



RENTAL APPLICATION

RANGELY HOUSING AUTHORITY
410 NORTH WHITE AVENUE
RANGELY, CO 81648

NON REFUNDABLE APPLICATION FEE: \$65

“THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER”

YOU MUST ANSWER ALL QUESTIONS. IF A QUESTION DOES NOT APPLY, YOU MUST EXPLAIN WHY.

NUMBER OF OCCUPANTS _____

MARRIED _____ SINGLE _____ DIVORCED _____ WIDOWED _____
(If not married, co-applicant must fill out separate application.)

1. NAME OF APPLICANT:

Last Name First Name Date of Birth SS#

2. NAME OF CO-APPLICANT:

Last Name First Name Date of Birth SS#

3. PRESENT MAILING ADDRESS AND PHONE #:

Street City State Zip Code Phone #

4. DRIVER’S LICENSE # _____ STATE _____

5. AUTO TAG # _____ YEAR _____ MAKE _____

6. NAMES OF ANY OTHER OCCUPANTS:

Last Name First Name Date of Birth SS#

7. PERSONAL REFERENCES: (Not a relative or employer)

Last Name First Name Occupation PH#

a. _____

b. _____

8. **CURRENT LANDLORD:**

Name Complete Address/Zip Code Phone #

How long have you lived there? _____

9. **PREVIOUS LANDLORD:**

Name Complete Address/Zip Code Phone #

How long did you live there? _____

10. **HAVE YOU EVER BEEN EVICTED, BREACHED OR VIOLATED YOUR CONTRACT WHILE LEASING ANY TYPE OF RENTAL HOUSING? _____**

If you answered "yes", please explain below:

11. **HAVE YOU OR ANY OF THE IMMEDIATE HOUSEHOLD MEMBERS EVER BEEN CONVICTED OF A FELONY CRIME? _____**

If you answered "yes", please explain below:

12. **HAVE YOU EVER RECEIVED RENTAL SUBSIDY? _____**

13. **LIST CURRENT EMPLOYERS OF HOUSEHOLD MEMBERS 18 YEARS OR OLDER:**

14. **LIST ALL BANK ACCOUNTS (CHECKING, SAVINGS, CD'S):**

Name of Bank Address Type of Account

a. _____

b. _____

c. _____

15. CHARGE ACCOUNTS AND LOANS:

Name of Creditor Address Account #

a. _____

b. _____

16. INCOME:

Family Member	Wages Salaries	Social Security SSI Pensions	AFDC Child Support	Unemployment
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

17. EXPENSES:

If handicapped, disabled, or elderly please list anticipated amount of out of pocket medical expenses per month. \$ _____

Please list anticipated amount for child care which will enable the applicant to work or attend school. \$ _____

Please list anticipated amount per month for handicapped assistance expenses which will enable the applicant to work. \$ _____

18. WHEN DO YOU WISH TO MOVE IN? _____

19. HOW DID YOU LEARN ABOUT WHITE RIVER VILLAGE? _____

20. ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD CURRENTLY AN ILLEGAL USER OF A CONTROLLED SUBSTANCE (ILLEGAL DRUGS) OR DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD HAVE A CONVICTION OF THE SAME?
YES _____ NO _____

If you answered "yes", please explain:

21. ARE YOU APPLYING FOR STATUS AS AN ELDERLY HOUSEHOLD? _____

If so, you are entitled to a \$400 deduction, as well as a medical expense deduction. To qualify for status as an “elderly household”, you must meet at least one of the following qualifications. Please mark your qualification.

- A. 62 Years or Older _____
- B. Handicapped and 18 Years or Older _____
- C. Disabled and 18 Years or Older _____

22. WOULD YOU OR ANY MEMBER OF YOUR HOUSEHOLD BENEFIT BY OCCUPYING A WHEELCHAIR-ACCESSIBLE/HANDICAPPED UNIT? _____

I, _____, hereby certify that the rental unit I occupy will be my permanent residence and I will not maintain a separate subsidized rental unit or housing in a different location. I further certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiry to be made to verify the statements listed above. I certify that only those persons listed on this application will occupy the dwelling unless prior written approval is granted by management. The names of all persons authorized to occupy dwelling will appear on the most current certification prepared for my household.

I understand that deliberate submission of false information on my application, certification, recertification, or request for interim adjustment, constitutes grounds for immediate termination of assistance.

I understand that a police check and background check will be obtained for all adult applicants.

I understand that the completion of this form alone does not assure that my name will be placed on the waiting list. All supporting documentation must be provided as required in order to determine eligibility for placement on the waiting list.

*****WARNING*****

Section 1001 of Title 18, United States Code provides: “Whoever in any matter within the jurisdiction of any Department or Agency of the United States, knowingly or willfully falsifies, conceals, or covers up any trick, scheme, or device, a material fact or makes any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.”

I understand that the managing agent will verify in writing through a third party the information provided in this application.

I understand that the household income is subject to verification through the records of the Colorado Department of Labor, Rural Development, and/or the Town of Rangely.

By signing below, I certify that I have read and understand the above noted statement.

Tenant/Applicant

Date

Co-Tenant/ Applicant

Date

Management

Date

“The information regarding race, ethnicity, and sex designation solicited on the application is requested in order to assure the Federal Government, acting through the Rural Housing Service that Federal laws prohibiting discrimination against tenant applicants 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.”

“THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER”

A. Ethnicity

Hispanic or Latino _____
Not Hispanic or Latino _____

B. Race (Mark one or More)

1. American Indian/Alaska Native _____
2. Asian _____
3. Black or African American _____
4. Native Hawaiian or other Pacific Islander _____
5. White _____

C. Gender

Male _____
Female _____