



**APPLICATION FOR RESIDENCY**  
**HOUSING AUTHORITY of the CITY of PUEBLO**

(719) 544-6230  
 TTY (719) 584-7621

Applicant Name (Head of Household): \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_ **Notice:** You are required to notify the Housing Authority (in writing) of any change of address. If we cannot contact you at the listed address, your name will be removed from the waiting list.

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ **Bed Size** \_\_\_\_\_

**HOUSEHOLD MEMBERS:** List below all persons who will reside in the household (including the Head of Household). Please provide all requested information for all household members, including birthdates and social security numbers.

Name (First, MI, Last)	Date of Birth	Social Security Number	Sex	Age	Race	Relation to Head of Household	Student Yes or No	Does this family member require an accommodation?

**Income:** Please list income from **all** sources for **all** household members

Household Member	Source of Income	Amount Received	Weekly, Monthly or Annually

Do you pay for childcare? YES  NO  If yes, How much \$ \_\_\_\_\_ Per week/month (circle one)

**Assets:** Please list assets held by all members of the household (Assets include, but are not limited to checking and savings accounts, trust funds, certificates of deposit, stocks and bonds)

Household Member	Account Type (checking, saving, etc.)	Balance

Do you own any property? NO  YES  Value: \$ \_\_\_\_\_

YES  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. \_\_\_\_\_

**Criminal Record:** Have you or any household member been convicted of a drug related or violent crime including the distribution or manufacturing of a controlled substance?  NO  YES

If Yes, please provide the following information: Date of Conviction: \_\_\_\_\_  
Offense: \_\_\_\_\_ County of Conviction: \_\_\_\_\_

If answering yes to either one or both of the two previous questions, has offender completed a controlled substance abuse recovery program or is presently enrolled in such a program? YES  NO

Is any member of your family required to register as a sex offender? YES  NO   
If yes, list family member \_\_\_\_\_ City/State offence occurred \_\_\_\_\_

Do you identify as a disabled individual? YES \_\_\_\_\_ NO \_\_\_\_\_  
Are you able to claim a medical deduction due to being disabled? YES \_\_\_\_\_ NO \_\_\_\_\_

Does anyone in your family require a unit that has been modified for a \_\_\_\_\_ Mobility Impairment \_\_\_\_\_ Sight Impairment or \_\_\_\_\_ Hearing Impairment? \_\_\_\_\_ No

Have you or anyone in your household ever been a tenant of any Housing Authority or any other federal housing programs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list the name of the Housing Authority: \_\_\_\_\_

Have you or anyone in your household ever moved from a rental unit while still owing rent, or been evicted from a rental unit? Yes  No

Are you currently receiving housing assistance? Yes  No

Do you have a pet? Yes  No

Race/Ethnicity: This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Hispanic or Latino Ethnicity (Please select only one):  Hispanic or Latino  Not Hispanic or Latino

Race (Please select one or more):  White   
 Asian  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

Primary Language:  English  Spanish  Hmong  
 Other: \_\_\_\_\_

### RENTAL HISTORY AND REFERENCES

In order to process your application, you must provide two (2) Landlord references. Please list your current or most recent landlord first.

Landlord: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Address of Unit Rented: \_\_\_\_\_

Dates of Occupancy: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Landlord: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Address of Unit Rented: \_\_\_\_\_

Dates of Occupancy: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I have no rental history  
Please explain your current and past housing situations: \_\_\_\_\_

\_\_\_\_\_

**Please list all states you have previously lived:** \_\_\_\_\_

**References:**

Please list two (2) persons not related or living with you who have known you for at least one (1) year.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Verifications and Signatures: I/we understand that the Housing Authority is relying on this information to determine my eligibility, and investigate both current and past employment records, rental history, credit rating, criminal/public records as well as any source of income or assets held by household members. The information obtained by the Housing Authority will be used for management purposes only and will be held confidential. I/we hereby swear to the best of my/our knowledge the information is true and complete as of the date below and authorize the Housing Authority to make inquiries to verify statements herein.

I/we understand that any false statement(s) made on this application will cause me /us to be disqualified for admission.

Warning: Section 1001 of Title 18, United states code provides: "Whoever in any matter within the jurisdiction of a department or agency of the United States knowingly and willfully falsifies, conceals or covers up material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both.

I/We certify that the Housing Authority of the City of Pueblo unit will be our primary residence. I/We also certify that I/We are United State Citizen(s) or a qualified alien(s).

\*\*\*\*ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW\*\*\*\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Authority Representative \_\_\_\_\_

The Housing Authority of the City of Pueblo (HACP) does not discriminate on the basis of race, color, creed, national origin, age, handicap, sex or sexual orientation. It is the commitment of HACP to provide persons with disabilities equal access to housing programs and services

**Housing Authority Use only - Do not write below this line**

<b>ANNUAL INCOME:</b>		
Family Member:	Source:	Annual Amount
1.		
2.	Annual Income	
	Income Limit for Family	
	Does family qualify for Program YES / NO	
	<b>If No - stop here</b>	

Wait list	Date / time Applied	Wait list	Date / time Applied
HCV		Right Place - V	
MOD		RSA/UPL	
MPT		S8PB	
PH		Uplands	
Right Place		Vash	



**Authorization for the Release of Information**

Organization requesting release of information (name, address, telephone & date):

HOUSING AUTHORITY OF THE CITY OF PUEBLO  
1414 N SANTA FE, 10<sup>TH</sup> FLOOR  
PUEBLO, CO 81003

Leasing Technician

Date:

**Purpose**

The above-named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

**Authorization**

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for participation under any of the following programs:

- Low-Income Rental Public Housing
- Section 8 Housing Assistance Payments Programs
- Section 202

I authorize the PHA to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only the Public Housing Agency to obtain information on wages and unemployment compensation from State Employment Securities Agencies.

**Information Covered**

Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

**Individuals Or Organizations That May Release Information**

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, past and Present
- Landlords
- Providers of:
  - Alimony
  - Child Care
  - Child Support
  - Credit
  - Handicapped Assistance
  - Medical Care
  - Pensions/ Annuities
- School and Colleges
- U. S. Social Security Administrations
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

**Computer Matching Notice & Consent**

I agree that a Public Housing Agency may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies.

The government agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U. S. Dept. of Defense
- U. S. Post Office
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

**Conditions**

I agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature, Printed Name of the Head of Household & Date:

X

Signature, Printed Name of Spouse-Other Adult Member of the Household & Date:

X

Signature, Printed Name of Other Adult Member of the Household & Date:

X

Signature, Printed Name of Other Adult Member of the Household & Date:

X