



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.

		DIVORCED must fill out separa	O WIDOWED _ ate application.)	
1.	NAME OF APPI	JCANT:		
		= ' '	Date of Birth	SS#
2.	NAME OF CO-A	APPLICANT:		
	Last Name	First Name	Date of Birth	SS#
3.	PRESENT MAIL Street	ING ADDRESS A City Sta	ND PHONE #: ate Zip Code Ph	one#
4.	DRIVER'S LICE	ENSE #		STATE
5.	AUTO TAG #	YEAR _	MAKE	
6.		Y OTHER OCCUP First Name	ANTS: Date of Birth	SS#
7.		FERENCES: (Not First Name	a relative or employer) Occupation) PH#
	9	1 12 0 1 1 WILL	Cocapanien	2 22.

8. (b CURRENT LA	NDLORD:	
]	Name	Complete Address/Zip Code	Phone #
	How long ha	ave you lived there?	
9. F	PREVIOUS LA Name	NDLORD: Complete Address/Zip Code	Phone #
	How long di	id you live there?	
10.		J EVER BEEN EVICTED, BREACHED T WHILE LEASING ANY TYPE OF RE	
	If you answe	ered "yes", please explain below:	
11.		J OR ANY OF THE IMMEDIATE HOUED OF A FELONY CRIME?	SEHOLD MEMBERS EVER BEEN
	If you answe	ered "yes", please explain below:	
12.	HAVE YOU	J EVER RECEIVED RENTAL SUBSID	Y?
13.	LIST CURF	RENT EMPLOYERS OF HOUSEHOLD	MEMBERS 18 YEARS OR OLDER
14.		BANK ACCOUNTS (CHECKING, SAV te of Bank Address	INGS, CD'S): Type of Account
	a		
	h		

a	ı				
t	o				
	NCOME: Family Member	Wages Salaries	Social Security SSI Pensions	AFDC Child Support	Unemployment
		\$	\$		\$
		\$	\$	\$	\$
		\$	\$	\$	\$
7	ΓΟΤΑLS	\$	\$	\$	\$
H I e	EXPENSES f handicapp expenses per Please list ar	ed, disabled, or month. \$	or elderly please list and		
H H a	EXPENSES If handicapp expenses per Please list ar attend school	ned, disabled, or month. \$ nticipated amounticipated amountic	ount for child care which	ch will enable the	applicant to worl
H e H a	EXPENSES If handicappexpenses per Please list are attend school	ned, disabled, or month. \$ nticipated amounticipated amountic	ount for child care whice ount per month for hand	ch will enable the	applicant to worl
H II e H a H e	EXPENSES If handicapp expenses per Please list ar attend school Please list ar enable the ap WHEN DO	ned, disabled, or month. \$ nticipated amount is nticipated amount is pplicant to wo	ount for child care whice ount per month for hand rk. \$	ch will enable the dicapped assistance	applicant to worl
H I I I I I I I I I I I I I I I I I I I	EXPENSES If handicapp expenses per Please list are attend school Please list are enable the ap WHEN DO HOW DID Y ARE YOU OUSER OF A	r month. \$ nticipated amounticipated amountici	ount for child care whice ount per month for hand rk. \$ TO MOVE IN?	ch will enable the dicapped assistance ZER VILLAGE? _ USEHOLD CURE LEGAL DRUGS	ee expenses whice

	-	fy for status as an "elderly household", you fications. Please mark your qualification.	n must meet at least one of the following
	A. B. C.	62 Years or Older Handicapped and 18 Years or Older Disabled and 18 Years or Older	
22.		JLD YOU OR ANY MEMBER OF YOUR UPYING A WHEELCHAIR-ACCESSIBI	
residence and further certify authorize inquention this applic	I will that that the thick that the thick the	, hereby certify that the rent not maintain a separate subsidized rental under the foregoing information is true and complete made to verify the statements listed above will occupy the dwelling unless prior writtens authorized to occupy dwelling will appear	nit or housing in a different location. I ete to the best of my knowledge. I eve. I certify that only those persons listed approval is granted by management. The
		liberate submission of false information on quest for interim adjustment, constitutes gr	• • •
I understand t	that a p	police check and background check will be	obtained for all adult applicants.
	All sup	e completion of this form alone does not as porting documentation must be provided as a waiting list.	· · · · · · · · · · · · · · · · · · ·
		********WARNING****	****
any Departme	ent or A	e 18, United States Code provides: "Whoe Agency of the United States, knowingly or r device, a material fact or makes any false not more than \$10,000 or imprisoned not	willfully falsifies, conceals, or covers up, fictitious, or fraudulent statement or

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

I understand that the household income is subject to verification through the records of the Colorado

If so, you are entitled to a \$400 deduction, as well as a medical expense deduction. To

Department of Labor, Rural Development, and/or the Town of Rangely.

in this application.

2) 0.5	below, I certify that I have read and understand to	
Tenant/Appl	licant	Date
Co-Tenant/	Applicant	Date
Managemen	t	Date
prohibiting of sex, familial but are enco discriminate note the race	are the Federal Government, acting through the discrimination against tenant applicants on the bastatus, age, and disability are complied with. Youraged to do so. This information will not be us against you in any way. However, if you choose, ethnicity, and sex of individual applicants on TITUTION IS AN EQUAL OPPORTUNITY	asis of race, color, National origin, religion, ou are not required to furnish this information ed in evaluating your application or to e not to furnish it, the owner is required to the basis of visual observation or surname."
	Hispanic or Latino Not Hispanic or Latino	
В.	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	
С.	Gender	
	Male Female	