

**GREELEY CENTER FOR INDEPENDENCE, INC.**

**HOPE APARTMENTS HOUSING APPLICATION**

(Documents are available in Spanish upon request)

Applicant's Name: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other)

Applicant's Date of Birth: \_\_\_\_\_ Applicant's Social Security Number: \_\_\_\_\_

Do you or anyone in your household have a need for an accessible unit? \_\_\_\_\_  
YES NO

Are you a United States Citizen? \_\_\_\_\_  
YES NO

Do you need an English interpreter? \_\_\_\_\_  
YES NO

Are you a student? \_\_\_\_\_  
YES NO

If you answered yes to being a student: Do you receive funds for tuition and books? \_\_\_\_\_  
YES NO

What is your gross monthly income? \_\_\_\_\_

From what source(s) do you receive your income? \_\_\_\_\_

Do you have any assets? \_\_\_\_\_  
YES NO

If yes, please list: \_\_\_\_\_

Have you disposed of any assets for below fair market value within the last 2 years? \_\_\_\_\_  
YES NO

Are you the subject of a state lifetime sex offender registration? \_\_\_\_\_  
YES NO

What is your race? \_\_\_\_\_

What is your ethnicity? \_\_\_\_\_

Declined to Declare \_\_\_\_\_ (Declined)

Are you currently participating in another section 8 program? \_\_\_\_\_  
YES NO

Do you have any debt(s) owed to any other public housing authority (PHA)? \_\_\_\_\_  
YES NO

Are you aware of the "Violence Against Women Act" and your rights as a victim? \_\_\_\_\_  
YES NO



GREELEY CENTER FOR INDEPENDENCE APPLICATION  
SECTION 8 MODERATE REHABILITATION HOUSING

Applicant's Name: \_\_\_\_\_ (cont)

Nearest Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ Phone # (work): \_\_\_\_\_ Phone # (cell): \_\_\_\_\_

Do you have a Guardian? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, who? \_\_\_\_\_

Do you have a Conservator? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, who? \_\_\_\_\_

Do you have a Durable Power of Attorney? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, who? \_\_\_\_\_

**(Must provide a copy of document designating guardian, conservator, durable power of attorney)**

I certify that the information listed in this application is true and correct to the best of my knowledge. I acknowledge that I have been informed that this information is being obtained to verify the household's eligibility and compliance with Colorado Division of Housing.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**GREELEY CENTER FOR INDEPENDENCE, INC.**  
**Application Log In**

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date





## DOCUMENT CHECK LIST

The following documents must be completed and submitted when applying to live at Hope Apartments:

\_\_\_\_\_ Housing Application

\_\_\_\_\_ Intermountain Data Corporation – Authorization for Release of Credit Information

\_\_\_\_\_ Proof of Income (See below)

\_\_\_\_\_ Declaration of Section 214 Status

\_\_\_\_\_ Income/Asset Questionnaire

## PROOF OF INCOME

The Social Security Administration (SSA) notifies you of your income benefits when you are approved and on a yearly basis. If you do not have a current copy of the latest notification, you **MUST** obtain one.

There are two ways you can request the income verification letter from the SSA:

1. If you have computer access, you can go to [www.socialsecurity.gov](http://www.socialsecurity.gov) and request your PROOF OF INCOME LETTER. It may take up to 10 days to receive it via the U.S. Postal Service.
2. You may contact your local Social Security office if you need the letter sooner.

If your monthly income is from a source other than the SSA, please provide proof.

## GREELEY CENTER FOR INDEPENDENCE

### Income/Asset Questionnaire

**(For Office Use Only)**

Date Mailed: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date of Certification/Recertification: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Current Address: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Complete for ALL household (HH) members (including the head of household, all adults, and all partners):

Name:	Birthdate:	Last 4 digits of Social Security Number	If Applicable, is HH member a full time student (circle yes or no)		Is HH member employed? (circle yes or no)	
			YES	NO	YES	NO
_____	_____	_____	YES	NO	YES	NO
_____	_____	_____	YES	NO	YES	NO
_____	_____	_____	YES	NO	YES	NO
_____	_____	_____	YES	NO	YES	NO

List ALL sources of income for all members of the household that you have disclosed on page 2 of this questionnaire:

Name of Household Member:	Source of income	Mailing address	Phone Number and Contact Person	Gross Amount List by week, month etc.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List ALL assets for all members of the household that you have disclosed on page 2 of this questionnaire:

Name of Household Member	Type of Asset (Checking, savings, CD etc.)	Account Number	Bank and Mailing Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that information listed above and on page 6 is true and correct to the best of my knowledge. I acknowledge that I have been informed that this information is being obtained to verify the household's eligibility and compliance with the Division of Housing program.

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

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

<b>Does Any Household Member have any:</b>	<b>Circle YES or NO</b>		<b>Amount \$:</b>	<b>Household Member:</b>
Checking Accounts	Yes	No	\$	
Savings Accounts	Yes	No	\$	
Certificates of Deposits	Yes	No	\$	
Money Market Funds	Yes	No	\$	
Stocks/Bonds	Yes	No	\$	
Treasury Bills	Yes	No	\$	
IRA/ Keogh Accounts	Yes	No	\$	
Company Retirement Accounts	Yes	No	\$	
Life Insurance Policies (Whole Life)	Yes	No	\$	
Pension Funds	Yes	No	\$	
Trust Accounts	Yes	No	\$	
If Yes, is Irrevocable?	Yes	No	\$	
Cash held in Safety Deposit Boxes, etc.	Yes	No	\$	
House/Real Estate	Yes	No	\$	
Rental Properties	Yes	No	\$	
Other Investments	Yes	No	\$	
<b>Have you received and lump sum payments such as the following:</b>				
Inheritances	Yes	No	\$	
Lottery or Other Winnings	Yes	No	\$	
Insurance Settlements	Yes	No	\$	
Worker's Compensation Settlements	Yes	No	\$	
Social Security Settlements	Yes	No	\$	
Unemployment Compensation Settlements	Yes	No	\$	
VA Disability Settlements	Yes	No	\$	
Severance Pay	Yes	No	\$	
Capital Gains	Yes	No	\$	
Other	Yes	No	\$	
Have you disposed of any assets for less than fair market value in the past 2 years?	Yes	No	\$	
<b>Do you receive any of the following</b>				
Employment Wages, Salaries, etc.	Yes	No	\$	
Income from a Business or Profession	Yes	No	\$	
Social Security	Yes	No	\$	
SSI	Yes	No	\$	
TANF or other Public Assistance	Yes	No	\$	
Alimony	Yes	No	\$	
Child Support	Yes	No	\$	
Unemployment Compensation Settlements	Yes	No	\$	
Workers' Compensation Settlements	Yes	No	\$	
Severance Pay	Yes	No	\$	
Retirement Income	Yes	No	\$	
Annuities Incomes	Yes	No	\$	
Insurance Policies Income	Yes	No	\$	
Disability or Death Benefits	Yes	No	\$	
Income from Rental Properties	Yes	No	\$	
Regularly Recurring monetary gifts	Yes	No	\$	

## Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify under penalty of perjury that, to the best of my knowledge, I am lawfully with the United States because:

- I am a citizen by birth, naturalized citizen or national of the United States.
- I have eligible immigration status and I am 62 years of age or older. (Please attach proof of age)
- I have eligible immigration status as checked below (see reverse side of this form for explanations)  
Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigration status under #1001(a)(15) or #101(a)(20) of the INA
  - Permanent Residence under #249 of INA
  - Refugee, asylum or conditional entry status under #207, #208 or #203 of the INA
  - Parole status under #212(d)(f) of the INA
  - Threat to life of Freedom under #243 (h) of the INA
  - Amnesty under # 254 of the INA

\_\_\_\_\_  
Signature of family member

\_\_\_\_\_  
Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INA/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

(See reverse side for footnotes and instructions)

**The Following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:**

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age and receiving assistance under a section 214 covered program on June 19, 1995. If you are eligible and elect to select this category you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigration status under #101(a)(15) or #101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant as defined by 101(a)(15) of the INA (8 U.S.C. 1101 (a)(20) and 1101, respectively [immigration status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has consciously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249]

Refugee, asylum or conditional entry status under 207, 208 or 203 if INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to an asylum (which has not been under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203 (a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status]

Parole status under 212 (d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212 (d)(5) of the INA (8 U.S.C. 1182 (d)(5) [parole status].

Threat to life or freedom under 245 (a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243 (h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]

Amnesty under 245 (a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255 (a)) [amnesty granted under INA 245 (a)].

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page print or type first name, middle initial(s) and last name. Place an "X" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.



# INTERMOUNTAIN DATA CORP

911 28<sup>th</sup> Avenue  
Greeley, CO. 80634

Phone: (970) 356-1925 & Fax: (970) 352-3142  
National: 1 800 524-1160 & Fax: 1 888 352-3142

## Authorization for release of Credit Information

The purpose of this release is to verify the information given on and by the prospective applicant.

TYPE OR PRINT CLEARLY

CLIENT: Greeley Center for Independence

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden or AKA: \_\_\_\_\_ Yrs. Married \_\_\_\_\_ Other Name(s) used \_\_\_\_\_

Social Security # \_\_\_\_\_ Date Of Birth \_\_\_\_\_ How long have you lived in this State? \_\_\_\_\_

Driver's Lic. # \_\_\_\_\_ State of Issue \_\_\_\_\_ Home Phone # \_\_\_\_\_

Current Address \_\_\_\_\_

How Long? \_\_\_\_\_ (Street number and name) (City) (State) (Zip Code)

Previous Address \_\_\_\_\_

How Long? \_\_\_\_\_ (Street number and name) (City) (State) (Zip Code)

Have you lived in another State? \_\_\_\_\_ If so, list other states and dates of residence \_\_\_\_\_

### Employer Information:

Current Employer \_\_\_\_\_ Salary \$ \_\_\_\_\_ Phone \_\_\_\_\_

### Landlord Information:

Current Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Previous Landlords \_\_\_\_\_ Phone \_\_\_\_\_

Bank Information: \_\_\_\_\_ Phone \_\_\_\_\_ Acct # \_\_\_\_\_  
(Name of Financial Institution or Branch)

### Conviction Information: (Use additional paper if necessary)

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give dates, charges and Police department: \_\_\_\_\_

I hereby authorize, without reservations, any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company for which this form has been filed, or their agent **Intermountain Data Corp.** This releases the aforesaid parties from any and all liability and responsibility for collecting the above information. I acknowledge that an electronic facsimile (fax) or photographic copy shall be as valid as the original. I further understand that failure to provide information requested on this application or any misrepresentation, intentional or not of any kind shall be cause for my application to be denied.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Today's Date)

**B25 - 0607**  
(Client Account Number)