



Walt Self – Lyons

Rural Development Application

Submit Application



PRELIMINARY APPLICATION

Complete and return to:
Boulder County Housing Authority
P.O. Box 471
Boulder, CO 80306

Phone: 303-441-1542
TDD: 800-659-2656
Fax: 720-564-2283

FOR OFFICE USE ONLY:
NAME:

HEAD OF HOUSEHOLD INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Sex: Female Male SS#: _____ - _____ - _____

Do you require any special accommodations? Yes No
If yes, please describe here: _____

Race: Please check below. Please check below. 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 Services 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 anyway. However, if you chose not to furnish it, the owner is required to note race, ethnicity, and sex of the individual applicants on the basis of visual observation or surname.

- White
- African American
- Asian/Pacific Islander
- Hispanic
- American Indian
- Other

Date of Birth: _____
Month Day Year

REC'D:

FAMILY INFORMATION (Please list people that will be living with you):

	Name (last, first)	Sex	SS#	Date of Birth	Relationship to You
1					
2					
3					
4					
5					
6					

TIME:

FAMILY INCOME AND STATUS INFORMATION:

Monthly gross income: \$ _____ Employer: _____

Address: _____ City/State: _____

Other Income Sources (Employment, TANF, SSI, etc.): _____

BDRMS:



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Family Member	Source(s) of Income (AFDC, SSI, Employment)	Monthly Gross Income

MAILING ADDRESS:

Street: _____ Apartment #: _____
 City: _____ State: _____ Zip: _____ County: _____
 Home Phone Number: (____)____-____ Day Phone Number: (____)____-_____

Do you live, work or go to school in Boulder County? Yes No
 Have you ever received housing assistance or lived in low-income housing? Yes No
 If yes, please name agency: _____

Have you ever been convicted as a sex offender in any state and are you compelled to register as a sex offender?
 Yes No

I hereby give permission to the BCHA to perform whatever background investigations are necessary to verify my eligibility for its programs. This includes checking police records.

 Signature of Head of Household Date

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age.

PLEASE NOTE: It is your responsibility to inform the Boulder County Housing Authority of any changes in your status, such as a change of address or number of members in your family. If mail sent to you is returned by the Post Office, you will be removed from our waiting list.

REVISED 10/11—PREVIOUS EDITIONS OBSOLETE

It is the policy of BCHA to make programs, meetings, activities and services accessible to individuals with disabilities. In order to provide special services such as interpreters or provide special materials in special formats such as large print, Braille, or computer disks the county needs to be informed of the individual's special needs. If you need special assistance contact Boulder County American Disabilities Act Coordinator at 303-441-3508 at least 48 hours before the scheduled event.

