

ENGLEWOOD HOUSING AUTHORITY  
3460 S. SHERMAN SUITE 101  
ENGLEWOOD, CO 80113  
(303) 761-6200



Equal Housing Opportunity

EHA PROJECT-BASED  
PRELIMINARY APPLICATION

App. #

NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_  
Last First M. I.

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME ☎: \_\_\_\_\_ MESSAGE ☎: \_\_\_\_\_ WORK ☎: \_\_\_\_\_

EMAIL: \_\_\_\_\_

LIST ALL PERSONS WHO WILL BE LIVING IN THE HOME (list Head-Of-Household first):

**Race/ethnicity codes for family member section:**

AM = American Indian/Native Alaskan	B = Black	W = White
AS = Asian/Pacific Islander	H = Hispanic (Ethnicity)	O = Other

<u>NAMES OF ADULTS (18 AND OVER):</u>		<u>Date of Birth</u>	<u>M/F</u>	<u>Relation To Head</u>	<u>Race/Eth. Code</u>	<u>Social Security #</u>
<u>Last</u>	<u>First</u>					
1. _____	_____			Self		
2. _____	_____					
3. _____	_____					

List ALL states of residency for past 10 years for those listed above: \_\_\_\_\_

List any other names or 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.

Englewood Housing Authority does not discriminate based on age, race or color, religion, sex, national origin, familial status or disability.  
Revised 06/2011

<u>NAMES OF MINORS (18 and under):</u>		<u>Date of</u>	<u>Relation</u>	<u>Race/Eth.</u>	<u>Social</u>
<u>Last</u>	<u>First</u>	<u>Birth</u>	<u>To Head</u>	<u>Code</u>	<u>Security #</u>
		<u>M/F</u>			

4. \_\_\_\_\_

5. \_\_\_\_\_

Are all members of your household U.S. Citizens or Legal Immigrants?  YES  NO

If no, explain: \_\_\_\_\_

**CURRENT INFORMATION:**

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

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

LL City: \_\_\_\_\_ LL State: \_\_\_\_\_ LL 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 other member of your household ever owed money to any subsidized housing program?  
 YES  NO. If yes, explain to whom and current status of debt: \_\_\_\_\_

**Criminal Background:**

Have you or any other member of your current household ever committed an illegal drug related or violent 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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 Revised 06/2011

**PREFERENCE INFORMATION**

Applicants will be assigned preference points based on the following information. An applicant's rank on the waiting list is based on total preference points. Please mark all that apply to you.

Are you or the co-head-of household 62 years of age or older?  YES  NO

Are you or the co-head-of-household handicapped or disabled?  YES  NO

The following are some examples of conditions that may be a disability:  
 Cancer, Heart Disease, Diabetes, Orthopedic or Mobility Impairment,  
 Vision, Speech or Hearing Impairment, Epilepsy, Parkinson's Disease,  
 Loss of Limb, Loss of Bodily Function

Are you currently receiving any type of rental assistance?  YES  NO

**GENERAL INFORMATION**

Does anyone in your current household require the use of a wheelchair accessible dwelling unit? There are wheelchair units at Orchard Place, not Simon Center.  YES  NO

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 household a student?  YES  NO

EHA has one non-smoking floor. Would you prefer a:  Smoking Floor  Non-Smoking Floor

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 / Wk</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	\$ _____
Contracts for Deed	\$ _____	Trust Funds	\$ _____
Student Grants/ Scholarships	\$ _____		

Have you disposed of any assets below market value in the last two (2) years?  YES  NO.  
 If yes, 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:	<input type="text"/>	App. Time:	<input type="text"/> am/pm	App. #:	<input type="text"/>
Bdrms:	<input type="text"/>	SC	<input type="text"/>	OP	<input type="text"/>
DP	<input type="text"/>	Wheelchair	<input type="text"/>	Wheelchair	<input type="text"/>
Fam. Size	<input type="text"/>	SingleHH	<input type="text"/>	Race	<input type="text"/>
Ethnicity	<input type="text"/>	Total Assets \$	x _____ % =	Gross Annual Income	\$ <input type="text"/>
Date	<input type="text"/>	PHA Representative	<input type="text"/>		
Computer Entry/App. Log	_____				
Application Mailed/Received	_____				

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 Revised 06/2011

**REQUEST FOR REASONABLE ACCOMMODATION**

If you are disabled and require a special accommodation in order to make application to the Englewood Housing Authority housing programs, please complete the following information.

Name: (please print) \_\_\_\_\_

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

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

Home Phone #: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Please describe how your disability limits your ability to gain access to application for our housing programs. In addition, please make any suggestions that you believe would make the application process accessible to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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.

<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: (Check all that apply)</b>	
<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**

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 contact displacement data from landlords.



**U.S. Department of Housing and Urban Development**  
**Office of Public and Indian Housing**

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:*

Signature

Date

Printed Name