PRELIMINARY APPLICATION FOR HOUSING
BOULDER COUNTY HOUSING AUTHORITY

PO BOX 471, Boulder, CO 80306-0471
Fax: 720/564-2283 ♦ Phone: 303/441-3929 ♦ TDD: 7-1-1

EQUAL HOUSING OPPORTUNITY

This application is for Project-Based Vouchers
Valid for the following dates only:Nov. 21, 2016 (8:00am) until Nov. 22, 2016 (4:30pm)

Please complete the following for the <u>head of household</u> (only):

Last Name: _____ **First Name:** _____ **MI** __

Current Mailing Address: _____
Street Address City, State, Zip County

Phone #1: _____ **#2:** _____

Email: _____

OFFICE USE ONLY:

NAME:

RECEIVED
DATE/TIME:

BDRMS:

Race: Your race does not affect eligibility; it is required by HUD for statistical purposes only.
☐ African American ☐ American Indian ☐ Asian/Pacific Islander ☐ Hispanic ☐ White ☐ Other

Sex: ☐ Female ☐ Male

Please indicate if any of the following apply to you by checking the appropriate (if any) box:
☐ Are elderly (62 or older)
☐ Are disabled (to check this box, you must be receiving Disability income such as SSDI and AND)

If you do not currently live in Boulder County, please tell us which options apply to you or your spouse:
☐ Work in Boulder County at least 20 hours/week
☐ Attend school full-time in Boulder County
☐ Have immediate family who currently reside in Boulder County
☐ Are disabled (to check this box, you must be receiving Disability income such as SSDI and AND)

Please let us know your location preference, from the following areas:
☐ Longmont ☐ Lafayette ☐ Louisville

Have you ever received housing assistance or lived in low-income/subsidized housing?
☐ Yes ☐ No If yes, please name agency: _____

Are you currently pregnant? Yes No If yes, please list unborn child in the Household Information box

Have you or any other household member ever been convicted as a sex offender in any state or are you compelled to register as a sex offender? ☐ Yes ☐ No

Household Information: **Please complete for all members who will be living with you, including yourself.**

Name (First, Last)	Sex	Social Security Number	Date of Birth	Relationship to Head of Household
				Head of Household

Household Income and Status Information:		
Household Member Name	**Income Source***	**Monthly Gross Income**
If the above income is from employment, please enter employer name and address:		
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*Income sources may include, but are not limited to, the following: employment, unemployment benefits, Temporary Aid to Needy Families (TANF), Social Security, Social Security Disability (SSDI), Old Age Pension (OAP), financial contributions from family and/or friends

AUTHORIZATION

I hereby give permission to the Boulder County Housing Authority to perform any and all background investigations necessary to verify my eligibility for its programs, including police records.

I understand that it is my responsibility to inform the Housing Authority in writing of any changes in my status, such as change of address or household size. If mail sent to me is returned by the Post Office, I understand that I will be removed from the waiting list.

Submit Via Email

_____ _____

Signature – Head of Household **Date**

The Housing Authority of the County of Boulder, Colorado does not discriminate on the basis of handicapped Initial Status in the admission or access to, or treatment or employment in, its federally assisted programs or activities," within all materials and publications made available to applicants, tenants, and employees. Boulder County, in accordance with the Fair Housing Act, prohibits discrimination on the basis of race, color, age, religion sex, sexual orientation, disability, familial status or national origin.

Anyone with a disability who needs assistance to fully participate in the application process can call Domingo Garza at 303/441-1496 at least 48 hours prior to the start of the application period or call Relay Colorado by dialing 7-1-1.