

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_  
**For Agency Use Only**



Please return application to  
 Sheena Darland,  
 Director  
 612 Hemlock Street/PO Box 264  
 Hot Sulphur Springs, CO 80451  
 Email: [sdarland@co.grand.co.us](mailto:sdarland@co.grand.co.us)  
 Phone: 970-725-3071  
 Fax: 970-725-3072

**PRE-APPLICATION  
 Black Bear Apartments**

- What do you need?**
- Furnished Apartment
    - # \_\_\_\_\_ Beds
    - \_\_\_\_\_ Couch
    - \_\_\_\_\_ End Tables
  - Unfurnished

Head of Household Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

**Ethnicity:**  Hispanic  Non-Hispanic      **Gender:**  Male  Female      **U.S. Citizen:**  Yes  No

**Race:**  White  Black  American Indian/Alaska Native  Asian/Pacific Islander

Additional Family Members	Gender	DOB	Social Security Number

**Income:** LIST ALL INCOME BEFORE ANY DEDUCTIONS received for all who will reside with the head of household. Income examples include wages (full or part-time), Public Assistance (TANF or General Assistance), Social Security, SSI, disability, pensions, unemployment, babysitting, child support, alimony, scholarships, grants, money from family members, etc. **Total Annual Family Gross Income:** \$ \_\_\_\_\_

**Does this household work a minimum of 32 hours per week or 1600 hours per year in Grand County?** Yes    No

Have you ever been evicted from Housing:  Yes  No

Program Affiliation:

**PREFERENCE:**  Families that were victims of the East Troublesome Fire (Applicant must provide a copy of the fully executed lease proving the selection of the above preference). If no lease is available applicant must provide the name and contact information of landlord during the East Troublesome Fire.

**CERTIFICATIONS:** The Grand County Housing Authority (GCHA) is an equal opportunity housing agency and does not discriminate on the basis of race, color, creed, religion, gender, age, national origin, sexual orientation, disability, marital or familial status.

**APPLICANT CERTIFICATION:** Signature required of all family members 18 years or older. Use reverse if needed.

**WARNING: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**

I hereby certify that the information completed on this form is given voluntarily and is true and correct. I understand that this pre-application does not imply any obligation or constitute a guarantee or contract by the Division of Housing (DOH). My signature below not only certifies that the information provided is true and correct but also authorizes DOH to conduct a CBI background check. This background check will include all adult family members of my household including myself.

Print Name	Signature	Date



**SUPPLEMENT TO APPLICATION FOR Black Bear Apartments**

This form is to be provided to each applicant

**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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**Signature of Applicant**

**Date**