

# Casa de la Esperanza

## Documents Required with Rental Application:

**\*Proof of income for each person who works (ANY of the following):**

- Copies of the last 3 paycheck stubs, or
- Copies of a W-2, or
- Copies of Income Tax Return, or
- A letter from your employer, on company letterhead with the name, address and telephone number of the company – the letter should contain the following:
  1. Name of Employee
  2. Date of Hire
  3. How many hours employee works per week
  4. How much employee earns per hour)

**\*For each adult over 18 years of age: Original Social Security Card and Copies of Identification (ANY of the following):**

- State issued Colorado Driver's License
- State issued Colorado Identification Card
- Green Card (Green Card requires a signed affidavit and will be verified through the appropriate agency)

**\*For each minor child under 18 years of age:**

- Birth Certificate
- Social Security Card (if applicable)

**\*Copies of the most recent bank statement for each family member's bank account(s).**

**\*For each adult over 18 years of age: \$7.00 each for a Criminal Background Investigation.**

# Preliminary Application For Casa de la Esperanza

Boulder County Housing Authority  
P.O.Box 471  
Boulder, Colorado, 80306  
303-441-3929

Casa de la Esperanza - Office  
1520 S. Emery St. - Office  
Longmont, CO 80501  
(303) 678-6221

Colorado Relay TDD 800-659-2656

Full Name of Head of Household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Best phone to reach you: \_\_\_\_\_  
Are you a citizen of the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you a Legal Resident? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is the Head of Household employed in the Agricultural field? Yes \_\_\_\_\_ No \_\_\_\_\_

Who will be living with you?

Full Names of Other Adults	Date of Birth	Sex

Full Names of Children (Please list one on each line.)	Date of Birth	Sex

Do you have any expenses related to childcare for any child under the age of 13 listed above? Yes \_\_\_\_\_ No \_\_\_\_\_  
What is your TOTAL Household monthly income BEFORE deductions? \_\_\_\_\_  
What is the name of your Employer? \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Do you have any assets? (Savings, Stocks, Real Estate, etc.?) Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, what do you own? \_\_\_\_\_

Is the Head of Household or spouse 55 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is the Head of household or spouse a person with a Disability? Yes \_\_\_\_\_ No \_\_\_\_\_  
If the answer to the previous question is Yes, do you have or anticipate to have any assistance-related expenses? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you require a Wheelchair accessible unit? Yes \_\_\_\_\_ No \_\_\_\_\_

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications 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? Yes \_\_\_\_\_ No \_\_\_\_\_  
Race (Mark one or more): American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_  
Native American or Other Pacific Islander: \_\_\_\_\_ White \_\_\_\_\_

I/We certify that if we are determined eligible and offered a unit for tenancy, that unit will serve as my/our primary residence.

\_\_\_\_\_  
Signature of Head of Household Date

Date this Application was received in office \_\_\_\_\_ Time of day? \_\_\_\_\_  
Person who received Application \_\_\_\_\_



Boulder County Housing Authority  
 1520 S. Emery St. – OFFICE  
 Longmont, CO 80501  
 Phone (303) 678-6221 Fax (303) 678-6240  
 TDD: Colorado Relay 1-800-659-2656

## APPLICATION PROCESS

The attached rental application must be filled out completely, signed and dated.

Boulder County Housing Authority Management office will screen all applicants over the age of 18 for criminal background records with the Colorado Bureau of Investigation. The cost for this screening is \$7.00 per person. A check or money order for this charge must be submitted with the completed application. Applications will be considered complete and will be date stamped when they are completely filled out, signed and the CBI fee is remitted.

Boulder County Housing Authority Management Office will review the CBI report and check landlord references.

For some sites, Boulder County Housing Authority Management Office must verify all sources of the applicant(s) income and assets to determine eligibility.

Please provide copies of income and asset verification with this application.

- Income Verification Required.
- Income Verification Not Required.

NOTE: Boulder County Housing Authority Management Office reserves the right to reject an applicant for any of the following reasons:

- Unacceptable criminal record
- Unacceptable landlord references
- No landlord references
- Annual household income higher than the applicable limit
- Inability to meet financial obligations, including rent

Which property are you interested in? \_\_\_\_\_

Sally Vigil Property Management Supervisor 720-564-2275 SE HABLA ESPAÑOL	John Mongello Property Manager  720-564-2281	Ramona Acosta Property Manager  303-678-6221 SE HABLA ESPAÑOL
--	---	---

**AUTHORIZATION for the  
Release of Information**

**Boulder County Housing Authority**

**Organization requesting release of information**

Boulder County Housing Authority  
Property Management  
P.O. Box 471  
Boulder, CO 80306  
(720) 564-2284; FAX (720) 564-2283

This Form cannot be used to request a copy of a tax return. Instead, use IRS form 4506, Request for a copy of Tax Form.

**Individuals or Organizations That May  
Release Information:**

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Providers of:
  - Alimony
  - Child Care
  - Child Support
  - Credit
  - Handicapped Assistance
  - Medical Care
  - Pensions/Annuities
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

**Purpose**

The Boulder County Housing Authority may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

**Authorization**

I authorize the release of any information (including documentation and other materials) Pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Public Housing
- Rental Assistance Program (RAP)
- Section 8 Housing Assistance Program

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs and to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

**Information Covered Inquiries may be made about:**

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions, Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

**Computer Matching Notice & Consent**

I agree that a Public Housing Agency or Indian Housing Authority may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The match will be used to verify information supplied by the family.

**Conditions**

I agree that photocopies of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Authority and will stay in effect for a year and one month from the date signed.

If I do not sign this authorization, I also understand that my housing assistance can be denied or terminated

**SIGNATURES**

	/ /	/ /
Head of Household	Date of Birth	Date
	/ /	/ /
Spouse	Date of Birth	Date
	/ /	/ /
Adult Member	Date of Birth	Date
	/ /	/ /
Adult Member	Date of Birth	Date

**RENTAL APPLICATION – PAGE 1**

FULL NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DIRVERS LICENSE NO. \_\_\_\_\_ STATE: \_\_\_\_\_

HOUSE \_\_\_\_ APARTMENT \_\_\_\_ OTHER \_\_\_\_ DO YOU RENT \_\_\_\_ OWN \_\_\_\_  
PRESENT AMOUNT OF RENT OR HOUSE PAYMENT (MONTHLY) \$ \_\_\_\_\_  
HOW LONG HAVE YOU LIVED THERE? \_\_\_\_\_

MARITAL STATUS: SINGLE \_\_\_\_ MARRIED \_\_\_\_ WIDOWED \_\_\_\_ DIVORCED \_\_\_\_  
NUMBER OF PERSONS WHO WILL BE LIVING IN THE UNIT \_\_\_\_\_  
DO YOU HAVE ANY PETS YES \_\_\_\_ NO \_\_\_\_; IF SO DESCRIBE \_\_\_\_\_

<u>NAMES OF FAMILY MEMBERS RELATIONSHIP</u>	<u>DATE OF BIRTH</u>	<u>SOC. SEC #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIZE OF UNIT REQUIRED (CIRCLE ONE): EFFICIENCY      1-BR    2-BR    3-BR    4-BR

EMPLOYMENT INFORMATION (Must have employment information for past two (2) years)

<u>SELF</u>	<u>SPOUSE</u>
_____	_____
_____	OCCUPATION _____
_____	EMPLOYER _____
_____	EMPLOYER'S ADDRESS _____
_____	EMPLOYER'S PHONE _____
_____	HOW LONG EMPLOYED _____
_____	SUPERVISOR'S NAME _____

<u>SELF</u>	<u>SPOUSE</u>
_____	_____
_____	OCCUPATION _____
_____	EMPLOYER _____
_____	EMPLOYER'S ADDRESS _____
_____	EMPLOYER'S PHONE _____
_____	HOW LONG EMPLOYED _____
_____	SUPERVISOR'S NAME _____

BANK REFERENCE:

NAME OF BANK YOU DO BUSINESS WITH: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CHECKING ACCT # \_\_\_\_\_ SAVINGS ACCT # \_\_\_\_\_

**RENTAL APPLICATION – PAGE 2**

NUMBER OF AUTOMOBILES: \_\_\_\_\_

MAKE _____	YEAR _____	LICENSE # _____
MAKE _____	YEAR _____	LICENSE # _____
MAKE _____	YEAR _____	LICENSE # _____

HAVE YOU LIVED IN AN APARTMENT BEFORE? \_\_\_\_\_

IF SO WHERE? \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED OR REQUESTED TO VACATE? \_\_\_\_\_

IF YOU WHEN AND WHERE \_\_\_\_\_

FROM WHOM HAVE YOU RENTED DURING THE PAST TWO YEARS?

CURRENT ADDRESS: \_\_\_\_\_

CURRENT LANDLORD'S NAME: \_\_\_\_\_

CURRENT LANDLORD'S ADDRESS: \_\_\_\_\_

CURRENT LANDLORD'S PHONE: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

AMOUNT OF RENT \$ \_\_\_\_\_ # OF BEDROOMS \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

---

PREVIOUS ADDRESS: \_\_\_\_\_

PREVIOUS LANDLORD'S NAME: \_\_\_\_\_

PREVIOUS LANDLORD'S ADDRESS: \_\_\_\_\_

PREVIOUS LANDLORD'S PHONE: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

AMOUNT OF RENT \$ \_\_\_\_\_ # OF BEDROOMS \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

---

PREVIOUS ADDRESS: \_\_\_\_\_

PREVIOUS LANDLORD'S NAME: \_\_\_\_\_

PREVIOUS LANDLORD'S ADDRESS: \_\_\_\_\_

PREVIOUS LANDLORD'S PHONE: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

AMOUNT OF RENT \$ \_\_\_\_\_ # OF BEDROOMS \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN CONVICTED OF A CRIME? \_\_\_\_\_

IF YES DESCRIBE: \_\_\_\_\_

**RENTAL APPLICATION – PAGE 2**

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD CURRENTLY INVOLVED IN ANY ILLEGAL ACTIVITIES?

IF YES DESCRIBE: \_\_\_\_\_

**RENTAL APPLICATION – PAGE 3**

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD CURRENTLY USING OR SELLING ANY DRUGS OR ILLEGAL SUBSTANCES?

IF YES DESCRIBE: \_\_\_\_\_

ARE YOU OR ANY MEMBER OF YOUR FAMILY CURRENTLY INVOLVED IN ANY CRIMINAL GANG ACTIVITIES?

IF YES DESCRIBE: \_\_\_\_\_

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE. I GIVE PERMISSION FOR B.C.H.A. TO CONTACT ANY EMPLOYMENT OR LANDLORD REFERENCES. I UNDERSTAND THAT B. C. H. A. WILL DO A CRIMINAL BACKGROUND CHECK WITH COLORADO BUREAU OF INVESTIGATION (C.B.I.).

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT

\_\_\_\_\_  
DATE