

HOPE APARTMENT HOUSING APPLICATION



2780 28<sup>th</sup> Avenue  
Greeley, CO 80634  
970.339.2444

Applicant's Name: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other)

Applicant's Date of Birth: \_\_\_\_\_ Applicant's Social Security Number: \_\_\_\_\_

Do you or anyone in your household have a need for an accessible unit? \_\_\_\_\_

YES NO

Are you a United States Citizen? \_\_\_\_\_

YES NO

Do you need an English interpreter? \_\_\_\_\_

YES NO

Are you a student? \_\_\_\_\_

YES NO

If you answered yes to being a student: Do you receive funds for tuition and books? \_\_\_\_\_

YES NO

What is your gross monthly income? \_\_\_\_\_

From what source(s) do you receive your income? \_\_\_\_\_

Do you have any assets? \_\_\_\_\_

YES NO

If yes, please list: \_\_\_\_\_

Have you disposed of any assets for below fair market value within the last 2 years? \_\_\_\_\_

YES NO

Are you the subject of a state lifetime sex offender registration? \_\_\_\_\_

YES NO

What is your race? \_\_\_\_\_

What is your ethnicity? \_\_\_\_\_

Declined to Declare \_\_\_\_\_ (Declined)

Are you currently participating in another Section 8 program? \_\_\_\_\_

YES NO

Do you have any debt(s) owed to any other public housing authority (PHA)? \_\_\_\_\_

YES NO

Are you aware of the "Violence Against Women Act" and your rights as a victim? \_\_\_\_\_

YES NO



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Applicant's Name: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Phone # (home): \_\_\_\_\_ Phone # (work): \_\_\_\_\_ Phone # (cell): \_\_\_\_\_

Do you have a Guardian? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, who? \_\_\_\_\_

Do you have a Conservator? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, who? \_\_\_\_\_

Do you have a Durable Power of Attorney? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, who? \_\_\_\_\_

(Must provide a copy of document designating guardian, conservator, durable power of attorney)

I certify that the information listed in this application is true and correct to the best of my knowledge. I acknowledge that I have been informed that this information is being obtained to verify the household's eligibility and compliance with Colorado Division of Housing.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**ADEO**  
**Application Log In**

\_\_\_\_\_  
Received by:

\_\_\_\_\_  
Date



**TENANT RELEASE AND CONSENT FORM**

I/We, \_\_\_\_\_, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability information regarding employment, income and/or assets to Adeo for the purposes of verifying information on my/or apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income and assets, medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a Qualified Tenant.

GROUPS/INDIVIDUALS WHO MAY BE ASKED

Groups/individuals who may be asked to release the above information include, but are not limited to:

- |                                |   |
|--------------------------------|---|
| Past and Present Employers     | Welfare Agencies                                      |
| Veterans Administration        | Previous Landlords, including Public Housing agencies |
| Unemployment Agencies          | Retirement Systems                                    |
| Social Security Administration | Banks/Financial Institutions                          |
| Support/Alimony Providers      | Medical/Childcare Providers                           |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original authorization is on file and will stay in effect for 12 months from the date signed. I/We understand that I/we have a right to review this file and correct any information as needed.

SIGNATURES

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Applicant/Resident	Print Name	Date
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Co-Applicant/Resident	Print Name	Date
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NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506 must be prepared and signed separately.

## DOCUMENT CHECKLIST

The following documents must be completed and submitted when applying to live at Hope Apartments:

\_\_\_\_\_ Housing Application

\_\_\_\_\_ Intermountain Date Corporation – Authorization for Release of Credit Information

\_\_\_\_\_ Proof of Income (See below)

\_\_\_\_\_ Declaration of Section 214 Status

## PROOF OF INCOME

The Social Security Administration (SSA) notifies you of your income benefits when you are approved and on a yearly basis. If you do not have a current copy of the latest notification, you MUST obtain one.

There are two ways you can request the income verification letter from the SSA:

1. If you have computer access, you can go to [www.socialsecurity.gov](http://www.socialsecurity.gov) and request your PROOF OF INCOME LETTER. It may take up to 10 days to receive it via the U.S. Postal Service.
2. You may contact your local Social Security office if you need the letter sooner.

If your monthly income is from a source other than the SSA, please provide proof.

INCOME/ASSET QUESTIONNAIRE

<b>(For Office Use Only)</b>		
Date Mailed:	Date Received:	Date of Certification/Recertification:

Tenant Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Person to contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Complete for ALL household members (including the head of household, all adults, and all partners):

Name:	Birthdate:	Last 4 digits of Social Security Number	If Applicable, is HH member a full-time student (mark yes or no)		Is HH member employed? (mark yes or no)	
			YES	NO	YES	NO

List ALL sources of income for all members of the household that you have disclosed on page 2 of this questionnaire:

Name of Household Member:	Source of income	Mailing address	Phone Number and Contact Person	Gross Amount List by week,

List ALL assets for all members of the household that you have disclosed on page 2 of this questionnaire:

Name of Household Member	Type of Asset (Checking, savings, CD, etc.)	Account Number	Bank and Mailing Address

I certify that information listed above and on page 6 is true and correct to the best of my knowledge. I acknowledge that I have been informed that this information is being obtained to verify the household's eligibility and compliance with the Division of Housing program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HOPE APARTMENT HOUSING APPLICATION

Does Any Household Member have any:	Mark YES or NO		Amount \$:	Household Member:
Checking Accounts	Yes	No	\$	
Savings Accounts	Yes	No	\$	
Certificates of Deposits	Yes	No	\$	
Money Market Funds	Yes	No	\$	
Stocks/Bonds	Yes	No	\$	
Treasury Bills	Yes	No	\$	
IRA/Keogh Accounts	Yes	No	\$	
Company Retirement Accounts	Yes	No	\$	
Life Insurance Policies (Whole Life)	Yes	No	\$	
Pension Funds	Yes	No	\$	
Trust Accounts	Yes	No	\$	
If Yes, is Irrevocable?	Yes	No	\$	
Cash held in Safety Deposit Boxes, etc.	Yes	No	\$	
House/Real Estate	Yes	No	\$	
Rental Properties	Yes	No	\$	
Other Investments	Yes	No	\$	
Have you received any lump sum payments such as the following:				
Inheritances	Yes	No	\$	
Lottery or Other Winnings	Yes	No	\$	
Insurance Settlements	Yes	No	\$	
Worker's Compensation Settlements	Yes	No	\$	
Social Security Settlements	Yes	No	\$	
Unemployment Compensation Settlements	Yes	No	\$	
VA Disability Settlements	Yes	No	\$	
Severance Pay	Yes	No	\$	
Capital Gains	Yes	No	\$	
Other	Yes	No	\$	
Have you disposed of any assets for less than fair market value in the past 2 years?	Yes	No	\$	
Do you receive any of the following:				
Employment Wages, Salaries, etc.	Yes	No	\$	
Income from a Business or Profession	Yes	No	\$	
Social Security	Yes	No	\$	
SSI	Yes	No	\$	
TANF or other Public Assistance	Yes	No	\$	
Alimony	Yes	No	\$	
Child Support	Yes	No	\$	
Unemployment Compensation Settlements	Yes	No	\$	
Workers' Compensation Settlements	Yes	No	\$	
Severance Pay	Yes	No	\$	
Retirement Income	Yes	No	\$	
Annuities Incomes	Yes	No	\$	
Insurance Policies Income	Yes	No	\$	
Disability or Death Benefits	Yes	No	\$	
Income from Rental Properties	Yes	No	\$	
Regularly Recurring monetary gifts	Yes	No	\$	

### Exhibit 3-5: Sample Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

#### DECLARATION

I, \_\_\_\_\_ hereby declare, under

penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

- 
- \_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) *\*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.\**



If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

# INTERMOUNTAIN DATA CORP

911 28<sup>th</sup> Avenue  
Greeley, CO. 80634

Phone: (970) 356-1925 & Fax: (970) 352-3142  
National: 1 800 524-1160 & Fax: 1 888 352-3142

## Authorization for release of Credit and/or Criminal Information

The purpose of this release is to verify the information given on and by the prospective applicant.

TYPE OR PRINT CLEARLY

CLIENT: A D E O

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden or AKA: \_\_\_\_\_ Yrs. Married \_\_\_\_\_ Other Name(s) used \_\_\_\_\_.

Social Security # \_\_\_\_\_ Date Of Birth \_\_\_\_\_ How long have you lived in this State? \_\_\_\_\_

Driver's Lic. # \_\_\_\_\_ State of Issue \_\_\_\_\_ Home Phone # \_\_\_\_\_

Current Address \_\_\_\_\_

How Long? \_\_\_\_\_ (Street number and name) (City) (State) (Zip Code)

Previous Address \_\_\_\_\_

How Long? \_\_\_\_\_ (Street number and name) (City) (State) (Zip Code)

Have you lived in another State? \_\_\_\_\_ If so, list other states and dates of residence \_\_\_\_\_

### Employer Information:

Current Employer Name \_\_\_\_\_ Salary \$ \_\_\_\_\_ Phone \_\_\_\_\_

### Landlord Information:

Current Landlords Name \_\_\_\_\_ Phone \_\_\_\_\_

Previous Landlords Name \_\_\_\_\_ Phone \_\_\_\_\_

Bank Information: \_\_\_\_\_ Phone \_\_\_\_\_ Acct # \_\_\_\_\_  
(Name of Financial Institution or Branch)

### Conviction Information: (Use additional paper if necessary)

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give dates, charges and Police department: \_\_\_\_\_

I hereby authorize, without reservations, any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company for which this form has been filed, or their agent **Intermountain Data Corp.** This releases the aforesaid parties from any and all liability and responsibility for collecting the above information. I acknowledge that an electronic facsimile (fax) or photographic copy shall be as valid as the original. I further understand that failure to provide information requested on this application or any misrepresentation, intentional or not of any kind shall be cause for my application to be denied.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Today's Date)

**B25 - 0607**

(Client Account Number)