Accessible Space, Inc.

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS BOX	
Date Received:	
1 BR _____	H _____
2 BR _____	NH _____

HOUSING APPLICATION FOR CHINOOK WIND APARTMENTS

Thank you for your interest in housing at Chinook Wind Apartments. We provide affordable housing for seniors age 55 and better. Please follow the instructions listed below:

- The head of household must be 55 years of age or older. **All co-applicants are required to complete a separate application.**
- Do not leave any of the sections blank; write "N/A" for those which do not apply. An applicant who falsifies, misrepresents or withholds information related to program eligibility or submits inaccurate and/or incomplete information will not be considered for housing.
- It is critical that the housing application and all other accompanying verification forms are fully completed in order for Management to determine an Applicant's eligibility for the project.

In addition to the Housing Application, please complete and/or submit the following:

- **Application fee of $35 *This will be collected at the time of processing.****
- Disclosure & Release of Information Authorization
- Exhibit G - Race and Ethnic Data Reporting Form
- Photo ID and Social Security Card
- Proof of Guardian, Conservator, Representative Payee, or POA Documentation
- All other verification forms included with this application

Return your completed paperwork in the enclosed business reply envelope, or in person at 6622 W. 10th Street, Greeley, CO 80634.

SECTION 1: CONTACT INFORMATION FOR HEAD OF HOUSEHOLD

Head of Household Name: _____

Current Mailing Address: _____ Apartment #: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

If I can't be reached, contact: _____ Phone #: _____

SECTION 2: HOUSEHOLD COMPOSITION

Applicant's Full Name	Relationship	Date of Birth	Sex*	FT Student?	Social Security #
	Head of Household		☐M ☐F ☐n/a	☐Y ☐N	
			☐M ☐F ☐n/a	☐Y ☐N	
			☐M ☐F ☐n/a	☐Y ☐N	
			☐M ☐F ☐n/a	☐Y ☐N	

*If you wish not to disclose, choose n/a

SECTION 2: HOUSEHOLD COMPOSITION (CONT.)

- Do you anticipate a change in your household composition in the next 12 months? ☐ Yes ☐ No
  If yes, please explain: _____
- Do you have a qualifying mental or physical disability? ☐ Yes ☐ No
- Would you benefit from living in fully accessible housing? ☐ Yes ☐ No
- Do you have a pet or a service/companion animal? ☐ Yes ☐ No
  If yes, please explain: _____
- Have you or any member of your household ever been…
  - convicted of a felony? ☐ Yes ☐ No
  - convicted of a misdemeanor other than a minor traffic violation? ☐ Yes ☐ No
  - convicted of a drug related criminal activity? ☐ Yes ☐ No
  - subject to registration under state or federal lifetime sex offender requirements? ☐ Yes ☐ No

  If you answered yes to any of these statements, please explain below:

_____

_____

SECTION 3: RENTAL HISTORY

Current Housing Situation

Name of Landlord or Equivalent		Dates of Occupancy (MM/YYYY through MM/YYYY)		
Street Address:	Apt #:	City	State	Zip

Previous Housing Situation

Name of Landlord or Equivalent		Dates of Occupancy (MM/YYYY through MM/YYYY)		
Street Address:	Apt #:	City	State	Zip

- Are you currently homeless? ☐ Yes ☐ No
- Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification, or for any other reason? ☐ Yes ☐ No
  If you answered yes, please explain below:

_____

_____

- Do you currently receive Section 8 assistance? ☐ Yes ☐ No

(If yes, please complete the information below)

Name of Caseworker:	Phone #:	Office:	Voucher Amt:	Last Recert Date:

SECTION 4: FINANCIAL INFORMATION

Recurring Income - Previous 2 Years

Circle all Applicable: Employed FT Employed PT Self-Employed Anticipated Income Non-Employed Unemployed				
Current Employer:	Position:	How Long: From To		Supervisor Name:
Address:			Phone Number:	Fax Number:
Current Wages: (Circle One) $ per Hour / Week / Month	Hours/Week:	Do you earn tips: YES NO	If Yes, Weekly Amount: $	Do you have more than one job? YES NO
Previous Employer:	Position:	How Long: From To		Supervisor Name:
Address:			Phone Number:	Fax Number:
Wages: (Circle One) $ per Hour / Week / Month	Hours/Week:	Did you earn tips: YES NO	If Yes, Weekly Amount: $	Do you have more than one job? YES NO

Other Income

Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amounts if applicable.

Alimony / Child Support	YES	NO	$	Week / Month
AFDC / TANF **(NOT INCLUDING FOOD STAMPS**	YES	NO	$	Week / Month
Social Security / Disability	YES	NO	$	Week / Month
Retirement / Pension / Annuities	YES	NO	$	Week / Month
Unemployment	YES	NO	$	Week / Month
Worker's Compensation	YES	NO	$	Week / Month
Recurring Gifts From Family or Friends	YES	NO	$	Week / Month
Grants & Scholarships	YES	NO	$	Week / Month
Military / Reserve Pay	YES	NO	$	Week / Month
Other Recurring Monies	YES	NO	$	Week / Month

Assets

Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need not be disclosed.

			Value	Earnings
Cash on Hand	YES	NO	$	$
Checking Account (6 month average)	YES	NO	$	$
Savings Account	YES	NO	$	$
Direct Express	YES	NO	$	$
Certificates of Deposit or Money Market	YES	NO	$	$
Stocks and Bonds	YES	NO	$	$
IRA / 401K / Retirement Account	YES	NO	$	$
Real Estate	YES	NO	$	$
Whole or Universal Life Insurance	YES	NO	$	$
Trust Account	YES	NO	$	$
Securities	YES	NO	$	$
Other Asset _____	YES	NO	$	$
	TOTAL:		**$**	**$**

If you have no bank accounts or assets, how do you access your income? _____

Have you disposed of any assets at less than fair market value in the last 24 months? ☐ Yes ☐ No

If you answered yes, please explain: _____

SECTION 5: SIGNATURE

- I understand the information in this application will be used to determine my household's eligibility for housing and that this information will be verified. I understand that any false information may make me ineligible.
- I certify that all information given in this application is true, complete and accurate. I understand that if of this information is false, misleading or incomplete, management may decline my application, or terminate my lease agreement if the information is discovered after move-in.
- I authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords and other sources for credit and verification information which may be released to appropriate federal, state or local agencies.
- If my application is approved and if I move-in, I certify that only those persons listed in this application will occupy the unit, that it will be my only residence, and that there are no other persons for whom I have, or expect to have, responsibility to provide housing.
- I agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

Initial

_____ I certify the accuracy of the information provided in connection with the application or recertification of annual income of the household. I/We further understand that upon move-in and recertification that each ye all of my income, assets, and student status will be verified by management, or any other agent representing t property.

_____ I agree that the annual income or other eligibility requirements shall be deemed substantial and material obligations of my tenancy and that I will comply with all requests for information with respect there to t lessor. My failure to provide accurate information regarding such requirements (regardless of whether such innaccuracy is intentional or unintentional), or refusal to comply with the request for information will be deemec in violation with the lease agreement.

_____ I/We understand that if I/we do not disclose all income, assets, and student status I/we will not be eligible to live on this property. Not disclosing income, assets, or student status is grounds for termination of tenancy.

Applicant Signature **Date**

Disclosure and Release of Information Authorization

I authorize Accessible Space, Inc. and the approved vendor Rental History Reports (RHR), a consumer reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state, or county level, worker's compensation agencies or individuals, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history, worker's compensation records (including medical information), and criminal history records.

I understand that a consumer report may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer reporting agency. I understand that proper identification will be required and that I should direct my request to: **RHR (952) 545-3953.**

By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to me because of compliance with this authorization and request to release information or any attempt to comply with it.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment, any such statements and/or answers are found false, or that information has been omitted, such false statements or omissions will be just cause for denial of the housing application.

I acknowledge that a photocopy of this authorization will be accepted with the same authority as the original. This release expires five (5) years after date of origination.

Signature _____ **Date** _____

First Name	Middle Name	Last Name	
Social Security Number	Date of Birth	Home Phone w/ Area Code	
Street Address	City	State	Zip Code
If you have ever lived in any CITIES or STATES other than those provided above, please list them here			
If you have gone by any NAMES other than the one provided above, please list it here			
If you, or any member of your household, has used a different SOCIAL SECURITY NUMBER, please list it here			