



RENTAL APPLICATION

RANGELY HOUSING AUTHORITY
410 NORTH WHITE AVENUE
RANGELY, CO 81648

EQUAL HOUSING OPPORTUNITY

YOU MUST ANSWER ALL QUESTIONS. IF A QUESTION DOES NOT APPLY, YOU MUST EXPLAIN WHY.

NUMBER OF OCCUPANTS _____

MARRIED _____ SINGLE _____ DIVORCED _____ WIDOWED _____
(If not married, co-applicant must fill out separate application.)

1. NAME OF APPLICANT:
Last Name First Name Date of Birth SS#

2. NAME OF CO-APPLICANT:
Last Name First Name Date of Birth SS#

3. PRESENT MAILING ADDRESS AND PHONE #:
Street City State Zip Code Phone #

4. DRIVER'S LICENSE # _____ STATE _____

5. AUTO TAG # _____ YEAR _____ MAKE _____

6. NAMES OF ANY OTHER OCCUPANTS:
Last Name First Name Date of Birth SS#

7. PERSONAL REFERENCES: (Not a relative or employer)
Last Name First Name Date of Birth SS#

a. _____

b. _____

8. CURRENT LANDLORD:

Name Complete Address/Zip Code Phone #

9. PREVIOUS LANDLORD:

Name Complete Address/Zip Code Phone #

10. HAVE YOU EVER BEEN EVICTED? BREACHED OR VIOLATED YOUR CONTRACT WHILE LEASING ANY TYPE OF RENTAL HOUSING? _____

IF YOU ANSWERED "YES," PLEASE EXPLAIN BELOW:

11. HAVE YOU OR ANY OF THE IMMEDIATE HOUSEHOLD MEMBERS EVER BEEN CONVICTED OF A FELONY CRIME? _____ IF YOU ANSWERED "YES," PLEASE EXPLAIN: _____

12. HAVE YOU EVER RECEIVED RENTAL SUBSIDY? _____

13. LIST CURRENT EMPLOYERS OF HOUSEHOLD MEMBERS 18 YEARS OR OLDER:

14. LIST ALL BANK ACCOUNTS (CHECKING, SAVINGS, CD'S):

Name of Bank Address Account #

- a. _____
- b. _____
- c. _____

15. CHARGE ACCOUNTS AND LOANS:

Name of Creditor Address Account #

- a. _____
- b. _____

16. INCOME:					
	Family Member	Wages Salaries	Social Security SSI Pensions	AFDC Child Support	Unemployment
	_____	\$ _____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____	\$ _____
	TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

17. EXPENSES:
 IF HANDICAPPED, DISABLED, OR ELDERLY; ANTICIPATED AMOUNT FOR OUT-OF-POCKET MEDICAL EXPENSES \$ _____ PER MONTH.

ANTICIPATED AMOUNT FOR CHILD CARE WHICH WILL ENABLE APPLICANT TO WORK OR ATTEND SCHOOL. \$ _____ PER WEEK. (NOT TUITION)

ANTICIPATED AMOUNT FOR HANDICAPPED ASSISTANCE EXPENSES WHICH WILL ENABLE APPLICANT TO WORK. \$ _____ PER MONTH.

18. WHEN DO YOU WISH TO MOVE IN? DATE _____

19. HOW DID YOU LEARN ABOUT WHITE RIVER VILLAGE?

20. ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD CURRENTLY AN ILLEGAL USER OF A CONTROLLED SUBSTANCE (ILLEGAL DRUGS) OR DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD HAD A CONVICTION OF THE SAME? YES _____ NO _____ IF YOU ANSWERED "YES," PLEASE EXPLAIN:

21. ARE YOU APPLYING FOR STATUS AS AN ELDERLY HOUSEHOLD? _____ IF SO, YOU ARE ENTITLED TO A \$400 DEDUCTION PLUS MEDICAL EXPENSE DEDUCTION. TO QUALIFY FOR STATUS OF "ELDERLY HOUSEHOLD," YOU MUST MEET AT LEAST ONE OF THE FOLLOWING QUALIFICATIONS:

- a. 62 YEARS OR OLDER _____
- b. HANDICAPPED AND 18 YEARS OR OLDER _____
- c. DISABLED AND 18 YEARS OR OLDER _____

22. WOULD YOU OR ANY6 MEMBER OF YOUR HOUSEHOLD BENEFIT BY OCCUPYING A WHEELCHAIR-ACCESSIBLE/HANDICAPPED UNIT? _____

I, _____, HEREBY CERTIFY THAT THE RENTAL UNIT I OCCUPY WILL BE MY PERMANENT RESIDENCE AND I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT OR HOUSING IN A DIFFERENT LOCATION. I FURTHER CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INQUIRY TO BE MADE TO VERIFY THE STATEMENTS LISTED ABOVE. I CERTIFY THAT ONLY THOSE PERSONS LISTED ON THIS APPLICATION WILL OCCUPY THE DWELLING UNLESS PRIOR APPROVAL IS GRANTED BY MANAGEMENT. THE NAMES OF ALL PERSONS AUTHORIZED BY MANAGEMENT TO OCCUPY DWELLING WILL APPEAR ON THE MOST CURRENT CERTIFICATION PREPARED FOR MY HOUSEHOLD.

I UNDERSTAND THAT DELIBERATE SUBMISSION OF FALSE INFORMATION ON ANY APPLICATION, CERTIFICATION, RECERTIFICATION OR REQUEST FOR INTERIM ADJUSTMENT CONSTITUTES GROUNDS FOR TERMINATION OF ASSISTANCE.

I UNDERSTAND THAT POLICE CHECK WILL BE OBTAINED ON ALL ADULT APPLICANTS.

I UNDERSTAND THAT THE COMPLETION OF THIS FORM ALONE DOES NOT ASSURE THAT MY NAME WILL BE PLACED ON THE WAITING LIST. ALL SUPPORT DOCUMENTATION MUST BE EXECUTED AS REQUIRED IN ORDER TO DETERMINE ELIGIBILITY FOR PLACEMENT ON THE WAITING LIST.

*****WARNING*****

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES, "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY OR WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED NOT MORE THAN FIVE YEARS OR BOTH."

I UNDERSTAND THAT THE MANAGING AGENT WILL VERIFY, IN WRITING THROUGH A THIRD PARTY, THE INFORMATION PROVIDED IN THIS APPLICATION.

I UNDERSTAND THAT THE HOUSEHOLD INCOME IS SUBJECT TO BEING CHECKED THROUGH THE RECORDS OF THE COLORADO DEPARTMENT OF LABOR BY RURAL DEVELOPMENT AND/OR THE TOWN OF RANGELY.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE-NOTED STATEMENT.

“THE INFORMATION REGARDING RACE, NATIONAL ORIGIN AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL DEVELOPMENT THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANTAPPLICANTS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE AND/OR HANDICAP ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATION OF YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER IS REQUIRED TO NOT DISCRIMINATE ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.”

A. RACE/NATIONAL ORIGIN:

- WHITE _____
- BLACK _____
- HISPANIC _____
- ASIAN/PACIFIC ISLANDER _____
- AMERICAN INDIAN _____

B. SEX:

- MALE _____
- FEMALE _____