

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</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>
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.

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Revised 10/2009

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

Are you currently receiving any type of rental assistance or have you ever in the past?
 YES NO.

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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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

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

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)
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____


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: _____

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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"/>
		Working	<input type="text"/>	FamSiz	<input type="text"/>
SingleHH	<input type="text"/>	Race	<input type="text"/>	Ethnicity	<input type="text"/>
Total Assets \$	<input type="text"/>	x	<input type="text"/>	% =	<input type="text"/>
				Gross Annual Income	\$ <input type="text"/>
				<u>Date</u>	<u>PHA Representative</u>
Computer Entry/App. Log	_____		_____		
Application Mailed/Received	_____		_____		