



Affordable Housing Rental Application

Thank you for your interest in our property(s)!

Applicants please provide one COMPLETE application to Grand County Housing Authority and Indicate which property(s) for which you wish to apply. Note by submitting one complete application to either of the two Grand County Housing Authority Properties applicant can be added to one or both properties wait lists. Note any applications received not COMPLETE will be mailed back to applicant and applicant will NOT be added to the waitlist.

Please Note: Incomplete applications may cause automatic denial.

All Applicants must provide the following in addition to this application:

- Verification of Income; 4 consecutive paystubs, Social Security Award Letter, OAP Award Letter etc.
- Verification of Assets (for all asset accounts); Bank Statement, Life Insurance Statement etc.
- Signed Consent Forms/ Release of Information. (Several documents attached to the application packet require applicants to sign a release of information statements. Individual releases must be completed and signed by each household member 18 years of age or older. You may make additional copies if needed. Any incomplete or unsigned release of information statements will delay processing and may cause the application to be denied.)

Please contact our office if you have any questions.

Applicants Below Please Check The Box Indicate Which Property(s) You Wish To Make Application

Please note that contact information and the property detail are below as well.



Grand Living Senior Homes: P.O. Box 924, Granby CO 80446
970-887-3122 Phone/Fax

One bedroom apartments- 62 and Older or Disabled

Office Located at 925 East Agate Avenue, Granby CO 80446



Silver Spruce Apartments: P.O. Box 668, Kremmling CO 80459
970-724-3240 Phone/Fax

One bedroom apartments- Elderly -62 and Older or Disabled

Office Located at 106 South 6th Street, Kremmling, CO 80459

Applicants Must Completely Fill Out The Below Information.

First Name: _____ Middle Name: _____ Last Name _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone () _____ Cell Phone Number () _____

Email Address: _____

How Did You Hear About Grand County Housing Authority Property(s)? _____

Below Please list all Household Members:

Last Name	First Name	Relationship	Gender	Date of Birth	U.S. Citizen	Veteren	Social Security Number	Disabled
		Head of House	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

Does anyone currently live with you that is not listed above? Yes _____ No _____

If yes, please explaine: _____

Have you been Displaced by Government Action or a Presidentially Declared Disaster?

Yes _____ No _____

Federally subsidized properties provide certain income deductions for those households where qualifying members are 62 years or age or older AND/OR individuals with a disability (Per applicable federal definition and subject to verification.)

1. Are you or a qualifying household member 62 years of age or older? Yes _____ No _____
2. Do you or a qualifying household member meet the definition of a person with a disability? Yes _____ No _____

3. Do you pay for a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work?
 Yes_____ No_____

If yes, please explain _____

Affirmative obligations to make programs accessible to persons with disabilities are imposed on Owners that receive Federal Financial Assistance. When requested, modifications to dwelling units and common areas may be provided (at no cost) as a reasonable accommodation to tenants or applicants with a disability.

Do you or any household member require any Reasonable Accommodation in order to fully utilize a dwelling unit/common area?

Yes_____ No_____

If yes, please explain: _____

Do you or a qualifying household member require any of the following?

1. An accessible dwelling unit modified for the benefit of an individual with a mobility impairment? Yes_____ No_____
2. A dwelling unit modified for the benefit of an individual with a vision impairment or blindness? Yes_____ No_____
3. A dwelling unit modified for the benefit of an individual with a hearing impairment or deafness? Yes_____ No_____

Please identify any other special housing needs that your or any household member(s) require?

Citizenship Status:

Are all household members U.S. Citizens, U.S Nationals or Non Citizens with Eligible Immigration Status? Yes_____ No_____

If No, Please explain: _____

Asset Information: Please identify any assets held by any member of the household. This includes all cash, checking accounts, savings accounts, IRA's, Certificate of Deposits and any Stocks, Bonds, Trusts, or other assets of all household members.

Account holder(s)	Bank Name and Address	Account Type (checking, Savings etc.)	Account Numer	Account Balance

All assets must be disclosed (please attach additional sheet if necessary)

Do you or any household member own any real estate? Exp (house, condo, land, mobile home)
 Yes_____ No_____

If yes, please explain:_____

Have you or any household member sold or given away any real property or other asset during the past two (2) years for less than fair market value? Yes_____ No_____

If yes, Please explain:_____

Income Information: List income for all household members. This includes Social Security, Pensions, Employment, AND, TANF, SSI, SSDI, Alimony, Child Support, Worker’s Compensation, Unemployment, Financial Aid, Rental Income From Rental Property, Self Employment Income.

Household Member	Income Source	Monthly Amount
	Income Source: Address: Phone Number:	
	Income Source: Address: Phone Number:	
	Income Source: Address: Phone Number:	
	Income Source: Address: Phone Number:	

Please list all income information for all household members (attach additional sheet if necessary)

Rental History: Please complete the following rental history. Start with your current or most recent address and include all the places where you have lived during the last two (2) years. Include all records whether or not you were actually listed on the lease and/or where you lived under a different name.

Most Current

Property or Facility Name	Landlord Name	Landlord Phone Number	Landlord Mailing Address
Property Address	Move in Date	Move out Date	Monthly Rent/Monthly Utilities
	/ /	/ /	\$ \$

List Household Members	Security Deposit Amount	Did You Have A Lease?	Were you Evicted?
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2nd most Current:

Property or Facility Name	Landlord Name	Landlord Phone Number	Landlord Mailing Address
Property Address	Move in Date	Move out Date	Monthly Rent/Monthly Utilities
	/ /	/ /	\$ \$
List Household Members	Security Deposit Amount	Did You Have A Lease?	Were you Evicted?
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Background Information: The following questions pertain to the **head of house and all household members**. Please answer and provide a written response to each questions if applicable.

- Have you or any household member ever used a different name(s)? Yes_____ No_____ If yes, please explain: _____
- Have you or any household member ever been evicted from a rental? Yes_____ No_____ If yes, please explain: _____
- Have you or any household member ever lived in a rental property that was destroyed or damaged by a fire? Yes_____ No_____ If yes, please explain: _____
- Do you or anyone in your household currently use any illegal drug(s) or illegal controlled substances? Yes_____ No_____ If yes, please explain: _____
- Have you or any household member ever engaged in Drug-Related Criminal Activity, such as, possession, distribution, trafficking or manufacturing of any illegal drug or illegal controlled substance? Yes_____ No_____ If yes, please explain: _____
- Are you or anyone in your household subject to any state lifetime sex offender registration requirements? Yes_____ No_____ If yes, please explain: _____
- Have you or any household member been involved in any criminal activity that poses a threat to the health, safety or welfare of others? Yes_____ No_____ If yes, please explain _____

8. Have you or any household member been convicted of a felony crime during the last 10 years? Yes _____ No _____
If yes, please explain _____
9. Have you or any household member resided in any state other than Colorado? Yes _____ No _____
If yes, list each State _____
10. Have you or any household member, during the last 10 years, resided in any state other than Colorado? Yes _____ No _____
If yes, list each State _____

Student Status for Higher Education: The following questions apply to the head of house.

1. Are you currently enrolled as either a part-time or full-time student at an institute of higher education for the purpose of obtaining a certificate, degree or other program leading to recognizing credential? Yes _____ No _____
If yes please answer the following questions
 - a. Are you over the age of 24? Yes _____ No _____
 - b. Are you married? Yes _____ No _____
 - c. Are you a veteran of the United States Military? Yes _____ No _____
 - d. Do you have a dependent child or children? Yes _____ No _____

Applicant Certification: I/We certify and attest that all information given in this application, attachments or submissions to Grand County Housing Authority, Silver Spruce Apartments, or Grand Living Senior Homes is true, accurate and complete. I/we understand that if any information is false, misleading or incomplete, management may decline this application or, if move-in has occurred, terminate the lease.

I/We authorize management to make any and all inquiries to verify information and to contact previous and current landlords or other sources for verification of information provided in this application. If my/our application is approved and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment.

I/we agree to notify the On Site Property Manager in writing of any changes in household address, phone number, income, assets, and/or household composition. I/we have read, and understand the information in this application. I/we understand that applicants accepted for housing at a Grand County Housing Authority Property cannot maintain a secondary residence elsewhere. Grand County Housing Authority Property must be the primary residence of all household members.

I/we have been informed that the Tenant Selection Plan, which describes the procedures for processing application, is available for review in each property management office or at the Grand County Housing Authority's home office.

FAIR CREDIT REPORTING ACT

THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES— SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, INCOME AND CREDIT BACKGROUND AND ALSO POLICE RECORDS. ALL INFORMATION YOU OR OTHERS GIVE US WILL BE HELD IN STRICT CONFIDENCE.

Signature of Head-Of-Household: _____ Date ____/____/____
Signature of Other Household Member: _____ Date ____/____/____
Signature of Other Household Member: _____ Date ____/____/____

GRAND COUNTY HOUSING AUTHORITY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION,
NATIONAL ORIGIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMILIAL STATUS.