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

APPLICATION FOR RESIDENCY
HOUSING AUTHORITY of the CITY of PUEBLO

Applicant Name (Head of Household): _____

Home Address_____
City State Zip Code

Mailing Address: _____
City State Zip Code

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:_____Bedroom 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, savings, ect.)	Balance

Do you own any property? Yes _____ No _____ 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 twoyears. 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? **YES** _____ **NO** _____

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 lifetime 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? N/A _____

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 o ne o r 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

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, 10TH FLOOR
PUEBLO, CO 81003

Date:

Leasing Technician

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

Original is retained by the representing organization.

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant **Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.