

ESTES PARK HOUSING AUTHORITY

170 MacGregor Avenue P.O. Box 1200 Estes Park, Colorado 80517 970-577-3730



APPLICATION FOR TENANT ELIGIBILITY

PLEASE BE ADVISED THAT ALL APPLICANTS WILL BE SCREENED EQUALLY BEFORE FINAL ACCEPTANCE INTO ANY ESTES PARK HOUSING AUTHORITY PROGRAM. THIS SCREENING INVOLVES CRIMINAL/CIVIL BACKGROUND, AND PROOF OF CITIZENSHIP. A COPY OF THE WRITTEN SCREENING POLICY FOR THE ESTES PARK HOUSING AUTHORITY IS AVAILABLE AT 170 MACGREGOR AVENUE, P.O. BOX 1200, ESTES PARK, COLORADO 80517. APPLICATIONS WILL NOT BE PROCESSED IF INCOMPLETE OR UNSIGNED. ANY CHANGES THAT OCCUR REGARDING YOUR ADDRESS, FAMILY COMPOSITION OR INCOME IS YOUR RESPONSIBILITY TO REPORT IN PERSON TO THE ESTES PARK HOUSING AUTHORITY.

<i>Head of Household</i>		<i>Social Security Number</i>	
<i>Present Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Mailing Address (if different from residence)</i>		<i>Phone Number</i>	

PLEASE FILL OUT FOR ALL FAMILY MEMBERS APPLYING FOR HOUSING INCLUDING HEAD OF HOUSEHOLD

Household Members:	Date of Birth	Sex M/F	Household Members:	Date of Birth	Sex M/F
1.			5.		
2.			6.		
3.			7.		
4.			8. Due date of unborn child		

GROSS MONTHLY INCOME INFORMATION:

Head Gross monthly income from employment \$ _____ Where? _____

Other Adult Gross monthly income from employment \$ _____ Where? _____

Child Support \$ _____ Social Security \$ _____ Unemployment \$ _____

OAP \$ _____ SSI Disability \$ _____ Other Income \$ _____

AND \$ _____ TANF \$ _____

OPTIONAL: Check any of the following if needed:

- Unit modified for vision impaired
 Unit modified for hearing impaired
 Unit without stairs
 Extra bedroom to accommodate live-in aide or bulky medical equipment
 Wheelchair accessible

OPTIONAL: Please circle: 1. White 2. Black 3. American Indian 4. Asian
and 1. Hispanic or 2. Non-Hispanic

IS YOUR FAMILY CURRENTLY: (Answer yes or no)

- Working within the boundaries of the Park R-3 School District? _____
 If yes, where working? _____
- Participating in a job training or self-sufficiency program? _____
 If yes, what program? _____

APPLICANT CERTIFICATION: I certify that the information to the Estes Park Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that giving false statements or information is punishable under Federal law. I also understand that giving false statements or information are grounds for termination of housing assistance and termination of tenancy.

Applicant's Signature _____	Date _____
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FOR OFFICE USE ONLY:	
Date received: _____	Reviewed by: _____
Time received: _____	Received by mail: _____

All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973. The Estes Park Housing Authority does not discriminate on the basis of handicapped status in the admission or access to its facilities, or treatment of nor employment in its federally assisted programs or activities. Samuel C. Betters has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's (HUD) regulations implementing Section 504 (24 CFR Part 8, dated June 2, 1988) Rev 11/99