



Application for Admission and Rental Assistance Section 8 & Disabled

For Office Use Only: Date application received _____	Time application received _____	By _____
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Date: _____

Property Name:	Sunset Meadows	Telephone:	970-824-5811
Address:	633 Ledford St.	Fax:	970-824-1199
City and State:	Craig, CO 81625	TTD/TTY:	711 National Voice Relay
Property Web Site	https://moffatcounty.colorado.gov/services/housing-authority	Email	agallosa@moffatcounty.net

(Please return this form to the above address)

The information on this form is needed to certify your household. Please complete this **entire** form and **leave no blanks**. If there are any questions that you do not understand, please call the Housing Coordinator. Thank you for your cooperation.

How did you hear about us? Newspaper Radio Internet HUD Other

Head of Household Name			
Head of Household Address			
City, State, Zip			
Home Phone		Cell Phone	
Work Phone		Email address	
May we contact you at work?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Part1 Household composition

Hh mbr	Full Name	Relationship to head of household (hoh)	Date of birth	Gender	Social security number	Citizenship Status
1		HoH				
2						
3						

Do you expect any additions to the household within the next 12 months?(check one) [] YES [] NO If yes, please explain:

If you have no Social Security Number, you claim you are exempt because

- You are an ineligible non-citizen
- You were 62 as of 1/31/10 **and** receiving HUD housing assistance as of 1/31/10 (if you claim this exemption you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059)

If the head of household or co-head/spouse is not 62 or older, do you claim eligibility because the head-of-household or co-head/spouse is disabled?	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a victim of a recent presidentially declared disaster?		<input type="checkbox"/> Yes	<input type="checkbox"/> No





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Are you currently receiving housing assistance from HUD or a PHA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently using marijuana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? <i>This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry or has any member been convicted of a sexual offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when		
Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i>		
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C		

PETS & ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved **before** housing the animal in the unit.

Do you plan to house an animal in the unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ANIMAL TYPE <i>(I.E. DOG, CAT, TURTLE, ETC.)</i>	BREED <i>(IF APPLICABLE)</i>	HEIGHT <i>(MEASURED AT WITHERS IF APPLICABLE)</i>	WEIGHT

UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements into consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features below.

Unit Size	Special Features	
<input type="checkbox"/> 1 Bedroom Unit	<input type="checkbox"/> Mobility Accessible Unit	<input type="checkbox"/> Special features: Please list:
<input type="checkbox"/> Communication Accessible Unit (Hearing)	<input type="checkbox"/> Communication Accessible Unit (Visual)	

