



ROSE MOUNTAIN TOWNHOMES
450 HOT SPRINGS BLVD.
BUILDING A

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:			
	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)	\$	
<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	Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)		
<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, OAP, or AND)	\$	
<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	Alimony/spousal support payments	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions. If yes, list sources: 1. 2.	\$ \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from real or personal property	(Use net earned income) \$	
<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
	What is the average cash amount you receive? \$	<input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
<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.? If yes; who helps you pay the bills or expenses?	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: _____
	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"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Hourly <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"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Hourly <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 student here:

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:

	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

Non-necessary personal property		Hh mbr#	Cash Value	Interest Rate	Annual Income
<input type="checkbox"/> Yes <input type="checkbox"/> No	RVs, ATVs, boats, antique cards, stamp collections, etc. 1. Description: 2. Description:		\$ \$		\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash on hand		\$		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking account(s). If yes, list bank names & account number(s) . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account(s). If yes, list bank names & account number(s) . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Debit Card(s). If yes, list last 4 numbers of the card(s) . 1. Last 4 numbers on card: 2. Last 4 numbers on card:		\$ \$		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Internet-based assets (Cash app, Venmo, PayPal, Apple Pay, etc.)		\$	%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Brokerage Account(s). If yes, list bank name(s) & account number(s) . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Capital investments		\$	%	\$

<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities. If yes, list bank name(s) & account number(s) 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Money Market. If yes, list bank name(s) and account number(s) . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$

<input type="checkbox"/> Yes <input type="checkbox"/> No	Life insurance (do not include term life) If yes, list company 1. 2.		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cryptocurrency (Ethereum, Tether, Bitcoin, etc.)		\$	%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks / Bonds. If yes, list company where held. 1. 2.		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit. If yes, list bank name(s) and account number(s) . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust funds that are under control of the household. If yes, list bank name(s) and account number(s) . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Lump Sum amounts (lottery, inheritance, etc). 1. Description: 2. Description:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Deposit Box and it's contents.		\$		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other 1. Description: 2. Description:		\$ \$	% %	\$ \$

<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have disposed of assets (i.e., gave money away/assets) for less than the fair market value in the past two years. If yes, list items and date disposed 1. Item and date disposed: 2. Item and date disposed:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received a tax refund in the last 12 months?		Amount of return: \$		\$

Real property	Hh mbr#	Cash Value	Interest Rate	Annual Income
<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of property 3. Description: 4. Description:	\$ \$	% %	\$ \$

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 code	
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

disability 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
_____ Co-Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ 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 for 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 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.