



Casa De Los Arcos Rental Application

Property Name	<u>Casa de los Arcos</u>	FOR OFFICE USE ONLY	
Address	<u>503 S. 8th St.</u>	Date Received	
City/State/Zip	<u>Pagosa Springs, CO 81147</u>	Time Received	
Phone/Fax	<u>970-264-4828 / 970-264-0302</u>	Received By	
		Apt. Size Requested	

HOUSEHOLD SUMMARY INFORMATION

List each household member applying to reside in the apartment.

Please complete and attach a separate Rental Application - Member Information form for each household member.

First Name	MI	Last Name	Relationship to Head of Household <small>Options: Spouse Co-Head Dependent Live-in Aide Foster Child/Adult Other Family Member</small>	Are you enrolled as student at an institute of higher education?	Sex*
			Head of Household		

How did you hear about us? _____ *Options for sex are (M)-Male, (F)-Female or choose to (ND)-Not Disclose.
Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next year? ☐ Yes ☐ No

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

I/We certify the information given in this application is accurate and complete. I/We understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, and rental history check through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive and denied applications will be held for three years as required by federal regulation.

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed by mail to the following person, responsible for related policies: Archuleta County Housing Authority- Section 504 Coordinator.

Signature _____

Date _____

Signature _____

Date _____

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.



Casa De Los Arcos Rental Application – Member Information

DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

Member Name _____ Head of Household Name _____

TO BE COMPLETED FOR EACH HOUSEHOLD MEMBER, REGARDLESS OF AGE

Date of Birth _____ SSN _____

If you have no SSN, were you 62 years old as of 1/30/2010? ☐ Yes ☐ No

☐ Check here if member address is the same as Head of Household

Street Address _____ Home Phone _____ ☐ N/A

City _____ Work Phone _____ ☐ N/A

State _____ Zip _____ Cell Phone _____ ☐ N/A

List all states you have ever resided in (regardless of duration) _____

Are you subject to a state sex offender lifetime registration requirement? ☐ Yes ☐ No If Yes, which state? _____

Are you temporarily displaced due to a disaster? ☐ Yes ☐ No

Do you require an accessible unit due to a disability? ☐ Yes ☐ No

Are you a U.S. military veteran? ☐ Yes ☐ No

Race* (Choose all that apply)

☐ American Indian ☐ Alaska Native ☐ Asian ☐ African American ☐ Native Hawaiian ☐ Pacific Islander ☐ White ☐ Other

Ethnicity* ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**This information is gathered for statistical purposes only*

BACKGROUND AND CRIMINAL HISTORY

Is member 18 years of age or older? ☐ Yes ☐ No **If No, skip this section**

A Public Records search will be conducted on each adult applicant/occupant.

Do you have any felonies or misdemeanors involving the below? If Yes, identify the year the incident occurred.

Sexual misconduct? ☐ Yes ☐ No Year _____

Illegal possession, manufacture, sale and/or distribution of a controlled substance? ☐ Yes ☐ No Year _____

Physical crime against a person or persons and/or another person's property? ☐ Yes ☐ No Year _____

Have you been evicted from federally assisted housing in the last 3 years for drug-related criminal activity? ☐ Yes ☐ No

Are you currently engaged in illegal drug use? ☐ Yes ☐ No

Are you homeless or lacking a fixed nighttime residence? ☐ Yes ☐ No

RENTAL HISTORY

Is member 18 years of age or older? ☐ Yes ☐ No **If No, skip this section**

Applicant's name must have been on the Lease/Mortgage for any reference to be valid. Lack of Rental History will not be considered a negative factor.



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Member Name _____ Head of Household Name _____

RENTAL HISTORY

☐ Check here if member address is the same as Head of Household

Current Landlord Name _____ Rent Per Month _____

Apartment Complex Name _____ ☐ N/A

Street Address _____

City, State, Zip _____

Phone Number _____

Do you live in subsidized housing? ☐ Yes ☐ No If Yes, are you currently receiving assistance? ☐ Yes ☐ No

☐ Check here if member address is the same as Head of Household

Previous Landlord Name _____ Rent Per Month _____

Street Address _____
_____ City, State,

Zip _____ Phone

Number _____

EXPENSES

Medical/Disability

Is the Head, Spouse, or Co-Head of your household either age 62+ or disabled? ☐ Yes ☐ No **If No, go to the next section**
If you answered Yes, only list out-of-pocket expenses the member completing this form pays regularly and is not reimbursed for.

Monthly Medicare premiums (including Part D) _____

Monthly prescription copay costs _____

Monthly Medical Insurance _____

Other medical/disability expenses _____

Installment Payments on Doctor Bills _____

Hospital bill installment payments paid in the last 12 months _____

Childcare Is the member completing this form paying expenses for the care of a child under age 13? ☐ Yes ☐ No **If No, go to the next section**

Does this care allow you to ☐ Work ☐ Seek Employment or ☐ Further your academic or vocational education?

Child's Name _____ Child's Name _____



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Member Name _____ Head of Household Name _____

INCOME

Income source(s) for this member (indicate gross income before any deductions/garnishments occur).

Employment Income ☐ Yes ☐ No If Yes, ☐ Full Time ☐ Part Time Start Date _____ Monthly Amount _____

Employer _____ Employer Phone _____

Full Street Address _____

Additional Employment Income, Other Sources ☐ Yes ☐ No

If Yes, ☐ Full Time ☐ Part Time Start Date _____ Monthly Amount _____

Employer _____ Employer Phone _____

Full Street Address _____

Unemployment ☐ Yes ☐ No

If Yes, Issuing Government Agency _____ Monthly Amount _____

Issuing State _____ Monthly Amount _____

Social Security Benefits ☐ Yes ☐ No Monthly Amount _____

Dual Entitlement ☐ Yes ☐ No Monthly Amount _____

Federal SSI ☐ Yes ☐ No Monthly Amount _____

SSP (State portion of SSI) ☐ Yes ☐ No Monthly Amount _____

Long/Short Term Disability ☐ Yes ☐ No Monthly Amount _____

Retirement ☐ Yes ☐ No Monthly Amount _____

Claim Number _____

Rental Income ☐ Yes ☐ No Monthly Amount _____

Child Support ☐ Yes ☐ No Monthly Amount _____

Alimony ☐ Yes ☐ No Monthly Amount _____

General Assistance (TANF) ☐ Yes ☐ No Monthly Amount _____

Other ☐ Yes ☐ No Monthly Amount _____

Business Income ☐ Yes ☐ No Monthly Net Amount _____

Is anyone helping you with paying bills on a regular basis? ☐ Yes ☐ No Monthly Amount _____



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Member Name _____

Head of Household _____

ASSETS

Checking	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
Savings	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
CD	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
Money Market	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
Trusts	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	Balance	_____
Retirement Accounts	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
Mutual Funds	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
Stocks/ Bonds	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
Whole Life Insurance	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance	_____
EFT Debit Cards	<input type="radio"/> Yes <input type="radio"/> No		Balance	_____
Direct Express Debit Card	<input type="radio"/> Yes <input type="radio"/> No		Balance	_____

(If you select No, yet receive SSA benefits, you must provide a copy of the paper benefit checks you receive.)

Cash on Hand ☐ Yes ☐ No Amount _____

Do you own real estate (home, land, etc.)? ☐ Yes ☐ No Estimated Market Value _____

Do you own a collection held as an investment? ☐ Yes ☐ No Estimated Market Value _____

Have you disposed of any assets for less than fair market value within the last two years? ☐ Yes ☐ No

If Yes, provide date of disposal _____ Amount Received _____ Estimated Market Value _____

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature of household member or guardian/parent if member is a minor _____

Date _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:											
Mailing Address:											
Telephone No:	Cell Phone No:										
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason for Contact: (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Late payment of rent	
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<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.