government that the Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your **Application** or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Ethnicity:

Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

Race: (Mark one or more)

1 American Indian/Alaska Native \_\_\_\_\_

2 Asian \_\_\_\_\_

3 Black or African American \_\_\_\_\_

4 Native Hawaiian or Other Pacific Islander \_\_\_\_\_

5 White \_\_\_\_\_

Gender:

Male \_\_\_\_\_

Female \_\_\_\_\_