Part 1: Contact Informa	<u>tion</u>								
Please provide your current	contact telepho	ne numbers: I	Home: ()			Cell: ()		
Street address, P.O. Box , Shelter or Institution Name:						City:	State:	Zip Code:	
Emergency contact name:						_ Emergency Conta	ct Phone Number:		
Part 2: Household Meml	<u>bers</u>								
List all individuals living in yo	our unit (please	include yourself	f):						
Full Name	Relationship	Disability (check one)	Social Security Number	Date of Birth	Gender (check one)	Ethnicity	Race	Veteran (check one)	U.S. Citizen
		☐ Yes ☐ No			☐ Male ☐ Female	☐ Hispanic/Latino ☐ Not Hispanic/Latino	☐ White ☐ Black/African American ☐ American Indian ☐ Asian ☐ Native Hawaiian	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No			☐ Male ☐ Female	Hispanic/Latino Not Hispanic/Latino	☐ White ☐ Black/African American ☐ American Indian ☐ Asian ☐ Native Hawaiian	Yes No	Yes No
		☐ Yes ☐ No			☐ Male ☐ Female	☐ Hispanic/Latino ☐ Not Hispanic/Latino	☐ White ☐ Black/African American ☐ American Indian ☐ Asian ☐ Native Hawaiian	Yes No	Yes No
Part 3: Eligibility									
Are you currently homeless	or will you be at	imminent risk	of homelessness witl	hout a housir	ng voucher?	☐Yes ☐No			
Date housing voucher is nee	eded to avoid ho	melessness:							
What Provider Agency will y	you be working v	with?							
Name and phone number fo	or case manager:	:							

Part 4: Criminal Activity

7 ((2)		Check all types of income	e your household receives:			
SSDI	Wa	nges	TANF		Child Suppor	t
SSI	☐ Da	y Labor	Food Stamps		☐ Income from	Assets/Annuity
Social Security	Co	mmission/Tips	☐ OAP		Alimony/ Ma	intenance
] VA Benefits	Un	employment	☐ Workforce Developm	ent	Retirement/	Pension
AND	Mo	oney from family/friends	School financial aid		Other	
				\$	per	hr/wk/mo/yr (circle one) hr/wk/mo/yr (circle one)
	usehold assist you w				Yes No	
Does anyone outside of your hour life, who assists you?						
	child support paymes s are <u>not</u> received th	ents and/or maintenance payme rough the Family Support Regis	ents, are these payments rece try, please provide the follow	ived througing informat	h the Family Suppor tion regarding your p	t Registry? payments:

Part 6: Assets

Check all types of assets or accounts your household currently has:

Savings Account	Stocks	Certificates of Deposit Payee/escrow account
Checking Account	Bonds	Own a home Other
Trust Fund	Money Market Funds	Cash Other
My household does not have any ass		lowing information:
Account Holder Name:		Account Holder Name:
Account Type:	_	Account Type:
Ple	ase provide a current statement in	cluding all pages for each account listed above.
Part 7: Allowances		
Is anyone in your household paying for child	dcare for children 12 years of age or	younger? Yes No If yes, please provide the following:
Child's Name:		/mo

Part 8: Certification

I do hereby swear and attest that all of the information provided on this form is true and correct. I understand that all changes in the income of any member of the household as well as any changes in the household members must be reported in WRITING within 10 business days to the agency administering my housing. I allow the Colorado Department of Human Services to utilize my Protected Health Information to meet the eligibility requirement for the housing grant for which I am applying.

My signature below also authorizes the Public Housing Authority administering my SHV voucher to conduct a CBI background check on all adult members of my household, including myself, anytime during the next 15 months.

Signature of Head of Household	Date	Signature of Spouse	Date
Signature of Other Adult	Date	Signature of Other Adult	Date
Signature of person completing form (I	f other than the applicant)	Date	Phone Number
Reason why applicant did not complete	form:		
			NOWINGLY AND WILLINGLY MAKING FALS
VARNING: TITLE 18, SECTION 1001 OF THE URANDULENT STATEMENTS TO ANY DEPARTI			NOWINGLY AND WILLINGLY MAKING FALS
	MENT OR AGENCY OF THE UNITED S	TATES.	NOWINGLY AND WILLINGLY MAKING FALS
RAUDULENT STATEMENTS TO ANY DEPARTI	ment or agency of the united s	TATES.	NOWINGLY AND WILLINGLY MAKING FALS
Date received at Colorado Departn	ment or agency of the united s	TATES.	NOWINGLY AND WILLINGLY MAKING FALS
Date received at Colorado Departm	nent of Human Services:	TATES.	