



FARM LABOR HOUSING APPLICATION
The HOUSING AUTHORITY of the CITY of PUEBLO
201 S. VISTORIA AVE, PUEBLO, CO 81003
DATE & TIME RECEIVED (office use only):

719-544-6230
TTY (800) 659-2656

Please print. Please do not leave any blank spaces. All questions and requested information are required to process the application. Applications that are incomplete will not be accepted or placed on the waiting list. If you require assistance with completing the application, please contact the Housing Authority. If an item is not applicable, please write N/A.

DO NOT USE PENCIL

PLEASE PRINT. USE BLACK OR BLUE INK ONLY. FAXED APPLICATIONS WILL NOT BE ACCEPTED

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.

Home Phone Number: _____ Message Phone Number: _____

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.

Table with 10 columns: Name (First, MI, Last), Date of Birth, Social Security Number, Gender, Place of Birth, Ethnicity: Hispanic or Latino Yes or No, 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, savings, etc.)	Current Balance

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

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. _____

Please answer the following questions:

Do you wish to claim a medical deduction from your income based on a disabling condition? YES _____ NO _____

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

Are any members of the household disabled? Yes _____ No _____
If yes, please list the name(s) of the disabled household member(s): _____

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 _____

Race/Ethnicity: The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, notional origin, religion, sex, familial status, age, and disability are complied with. 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. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

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

Race (Please select one or more): White Black or African American 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: _____

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.

Warning: Section 1001 of Title 18, United states code provides: “Who ever 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: _____

