



Rose Mountain Townhomes

move-in application

Head of Household Name			
Head of Household Address			
City		State	Zip Code
Phone Number		Email	

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 apartment manager. Thank you for your cooperation.

part 1 household composition

hh mbr	Full name	Relationship to head of household (hoh)	Date of birth	Social security number
1		HoH		
2				
3				
4				
5				
6				

Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain: Yes No

part 2 current/previous residency

Current address [provide previous address(es) if less than two years]	Date of residence	Rent or own?	Monthly payment	Landlord/mortgage co. name
	from: to:			
	from: to:			
	from: to:			

part 3 household income

Does your household have income, assistance, or benefits from the sources listed below?		Monthly income / assistance amount	Hh mbr#
<input type="checkbox"/> Yes <input type="checkbox"/> No	Self employment (<i>list nature of self employment</i>)	(use net income from business) \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <i>If yes, list the information in Part 4 below.</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment benefits	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Administration, GI Bill, or National Guard/military benefits/income	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships (<i>exclude student loan awards which must be repaid</i>)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement benefits from Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (551) or Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability or death benefits other than Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we receive public assistance income (example: TANF)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child support payments. If yes, for how many children do you receive support?	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am entitled to receive child support payments and am currently making efforts to collect child support owed to us. Describe efforts being made to collect child support:	Anticipated Amount: \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony/spousal support payments	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources: 1. 2.	\$ \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from real or personal property	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance?	How often do you receive the cash assistance?	

	If yes; who provides cash assistance?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
	What is the average cash amount you receive? \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do your family, friends, or any other person or organization outside of your household help you pay your bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.?	How often do they pay the bills or expenses? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
	If yes; who helps you pay the bills or expenses?	
	What is the average amount of assistance you receive? \$	

part 4 current employment information *(please attach a separate form for additional employment, if needed)*

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	

Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax
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part 5 previous employment information *(not required for retired persons)*

Resident Name		Occupation/Title				
Employer Name		Contact Person				
Employer Address						
City				State		Zip Code
Date Hired	Ending Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Term. Date	Work Phone	Work Fax

Resident Name		Occupation/Title				
Employer Name		Contact Person				
Employer Address						
City				State		Zip Code
Date Hired	Ending Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Term. Date	Work Phone	Work Fax

part 6 student status certification

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

please choose **one** option below that best describes your **household**

<input type="checkbox"/>	The household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive).
	List non-student here:
<input type="checkbox"/>	The household contains all students , but is qualified because at least one occupant is a part time student. Verification of part time student status is required.
	List part time here:

<input type="checkbox"/>	The household contains all students who were, are, or will be full time for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below:
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	Yes	No
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student a single parent with child(ren), and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than the parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

part 7 household asset information

Do you have assets as listed below?	Hh mbr#	Account #(s)	Interest Rate	Cash Value
<input type="checkbox"/> Yes <input type="checkbox"/> No Checking account(s). If yes, list bank(s). 1. % \$ 2. % \$				
<input type="checkbox"/> Yes <input type="checkbox"/> No Savings account(s). If yes, list bank(s). 1. % \$ 2. % \$				
<input type="checkbox"/> Yes <input type="checkbox"/> No Trust(s). If yes, please indicate which type (revocable or non-revocable), bank and/or trustee's name. 1. % \$ 2. % \$				
<input type="checkbox"/> Yes <input type="checkbox"/> No I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description.				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No Personal property that is being held as an investment. If yes, describe:			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No Stocks, bonds, or Treasury bills. If yes, list sources/bank name(s). 1. % \$ 2. % \$				
<input type="checkbox"/> Yes <input type="checkbox"/> No Certificate(s) of Deposit (CD) or Money Market account(s). If yes, list sources/bank name(s). 1. % \$ 2. % \$				

<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Lump Sum Pension/Keogh Account/401k. If yes, bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Cards (Direct Express Debit, TANF, and/or unemployment benefits)				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have a life insurance policy (exclude term policies). If yes, list company 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have cash on hand or cash in a safe deposit box.			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed.				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have income from assets or sources other than those listed above (i.e. electronic accounts: Venmo, PayPal, Bitcoin, GoFundMe, etc.) If yes, list type(s) below.			%	\$

If forms are completed electronically, one of the following boxes must be checked:

- This form was completed electronically by the resident.
- Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).

signatures

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

Print Name of Applicant Signature Date

Print Name of Applicant Signature Date

Print Name of Other Applicant Signature Date

Print Name of Other Applicant Signature Date

Reviewed by (Signature of Owner/Representative) Date
All household members ages 18 or over must sign and date.



supplementary demographic information

Colorado Housing and Finance Authority (CHFA) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC-financed properties.

Although CHFA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box below.

All members must initial form regardless if resident/applicant wishes to furnish the information. Adult member will initial for minors in the household.

Please initial:

HH #: #1 #2 #3 #4 #5 #6 #7

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race, and other household composition.

enter both ethnicity and race codes for each household member (see below for codes)

hh mbr #	last name	first name	mi	race code	ethnicity code	disability code
1						
2						
3						
4						
5						
6						
7						

race codes

1	African American/Black
2	American Indian/Alaskan Native
3	Asian
4	Asian Indian
5	Asian Other
6	Chinese
7	Filipino
8	Guamanian/Chamarro
9	Japanese
10	Korean
11	Native Hawaiian
12	Native Hawaiian/Pacific Islander
13	Pacific Islander Other
14	Samoan
15	Vietnamese
16	White
17	Other
18	Refused
19	Missing
20	Tenant declined to respond

ethnicity codes

1	N/A
2	Hispanic
3	Non-Hispanic
4	Hispanic or Latino
5	Not Hispanic or Latino
6	Tenant declined to respond
7	Missing

ethnicity codes

1	Yes
2	No
3	Tenant declined to respond
4	Missing

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/we authorize release of information without liability to the owner/manager of the apartment community listed below, and/or Monitoring Data Services, Inc., as the monitoring agency.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Past and Present Employers
- Previous Landlords (including Public Housing Agencies)
- Support and Alimony Providers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one** month from the date signed. I/We understand I/we have a right to review this file and correct any information that I/we can prove is incorrect.

SIGNATURES

_____	_____	_____
Applicant/Resident	(Print Name)	Date
<hr/>		
_____	_____	_____
Co-Applicant/Resident	(Print Name)	Date
<hr/>		
_____	_____	_____
Adult Member	(Print Name)	Date
<hr/>		
_____	_____	_____
Adult Member	(Print Name)	Date
<hr/>		
_____	_____	_____
Apartment Name	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

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 Contact: (Check all that apply)	
<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	
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 of discrimination in admission to or participation in federally assisted housing program 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.

Signature of Applicant

Date