



**One Bedroom
Public Housing-Orchard Place
Wheelchair Accessible Units
Are No-Smoking Units**



ADDRESS

3460 S. Sherman Street, No. 101
Englewood, Colorado 80113
(303) 761-6200

OFFICE HOURS

Monday & Tuesday 8:00 AM – 5:00 PM
Wednesday APPOINTMENT ONLY
Thursday & Friday 8:00 AM – 5:00 PM

**PRELIMINARY APPLICATION AND WAITING LIST GUIDELINES FOR
NON-SMOKING, ONE BEDROOM, WHEELCHAIR ACCESSIBLE PUBLIC HOUSING UNITS**

**APPLICATIONS MUST BE SUBMITTED VIA FIRST CLASS U.S. MAIL. ONLY APPLICATIONS RECEIVED
VIA FIRST CLASS U.S. MAIL WILL BE ACCEPTED.**

The waiting list is open for Non-Smoking, One Bedroom, Public Housing–Orchard Place Wheelchair Accessible Units, and this preliminary application is for those units only. The waiting list will remain open UNTIL 60 PERSONS ARE ADDED TO THE WHEELCHAIR ACCESSIBLE UNIT WAITING LIST.

Certain income limits apply to specific housing programs and are used to determine eligibility of families at the time the family applies and is housed. Please see the income guidelines listed below. If your income is **greater** than the amounts listed below, you may not be eligible. **If you have questions about income eligibility, please contact Englewood Housing Authority staff.**

Arapahoe County Colorado Income Limit Category – Effective March 28, 2016

	1 Person	2 Person	3 Person	4 Person
Low Income Limits	\$44,900	\$51,300	\$57,700	\$64,100

The waiting list is open at this time **ONLY FOR HOUSEHOLDS THAT HAVE A VERIFIABLE NEED FOR A WHEELCHAIR ACCESSIBLE UNIT.** If you do not have a verifiable need, your application will not be accepted or placed on any EHA waiting list.

In addition, all applicants will be required to verify U.S. citizenship or legal immigration status, pass a criminal background history and credit review, and pass a landlord reference review. All information will be verified prior to admission.

It is the policy of the Englewood Housing Authority to fully comply with all Federal, State and Local nondiscrimination laws. In addition, the Englewood Housing Authority will assist applicants requiring reasonable accommodations in order to make housing programs accessible in a way that would otherwise not be possible for them due to a disability. If an applicant has difficulty communicating, language assistance may be provided. Englewood Housing Authority does not discriminate based on age, race, color, religion, sex, national origin, familial status, disability, sexual orientation or gender identity. Please address any questions or concerns regarding this policy or a request for a reasonable accommodation to the Executive Director or the Administrative Manager of the Englewood Housing Authority.

INCOMPLETE APPLICATIONS WILL NOT BE PLACED ON THE WAITING LIST AND WILL BE RETURNED FOR COMPLETION. WHEN THE COMPLETED APPLICATION PACKET IS ACCEPTED, ELIGIBLE APPLICANTS WILL BE PLACED ON THE WAITING LIST NOTING THE ORIGINAL APPLICATION DATE AND TIME.

ANY AND ALL CHANGES TO YOUR ORIGINAL APPLICATION MUST BE MADE IN WRITING AND SIGNED BY THE HEAD OF HOUSEHOLD.

THIS PAGE IS FOR APPLICANT

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**Preliminary Application for Non-Smoking, One Bedroom,
Wheelchair Accessible Units – Public Housing – Orchard Place**

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NAME OF HEAD OF HOUSEHOLD _____
Last First M.I.

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (IF DIFFERENT) _____

CITY _____ STATE _____ ZIP _____

HOME _____ MESSAGE _____ WORK _____ CELL _____

EMAIL _____

LIST ALL PERSONS WHO WILL BE LIVING IN THE HOME (HEAD OF HOUSEHOLD FIRST)

Race/Ethnicity Codes for Head of Household and Family Members		
AM = American Indian/Native Alaskan	B = Black	W = White
AS = Asian/Pacific Islander	H = Hispanic (Ethnicity)	O = Other

NAMES OF ALL ADULTS LIVING IN HOUSEHOLD (18 AND OVER)

	<u>Last</u>	<u>First</u>	<u>Date of Birth</u>	<u>M/F</u>	<u>Relation To Head</u>	<u>Race/Eth. Code</u>	<u>Social Security #</u>
1.	_____						
2.	_____						
3.	_____						

- List all states of residency for the past 10 years for those listed above: _____
- List any and all aliases used by those listed above: _____
- Primary language spoken: English _____ Other (please be specific) _____

Please notify a staff member if you have difficulty in understanding this document. Language assistance may be arranged.

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NAMES OF ALL MINORS LIVING IN HOUSEHOLD (18 YEARS AND UNDER)

<u>Last</u>	<u>First</u>	<u>Date of Birth</u>	<u>M/F</u>	<u>Relation To Head</u>	<u>Race/Eth. Code</u>	<u>Social Security #</u>
1. _____						
2. _____						
3. _____						

Are all members of your household U.S. Citizens or Legal Immigrants? Yes No

CURRENT INFORMATION

Landlord Name _____ Landlord Phone _____

Landlord Address _____

City _____ State _____ ZIP _____

How long have you lived here? _____ Current Rent \$ _____ Average Utilities \$ _____

Have you ever been denied housing or been terminated or evicted from any unit or subsidized housing program?

Yes No If yes, please explain _____

Have you or any member of your household ever owed money to any subsidized housing program?

Yes No If yes, please explain to whom and current status of the debt _____

CRIMINAL BACKGROUND

Have you or any other member of your current household ever committed a drug related violation or criminal act?

Yes No If yes, please explain _____

Are you or any other member of your household subject to a lifetime sex offender registration program in any state?

Yes No

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INFORMATION REGARDING NEED FOR WHEELCHAIR ACCESSIBLE UNIT

Are you or the co-head-of-household handicapped or disabled? Yes No

Does anyone in your current household have a documented need for a Wheelchair Accessible Unit? (Currently require use of a wheelchair?) Yes No

GENERAL INFORMATION

Does anyone in your current household require a unit with vision and/or hearing assistance features? Yes No

Are you or any family member of your current household a student? Yes No

Are you or any family member of your current household a Veteran of service in the U.S. Military? Yes No

Are you currently receiving any type of rental assistance? Yes No

STATUS OF HEAD OF HOUSEHOLD (circle one)

Single Parent Married Divorced Separated Widow(er) Single

FINANCIAL INFORMATION

GROSS MONTHLY INCOME FOR ALL FAMILY MEMBERS

<u>Member #</u> (from front)	<u>Income</u>	<u>Source of Income</u>	<u>Average Hours/Week</u>	<u>Length of Employment</u> (if Applicable)
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

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ASSETS

Checking Accounts \$ _____ Real Estate \$ _____
 Savings Accounts \$ _____ Stocks/Bonds \$ _____
 Certs of Deposit (CD) \$ _____ Credit Unions \$ _____
 Student Grants/Loans/Scholarships \$ _____

Have you disposed of any assets below market value in the last two (2) years? Yes No

If yes, please explain _____

I certify that the information given to the Englewood Housing Authority on household composition, criminal background, net assets and income is accurate and complete to the best of my knowledge. I understand that giving false statements or information is punishable under Federal law and is also grounds for termination from the waiting list or termination of housing assistance. **I understand it is my responsibility to notify the Housing Authority in writing of any change of information such as address, phone number, family size, etc. and that my name will be removed from the waiting list if I cannot be reached by mail or phone.**

Applicant Signature

Date

*******FOR OFFICE USE ONLY*******

App. Date App. Time
 OP 1 Bedroom Wheelchair
 Race Ethnicity Veteran
 Total Assets \$ _____ x _____ % = _____ Gross Annual income

Date

EHA Representative

Computer Entry/App. Log _____ _____

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ENGLEWOOD HOUSING AUTHORITY

REASONABLE ACCOMODATION POLICY

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the Englewood Housing Authority housing programs and related services. When such accommodations are granted, they do not confer special treatment or advantage for the person with a disability; rather, they make the program accessible to them in a way that would otherwise not be possible due to their disability. This policy clarifies how people who believe they require a reasonable accommodation can make a request. The Englewood Housing Authority will make available to all interested parties guidelines that the authority follows in determining whether it is reasonable to provide a requested accommodation. Because disabilities are not always apparent, the Englewood Housing Authority will ensure that all applicants/tenants are aware of the opportunity to request reasonable accommodations.

COMMUNICATION

Anyone requesting an application will also receive a disclosure regarding a request for reasonable accommodation.

All decisions granting or denying requests for reasonable accommodations will be in writing.

ISSUE TO BE CONSIDERED IN GRANTING THE ACCOMMODATION

- A. In determining if the requestor is a person with disabilities, the housing authority will use the Fair Housing definition which is as follows:

A person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. (The disability may not be apparent to others, i.e., a heart condition).

If the disability is apparent or already documented, the answer to this question is yes. It is possible that the disability for which the accommodation is being requested is a disability other than the apparent disability. If the disability is not apparent or documented, the Englewood Housing Authority will obtain acceptable verification that the person is a person with a disability.

- B. In determining if the requested accommodation is related to the disability, the housing authority will consider the following. If it is apparent that the request is

related to the apparent or documented disability, the housing authority will document its rationale. If it is not apparent, the Englewood Housing Authority will obtain documentation from the requestor indicating that the requested accommodation is needed due to the disability. The Englewood Housing Authority will not inquire as to the nature of the disability.

- C. In determining whether or not the requested accommodation is reasonable, the accommodation must meet two criteria:
1. Would the accommodation constitute a fundamental alteration? The Englewood Housing Authority's business is housing. If the request would alter the fundamental business that the Englewood Housing Authority conducts, that would not be reasonable.
 2. Would the requested accommodation create an undue financial hardship or administrative burden? Frequently the requested accommodation costs little or nothing. If the cost would be an undue burden, the Englewood Housing Authority may request a meeting with the individual to investigate and consider equally effective alternatives.
- D. Generally the individual knows best what it is they need; however, the Englewood Housing Authority retains the right to be shown how the requested accommodation enables the individual to access or use the Englewood Housing Authority's programs or services.

If more than one accommodation is equally effective in providing access to the Englewood Housing Authority's programs and services, the Englewood Housing Authority retains the right to select the most efficient or economic choice.

The cost necessary to carry out approved requests, including requests for physical modifications, will be borne by the Englewood Housing Authority if there is no one else willing to pay for the modifications. If another party pays for the modification, the Englewood Housing Authority will seek to have the same entity pay for any restoration costs.

If the tenant requests as a reasonable accommodation that they be permitted to make physical modifications at their own expense, the Englewood Housing Authority will generally approve such request if it does not violate codes or affect the structural integrity of the unit.

Any request for an accommodation that would enable a tenant to materially violate essential lease terms will not be approved, i.e. allowing nonpayment of rent, destruction of property, disturbing the peaceful enjoyment of others, etc.