Costilla County Housing Authority
P.O. Box 629
San Luis, CO 81152
719-672-3379 fax 719-672-0145

Executive Director
Aquino Gallegos

Board Members
Alice Sanchez, Chairman
Bill Lewis, Vice Chairman
Rosalie Aragon, Member
Ramona Archuleta, Member
Josh Sanchez, Member

Dear Prospective Tenant,

Thank you for your interest in housing with the Costilla County Housing Authority (CCHA). Enclosed is the application for you completion, it is imperative all parts of the application are accurate and the application is completed in its entirety. If any part of the application does not apply to you, please show NA and initial that area.

PLEASE do not leave any areas blank!!

In order for the CCHA to determine your eligibility, the following items **must also** be submitted.

Failure to return a complete application along with items noted below could result in your application being delayed or withdrawn.

1. Current Colorado Picture ID
2. Social Security Cards for all members of the household
3. Copies of Birth Certificates for all members of the household
4. Six (6) months copy of Bank Statement(s)
5. Award letter if receiving income from the Social Security Administration/DSS or paystubs
6. Seven dollar ($7.00) check or money order for CBI fee for each adult over 18 years of age (Gilbert Manor, Cotton Wood, Willow Grove & Sangre De Cristo only)

Please identify what property you are interested in:

Rural Development properties:

Gilbert Manor, Pfieffer Street, Fort Garland_____(Red buildings)
Cottonwood Apartments Pedro Street, San Luis_____(Red buildings)
Willowgrove Aprtments, Alfonso Street, San Luis_____(Yellow buildings)

Sangre De Cristo Apartments: **Note**: This is a senior designated property and you must be 62 years of age or disabled to qualify: Trinchera Street, San Luis_____(Stucco buildings)

HUD properties:

Aspen Apartments, Pedro Street, San Luis:_____(Gray buildings)
Scattered homes in Fort Garland & San Luis:_____(Brick Homes)

Respectfully,

Amelia Sanchez

Amelia Sanchez
Occupancy Specialist

EQUAL HOUSING OPPORTUNITY

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

For Office Use Only. Applicants should not write in this section.

Eligibility Determination

Date/Time:_____ Bedroom Size: _____ Initial Eligibility Y N

Received by:_____ Interview Date: _____ Final Eligibility Y N

List any special assistance required by this applicant: _____ Denied: Date _____

Rural Development Property: Family

Gilbert Manor (Fort Garland) _____

Cottonwood Apartments & Willowgrove Apartments (San Luis) _____

Rural Development Senior Property: (Sangre De Cristo Apartments) _____

HUD: Aspen Apartments and scattered homes in Fort Garland & San Luis _____

FULL APPLICATION FOR ADMISSION
Public Housing

Agency Name: COSTILLA COUNTY HOUSING AUTHORITY

Limited English Proficiency:

Do you require oral and/or written information in any language other than English? ☐ Yes ☐ No

If yes, which language: _____ Please contact the Public Housing applications Office for assistance. If no, continue.

Instructions:

Complete this form in ink in your own handwriting. Use the correct legal name for each person who will reside in the same unit exactly as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in it.

Applicant Head of Household:

Applicant Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Physical Address Where You Currently Live:_____

Phone #: _____ Work Phone #_____ Cell Phone #: _____

Email address: _____

Social Security Numbers:

Social Security cards must be provided for all persons who will live in the rental unit.

Is any household member's current legal name different than the name on his/her SS card? ☐ Yes ☐ No

If yes, contact the Social Security office immediately to obtain a corrected card with the current legal name.

Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one you are currently using? ☐ Yes ☐ No

If yes explain_____

© 2005 The Nelrod Company, Fort Worth, Texas 76109

The Nelrod Company®

I. **HOUSEHOLD COMPOSITION** (You are required to list all persons who will stay in the rental unit at any time during the lease period. No person may reside in a subsidized unit whose residency has not been previously approved by the Housing Authority.)

Applicants are not required to disclose being disabled. However, benefits for which persons with disabilities are entitled cannot be provided unless the participant discloses being disabled.

LIST BELOW ALL PERSONS AGE 18 OR OLDER:

Adults *(age 18 and older)*	Social Security #	Relation to Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Yes/No	List most recent date	
								Employed	Received TANF
Last First MI		HEAD							
Last First MI		Spouse *(Leave blank if not married)*							
Last First MI		Co-Head *(if no spouse)*							
Last First MI		Other Adult							
Last First MI		Other Adult							
Last First MI		Other Adult							
Last First MI		Other Adult							

© 2005 The Nelrod Company, Fort Worth, Texas 76109

LIST BELOW ALL PERSONS UNDER THE AGE OF 18:

Minors (Under Age 18)	Social Security #	Relation to Head	Sex	Race/ Ethnicity	Birth Date	Age	Disabled* Y/N	Name of School or Day Care Attended	Name & Address of Absent Parent *(if both parents are not in household)*
Last First MI									
Last First MI									
Last First MI									
Last First MI									
Last First MI									
Last First MI									
Last First MI									
Last First MI									
Last First MI									

© 2005 The Nelrod Company, Fort Worth, Texas 76109

I. Household Composition continued

1. Is any household member over age 18 a full time student (*other than head of household or spouse of head of household*)? ☐ Yes ☐ No
   If yes, list name and the school they attend: _____
2. Is the *Spouse of the Head of Household* temporarily absent from the home? ☐ Yes ☐ No
   If yes, where? _____
   When will the person return? _____
   Does absent spouse have income? ☐ Yes ☐ No
   If yes, list below:
   a. _____
   b. _____
3. Does anyone in your household require special accommodations due to a handicap or disability? ☐ Yes ☐ No
   If yes, specify requirements: _____
4. Does any elderly or disabled household member require a Live-in Aid? ☐ Yes ☐ No

II. INCOME AVAILABLE TO HOUSEHOLD

List **all** income earned or received by everyone living in the household regardless of age.
List ***gross*** amounts of income (before deductions).

Income Source	Yes	No	Family Member	Source	Amount
Wages or Earnings					$
					$
TANF					$
Pension or Retirement					$
					$
SSI					$
					$
Social Security					$
					$
Child Support					$
					$
Unemployment Benefits					$
					$
Worker's Compensation					$
					$

© 2007 The Nelrod Company, Fort Worth, Texas 76109

Income Source	Yes	No	Family Member	Source	Amount
Alimony					$
Military Income					$
Regular Contributions or Gifts					$
					$
Self Employed *(lawn care, hair stylist, manicures, child care, etc.)*					$
					$
Temporary / Sporadic Income / Irregularly Received Income					$
					$
Cyclical or Seasonal Work					$
Student Financial Assistance *(Scholarships, Grants, Work-Study income)*					$
					$
Lump Sum Payments					$
Veterans Administration					$
Other (list type)					

Previous Year's Tax Return. Indicate the amount of the gross income shown by each family member (other than minors) residing in your household who submitted an individual or joint Federal Income Tax Return.

Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income

1. Does anyone outside the household help with bills on a regular basis? ☐ Yes ☐ No
2. If yes, list name of each person or agency that assists with bills:
   a. _____
   b. _____
   c. _____
3. Is any household member age 18 or older employed in a job training program? ☐ Yes ☐ No
   If yes, list his/her name and the specific job training program: _____
4. Has anyone in your household applied for any benefits which are in the process of being approved? ☐ Yes ☐ No
   If yes, explain: _____
5. Has any household member been awarded:
   Child Support ☐ Yes $_____ ☐ No Alimony ☐ Yes $_____ ☐ No

© 2007 The Nelrod Company, Fort Worth, Texas 76109

III. ASSETS

1. Check each type of asset owned by any household member.

Type Asset		Type Asset	
Real Estate	☐ Yes ☐ No	Checking Account	☐ Yes ☐ No
Stocks	☐ Yes ☐ No	Savings Account	☐ Yes ☐ No
Bonds	☐ Yes ☐ No	Certificate(s) of Deposit	☐ Yes ☐ No
Company Retirement or Pension Fund	☐ Yes ☐ No	Trusts	☐ Yes ☐ No
Insurance Settlements	☐ Yes ☐ No	Other	☐ Yes ☐ No

2. Has any asset been given away or sold for less than its fair market value in the past 2 years? ☐ Yes ☐ No

   If yes, what? _____

   What was its market value? $ _____. How much did you receive? $ _____

IV. MEDICAL AND DISABILITY ASSISTANCE

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums. (Complete only if the Head of household or Spouse is disabled or is 62 years of age or older.)

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
medical insurance(s)	$	*Doctor's Visits*	$
prescription medicine(s)	$		$
	$		$
	$		$

2. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work? ☐ Yes ☐ No
   If yes, Itemize:
   a. _____
   b. _____

V. CHILD CARE

1. Do you pay for Child Care for children age 12 or younger while you work, attend school, or seek employment? _____ If yes, to whom are expenses paid? _____
   How much per month? _____
2. Address of Child Care provider: _____
3. What amount is reimbursed? _____ Source: _____

VI. PREVIOUS HOUSING ASSISTANCE

Has any household member lived in public housing or participated in the Section 8 housing assistance program after reaching the age of 18? ☐ Yes ☐ No

If yes, under what name: _____

Housing Agency/City _____

From _____ To _____ Lease in Name of: _____

Were you evicted or asked to move? ☐ Yes ☐ No

© 2007 The Nelrod Company, Fort Worth, Texas 76109

The Nelrod Company®

Were any wages disregarded in calculating your rent? ☐ Yes ☐ No

VII. CRIMINAL HISTORY

1. Has any household member (regardless of age) been involved in, arrested, charged, or convicted for any of the following:
   Violent criminal activity? ☐ Yes ☐ No
   If yes, give details _____
   Domestic Violence, dating violence, or stalking? ☐ Yes ☐ No
   If yes, name of victim: _____ Name of perpetrator: _____
   Alcohol related activity? ☐ Yes ☐ No
   If yes, give details _____
   Manufacture of methamphetamines? ☐ Yes ☐ No
   If yes, give details _____
   Possession, sale, or distribution of illegal drugs? ☐ Yes ☐ No
   If yes, list name/date/disposition of case _____
   List name of any household member who is required to register as a sex offender: _____
   If required to report, list name and telephone number of probation/parole officer: _____
2. Has any household member participated in drug rehabilitation during the past 12 months? ☐ Yes ☐ No
   If yes, explain _____
3. Has any household member been evicted from federally assisted housing in the past 3 years? ☐ Yes ☐ No
   If yes, who? _____
   Where? _____

VIII. RENTAL HISTORY

1. Current Landlord: _____
   Address: _____ City _____ State: _____ Zip: _____
   Home Phone #: _____ Work Phone # _____ Cell Phone #: _____
   Email address: _____
   Dates of Occupancy: From _____ To _____
   Rental Property Address: _____ City _____ State: _____ Zip: _____
   Email address: _____
   Were you ever late in paying rent? ☐ Yes ☐ No
   Were you evicted or asked to move? ☐ Yes ☐ No
2. Previous Landlord: _____
   Address: _____
   City _____ State: _____ Zip: _____
   Were you ever late in paying rent? ☐ Yes ☐ No Were you evicted or asked to move? ☐ Yes ☐ No

IX. CREDIT HISTORY/PERSONAL REFERENCES

© 2007 The Nelrod Company, Fort Worth, Texas 76109

IX. CREDIT HISTORY/PERSONAL REFERENCES

1. List two business where you have had credit or made payments on a regular basis in the past 24 months.

   Business_____ Address/Phone_____

   Business_____ Address/Phone _____

2. List two references (who you are not related to by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.

   Name_____ Phone_____ How long have you know him/her? _____

   Name_____ Phone_____ How long have you know him/her? _____

X. MISCELLANEOUS INFORMATION

1. List all vehicles that household members will park on PHA property:

   Make_____ Model_____ Color_____ License Plate #_____

   Make_____ Model_____ Color_____ License Plate #_____

Do you have a pet? ☐ Yes ☐ No

If yes, describe:_____

2. How did you learn about our program?_____

XI. APPLICANT CERTIFICATION

All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 14 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

_____ _____

Signature of Head of Household Date

_____ _____

Signature of Spouse of Head of Household or Other Adult Date

_____ _____

Signature of Other Adult Date

© 2007 The Nelrod Company, Fort Worth, Texas 76109

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant application on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

ETHNICITY (Mark one)

Hispanic or Latino _____

Not Hispanic or Latino _____

RACE: (Mark one or more)

1. **American Indian/Alaska Native _____**
2. **Asian _____**
3. **Black or African American _____**
4. **Native Hawaiian or Other Pacific Islander _____**
5. **White _____**

GENDER: Male _____ Female _____

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.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.

© 2007 The Nelrod Company, Fort Worth, Texas 76109

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014
exp. 1/31/2014

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
Costilla County Housing Authority 915 Pedro P. O. Box 629 San Luis, CO 81152 719-672-3379	

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

COSTILLA COUNTY HOUSING AUTHORITY
PUBLIC REQUEST FOR ARREST INFORMATION
ELECTRONIC SUBMISSION

COLORADO BUREAU OF INVESTIGATION

The following information is needed to complete electronic submission by the COSTILLA COUNTY HOUSING AUTHORITY.

I authorize the COSTILLA COUNTY HOUSING AUTHORITY to receive the electronic report from the Colorado Bureau of Investigation.

Application Signature **Date**

Last Name **First Name** **Middle Name**

Male or Female **Date of Birth** **Social Security Number**

THE RECORDS REQUESTED SHALL NOT BE USED FOR THE DIRECT SOLICIATION OF BUSINESS FOR PECUNIARY GAIN.

CBI ARREST FILE COMPLETENESS: Not all arrests are documented. CBI files stores only records of arrest which occurred in Colorado and for which readable fingerprints were taken and sent to the CBI. While arrest fingerprint submission to the CBI is required by law, that does not insure either submission or submission of quality sufficient for use. A varying number of prints are returned to contributors due to poor print quality that prevents a thorough search of the file.

There is a normal delay of one to two weeks between the time of arrest and the time the CBI received the card documenting that arrest. A person screened may have been arrested during the prior several days and the CBI may have the card but has yet to add it to the file. In such cases, if the arrest card is processed the persons only known in Colorado arrest, the reply would indicate "No Record Found".

Sealing is permitted only when the arrestee has petitioned the court for sealing and he/she has either been acquitted of all charges related to an arrest or no charges were filed after the arrest, or all charges were dismissed. Fewer than one percent of our records have been sealed by court order, and are unavailable.

RECORD RETENTION AND PURGE: A persons record is purged when he reaches 80 years of age and has been free of arrest or criminal justice supervision (incarceration, parole, probation) for ten years.

Costilla County Housing Authority
P.O. Box 629
915 Pedro Street
San Luis, CO 81152
Phone: 719-672-3379 Fax: 719-672-0145

Executive Director
Aquino Gallegos

Board Members
Alice Sanchez, Chairman
Bill Lewis, Vice Chairman
Rosalie Aragon, Member
Ramona Archuleta, Member
Josh Sanchez, Member

LANDLORD QUESTIONNAIRE –PLEASE RUSH

Dear _____

You have been listed as the previous landlord for_____who has claimed to have rented from you on _____to_____
And who is now applying for occupancy with the Costilla County Housing Authority.

This form is required to complete the application process. The prospective tenant has signed this form giving his/her consent to release any and all information requested. **Please answer the following items as completely as possible and return the completed from to this office.** All information will be used solely for the purposes of determining the suitability of this applicant for tenancy. This information is confidential and will not be shared or given to any other entity. Thank you for your cooperation.

APPLICANT: By my signature below, I give my (our) consent to the above named former landlord to provide all information concerning our rental history requested on this form.

_____ _____

APPLICANT **DATE** **CO-APPLICANT**

FINANCIAL:

Did the applicant pay his/her rent in a timely manner_____?
If late, how late_____? Were eviction procedures taken because of delinquent Payments_____? Did the applicant leave owing any back rent_____? If so, how much_____? Was a proper notice given by the applicant prior to his/her moving from your rental unit_____?

LANDLORD QUESTIONAIRE PAGE 2

SECURITY DEPOSITS:

Did the applicant pay a Security Deposit upon signing their lease_____? Were there any damages to your rental unit caused by the applicant or his/her guests _____? Was the Security Deposit returned in its entirely_____? Were notices of unacceptable condition or poor housekeeping ever issued to this applicant by you_____? Were the yards or areas around the applicants unit kept in acceptable order_____? Was the tenant required to do any yard work around his/her unit_____? Was the work done in an acceptable manner_____?

FAMILY COMPOSITION:

How many people resided in the rental unit? Adults_____Children_____
Were there any problems with unauthorized people residing in the unit_____? Were there any extended stay guest_____? If yes, please comment_____
_____.

COMMUNITY:

Was there any occasion where the police responded to the applicants' rental unit for disturbance or other violations_____? If so, what were the circumstances_____
_____?

If this applicant were to re-apply for a rental unit from you or your organization would you rent to him/her again_____?

COMMENTS:_____
_____
_____
_____

Signed _____
LANDLORD DATE

EQUAL HOUSING OPPORTUNITY

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

OMB Control # 2502-0581
Exp. (11/30/2015)

Optional and Supplemental 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.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: 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.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: 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.

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 protect disbursement data from fraudulent actions.

Form RD 1910-5
(Rev. 04-08)

UNITED STATES DEPARTMENT OF AGRICULTURE
HOUSING AND URBAN DEVELOPMENT
VETERANS ADMINISTRATION
(Community Planning and Development, and
Housing - Federal Housing Commissioner)

Form Approved
OMB No. 0575-0172

REQUEST FOR VERIFICATION OF EMPLOYMENT

LENDER, LOCAL PROCESSING AGENCY (LPA), AND LOAN PACKAGER: Complete items 1 through 7. Have the applicant complete item 8 and sign. Forward the completed form directly to the employer named in item 1. CONTRACTOR: Complete items 1 through 7. Have applicant or borrower complete item 8 and sign. Forward the completed form directly to the USDA or lender office identified in item 2. EMPLOYER/PROVIDER: Complete either parts II and IV or parts III and IV. Return form directly to the office identified in item 2 of Part I.

PART I - REQUEST

1. TO: *(Name and Address of Employer)*

2. FROM: *(Name and Address of Lender or Local Processing Agency) This item must be completed before sending to employer.*

COSTILLA COUNTY HOUSING

3. I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

Amelia Sanchez

(Signature of Lender, Official of LPA, USDA Official/USDA Loan Packager or Government contractor)

4. TITLE OF LENDER OFFICIAL OF LPA, USDA OFFICIAL, MFH PROJECT MGR., OR USDA LOAN PACKAGER

5. DATE

6. HUD/FHA/CPD, VA OR USDA NO.

N/A

7. NAME AND ADDRESS OF APPLICANT

I have applied for a mortgage loan, a farm loan or a rehabilitation loan or to be an occupant in an MFH project and stated that I am or was employed by you. My signature in the block below authorizes verification of my employment information.

8. TAXPAYER'S IDENTIFICATION NO. OR SOCIAL SECURITY NO.

N/A

SIGNATURE OF APPLICANT

PART II - VERIFICATION OF PRESENT EMPLOYMENT/INCOME

EMPLOYMENT DATA

9. APPLICANT'S DATE OF EMPLOYMENT

10. PRESENT POSITION

11. PROBABILITY OF CONTINUED EMPLOYMENT

13. IF OVERTIME OR BONUS IS APPLICABLE IS ITS CONTINUANCE LIKELY?

OVERTIME ☐ Yes ☐ No

BONUS ☐ Yes ☐ No

PAY DATA

12A. BASE PAY *(Current)* OR OTHER INCOME

$_____ ☐ Annual $_____ ☐ Hourly

$_____ ☐ Monthly $_____ ☐ Weekly

$_____ ☐ Other *(Specify)*

12B. EARNINGS

Type	Year to Date as of _____	Past Year
BASE PAY	$	$
OVERTIME	$	$
COMMISSIONS	$	$
BONUS	$	$

For Military Personnel Only

Type	Monthly Amount
BASE PAY	$
RATIONS	$
FLIGHT OR HAZARD	$
CLOTHING	$
QUARTERS	$
PRO PAY	$
OVERSEAS OR COMBAT	$

14. REMARKS *(If paid hourly, please indicate average hours worked each week during current and past year)*

a. Number of hours worked per week	b. Anticipated increase or decrease in salary in next 12 months	c. Anticipated overtime hours to be worked in next 12 months

PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

15. DATES OF EMPLOYMENT

16. SALARY/WAGE AT TERMINATION PER ☐ YEAR ☐ MONTH ☐ WEEK

BASE PAY	OVERTIME	COMMISSIONS	BONUS
$	$	$	$

17. REASONS FOR LEAVING

18. POSITION HELD

PART IV

Federal statutes provide severe civil and criminal penalities for any person who knowingly makes false or fraudulent statements or representations to a government agency or officer with the intention of influencing any action by such agency or officer.

19. SIGNATURE	20. TITLE OF EMPLOYER	21. DATE
Printed name and phone number		

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB contol number for this information collection is 0575-0172. The time required to complete this information collection is estimatged to average 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.

SEE ATTACHED PRIVACY ACT NOTICE

COSTILLA COUNTY HOUSING AUTHORITY
NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need.....

- A change in a) the rules or policies; or b) how we do things which would make it easier for you to live here and use the facilities or take part in programs on site
- A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site
- A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in programs on site, or
- A change in the way we communicate with you or give you information

You can ask for this kind of change, which is called a **REASONABLE ACCOMMODATION**.

If you can show that you have a disability and if your request is reasonable, if it's not too expensive and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer in 30 days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reason and you can give us more information if you think that it will help.

If you need help completing a **REASONABLE ACCOMMODATION REQUEST FORM** or if you want to give us your request in some other way, we will help you.

You can get a **REASONABLE ACCOMMODATION REQUEST FORM** from the Executive Director, Occupancy Specialist and Site Manager of the Costilla County Housing Authority, 915 Pedro Street, San Luis, CO. 719-672-3379.

_____ _____

Resident Date

EQUAL HOUSING OPPORTUNITY

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

DISAPPROVAL/REJECTION OF APPLICANTS

If a member of the household who is expected to reside in the apartment is determined to fall within one of the following categories, the household may be rejected for admission.

1. History of Criminal Activity: If there is known criminal activity which involves crimes of physical violence to persons or property which would be detrimental to the safety of other tenants or disturb their peaceful occupancy of the premises. If there are any pending charges for any criminal activity.
2. Violent Behavior: Evidence or acts of violence which would constitute a danger or disruption to the apartment complex or residents.
3. Alcohol Addiction or Abuse: Evidence of confirmed conviction for the misuse of alcohol. If the individual is undergoing treatment by a professional agency, they shall not be considered ineligible if such agency confirms they are rehabilitated.
4. Conviction: Of a charge relating to use, distribution or possession of an illegal substance.
5. Rape, Prostitution or Sexual Deviation: Evidence of confirmed convictions for the offenses of rape, prostitution, indecent exposure, sodomy, carnal abuse, impairing the morals of a minor or similar crimes indicating sexual deviation.
6. Grossly Unsanitary of Hazardous Housekeeping: If the individual generally creates any health or safety hazard through acts of neglect, misuse of premises or equipment, causing or permitting infestation or foul odors.
7. Records of Disturbance of Neighbors: Destruction of property or disruptive or dangerous behavior - Includes; behavior or conduct which adversely affects the safety or welfare of other persons.
8. Non-Compliance with Rental Agreements: Includes evidence of failure to comply with rental agreements or rules and regulations (evictions, habitual late rent payments, destruction of present/former property, disturbances).
9. Applicants with a Debt Balance: Applicants who owe for a former occupancy.
10. Falsified Information on Application.
11. Mutual Respect: Is required by applicant, household member(s) and Costilla County Housing Authority staff, during interview and application process.
12. If Applicant is Student and Claimed as Dependent.
13. Tenant and/or Co-tenant is a minor.
14. Complex in which the applicant is applying for has an elderly designation and applicant is not 62 years of age or older, handicapped or disabled. In Federal Elderly Housing we are exempt from renting to non-elderly families with children.

An applicant, selected for occupancy, will be given up to 30 days to occupy the unit. A vacant apartment will not be held vacant for a period longer than 30 days (deposit in full and one month's rent must be paid in order to hold an apartment) for a selected applicant.

EQUAL HOUSING OPPORTUNITY

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

Please Keep

TENANT SELECTION CRITERIA

The Management Agent will determine tenant selection as Follows:

1. Applicant eligibility will be determined from an application that meets Rural Development's standard procedure for income and occupancy.
2. Applicants will be selected on a first-come-first served basis according to the chronological order of each categorized waiting list or by chronological order of income group identified on a master waiting list in the following priority:

   a. Very Low Income: Very low income applicants and applicants eligible for RA will have a priority over all other applicants on each type of waiting list maintained.
   b. Low Income: Low income applicants will be selected, provided no very-low income applicants are on the list.
   c. Moderate Income: Moderate income applicants will not be selected where the number of unassigned RA units equals or exceeds the number of vacant units.
   d. Master List by date received will be maintained to have a cross-reference of all applications received.
   e. Unit Size: Selection will be made for the unit size in which a vacancy exists. If the applicant cannot accept the unit at that time, the reasons for not accepting the unit will be documented. The applicant's name will be removed from the list unless the Management Agent determines a hardship exists for health problems or high cost of rent without RA, in which case, the applicant's name will remain on the list in chronological order. An applicant whose name has been removed from the waiting list must reapply.
   f. Ineligible: Selection will be made according to the date order of the application on the Master Waiting List.

EQUAL HOUSING OPPORTUNITY

This institution is an equal opportunity provider and employer