

<input type="checkbox"/> 0 Bedroom <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	<b>**Office Use Only**</b>	Received Date: _____ Time: _____ am/pm Initials: _____ Prospect #: _____ Unit #: _____
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## PRELIMINARY APPLICATION

(Program Properties)

Applicant's Name: _____ In Care Of (optional): _____ Mailing Address <sup>(1)</sup> : _____ _____ Home Phone: _____ Cell Phone: _____ Message Phone: _____ Email Address: _____	<b>Return to: Colorado Gardens</b> _____ <b>1007 S. Elder Street</b> _____ <b>Nampa ID 83686</b> _____ Phone #: <b>(208) 442-4382 / TTY 711</b> _____ Fax #: <b>(208) 375-9158</b> _____ <b>Email Address: coloradogardens@nwrecc.org</b> _____ <b>Website: coloradogardens.nwrecc.org</b> _____ <small><sup>(1)</sup>If you are currently homeless, please list a mailing address of a family member or friend who will accept mail on your behalf.</small>
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**This Preliminary Application is used to place applicants on our Waiting List and does not include all information we require to determine program eligibility.**

**Instructions:**

- It is important that all information on the Preliminary Application be legible, complete, and correct. False, incomplete, or misleading information will cause us to reject your application. **Do not leave any sections blank.**
- It is your responsibility to notify us when any of the information contained in this application changes (i.e., contact information, family size, income amounts, etc.). Failure to do so may result in the rejection of your Rental Application.
- It is your responsibility to contact us within 48 hours after we contact you about scheduling the Application Interview and/or for a specific apartment. If we do not hear from you within this time frame, we will move to the next applicant on the Waiting List.

*This property does not discriminate based on disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. You may contact our 504 Coordinator at 2929 3rd Avenue North, Suite 538; Billings, MT 59101; 504@nwrecc.org; (406) 252-3773 / TTY 711 for assistance. Language interpreters and/or translated documents are available upon request. Intérpretes de la lengua y documentos traducidos están disponibles a petición. Alternate formats are available upon request.*

**Select the apartment size(s) you wish to apply for, in order of preference:**

	Apartment Sizes <sup>(1)</sup> / Occupancy Standards
<b>1<sup>st</sup> Preference:</b> _____	Studio (1-3 household members)
<b>2<sup>nd</sup> Preference:</b> _____	1 Bedroom (1-3 household members)
<b>3<sup>rd</sup> Preference:</b> _____	2 Bedroom (1-5 household members)
	3 Bedroom (1-7 household members)
	4 Bedroom (1-9 household members)

<sup>(1)</sup> Be advised that not all apartment sizes listed may be available at this property. Please reference the Resident Selection Plan for apartment sizes or view floorplans on our property website.

**When would you like to move in?** \_\_\_\_\_ **What is your preferred language?** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

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### Household Information

List all individuals that are applying to live in this apartment.  
Exclude live-in aides / attendants (they will be added at move-in).

(1) Response Optional

Name <i>First, Middle Initial, Last</i>	Aliases <i>Maiden / other legal names</i>	Date of Birth	Age	Social Security Number	Relationship to Head of Household	Gender <sup>1</sup> M / F / P P=Prefer not to disclose	Is the Individual:		
							A Student (Y/N)	US Military Veteran (Y/N)	Disabled (Y/N) <sup>1</sup>
					Self				

### Household Income

Please disclose all gross income & benefits (amount before deductions) received by members of your household on a recurring basis.

Income sources to consider: Employment wages & tips, SSA benefits, rental income, pensions, unemployment, recurring gifts, income from assets, etc.

Household Member	Income or Benefit Source Name	Amount Received (before deductions)		Frequency (hourly, weekly, bi-weekly, semi-monthly, monthly, etc.)	Total Annual Income
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		

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**Preliminary Application Questions:**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any changes to the number of people that will be living in your household?
		<b>If yes, please explain:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any household member need the features of an apartment home adapted for wheelchair use or sensory impairments?
		<b>If yes, select type:</b> <input type="checkbox"/> Mobility Accessible <input type="checkbox"/> Vision Accessible <input type="checkbox"/> Hearing Accessible
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any household member have special housing needs or need a reasonable accommodation or modification to live here? Examples might be a live-in aide, assistance animal or grab bar. If yes, complete the following:
		<b>Member Name:</b> <b>Describe What Is Needed:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Have you been displaced from your previous home due to government action or a presidentially declared disaster? <i>(If you mark yes, please be prepared to provide a written statement or certificate of displacement by the appropriate governmental authority.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Do you require rental assistance in order to live at this property (if available)? If you mark "no" we will assume you want to be considered only for apartments with no rental assistance.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a voucher (i.e., rental assistance through a Housing Authority or similar agency) that you would like to use at this property? Note: if this property is 100% rent assisted by HUD or RD, we cannot accept your voucher.
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household subject to state lifetime sex offender registration in any state? <i>Note: We are required by HUD and company policy to perform criminal background checks during the application stage to determine if any member of your household, including live-in aides/attendants, is subject to a lifetime registration requirement under any State sex offender registration program, or is otherwise ineligible under our Resident Selection Plan. Failure to respond accurately to questions regarding your criminal record during the application process may jeopardize approval of your application and after move-in, continued assistance and/or occupancy. Having a criminal record does not necessarily mean that you or your household will be disqualified, but you should be prepared to provide documentation regarding your criminal record and/or pending charges to assist in processing your application expediently. Criminal background checks must be performed in this state and in all states where all adult household members have resided.</i>

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## Statements by all Household Members

Applicant represents the above statements are true and correct. Applicant authorizes verification of the above information including but not limited to references, criminal history, credit records, civil court records and income & asset information through third party sources; releases from liability all persons and entities requesting or supplying information; and acknowledges this information may be released to appropriate Federal, state, or local agencies. Applicant acknowledges that false, incomplete, or misleading information constitutes grounds for rejection of this application; and discovery of false, incomplete, or misleading information discovered after occupancy may result in termination of the right of occupancy of all occupants. **Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make false statement in any matter within the jurisdiction of a federal agency.**

Applicant has reviewed the Resident Selection Plan, which summarizes the procedures for processing applications, and understand it is available upon request. Applicant understand that they must notify management in writing if there are any changes in household address, telephone numbers, income and household composition and must respond to Waiting List update requests to remain on the Waiting List. We are using this brief form of application to gather the minimum information needed to determine if the applicant should be put on the waiting list. Applicant's position on the waiting list may change depending upon the preferences that other households may qualify for. Applicant can find the most up to date status of their waiting list application by calling our office or logging into the online portal.

If apartments are available (or will be soon), we must collect more detailed information from Applicant during the Application Interview and verify all information. Please be aware that if Applicant is placed on the waiting list, it does not indicate that Applicant is eligible to receiving housing at this property. Only after all required information has been received and verified can we make an eligibility determination. Failure to remain eligible as determined by the Resident Selection Plan will result in us rejecting Applicant's application.

Applicant acknowledges by providing an email address, applicant authorizes management to communicate about this Preliminary Application and related documents and/or processes via email.

\_\_\_\_\_  
Signature – Household Member                      Date                      Signature – Household Member                      Date

\_\_\_\_\_  
Signature – Household Member                      Date                      Signature – Household Member                      Date

### Attachment(s):

Supplement to Application for Housing  
Household Demographics

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## HOUSEHOLD DEMOGRAPHICS

Property Name: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Head of Household: \_\_\_\_\_

Telephone: \_\_\_\_\_

HOUSEHOLD COMPOSITION										
Mbr #	FIRST NAME	LAST NAME	MI	RELATIONSHIP TO HEAD OF HOUSEHOLD						
				Head	Spouse	Adult Co-Head	Child	Foster Child/Adult	Live-in Aid	Other
1				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check ALL that apply for each household member.							
(A) RACIAL CATEGORIES *	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check one for each household member.							
(B) ETHNIC CATEGORIES *	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(C) DISABILITY STATUS *	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Are any household members disabled according to Fair Housing Act? If "yes" check box in this row.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "no" check box in this row.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Please refer to the attached page for definitions of race, ethnicity and disability.

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature and date, printed name, relationship, and phone number to the bottom of this page.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member #2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member #3 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member #4 Signature

\_\_\_\_\_  
Date

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## INSTRUCTIONS FOR HOUSEHOLD DEMOGRAPHICS FORM

You have applied for a rental housing unit located in a development operating under the “Low-Income Housing Tax Credit” (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of the form as proof that the option to disclose was made available.

- A. The five race categories to choose from are defined below: You should check as many as apply to you.
1. **American Indian or Alaska Native.** A persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American”.
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- B. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino”.
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- C. Fair Housing Act’s Definition of “Disabled”:
- Under federal law, an individual is disabled if he/she has 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 term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental Retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance), or alcoholism [24 CFR 100].
  - The term “substantially limits” suggest that the limitation is “significant” or “to a large degree”.
  - “Major Life Activities” means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one’s self, learning and speaking.

**SUPPLEMENT TO APPLICATION FOR HOUSING**

*This form is to be provided to each RD, Tax Credit or Conventional applicant household*

**Instructions: Optional Contact Person or Organization:** We would like to provide you with the opportunity 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. Please complete a separate form for each contact you wish to disclose.

<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:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assistance with Recertification Process (RD / Tax Credit only)
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance (RD only)	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Pet issue (household cannot be contacted)
<input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Other: _____
<b>Commitment of Owner and Management Agent:</b> If you are approved for housing, this information will be kept as part of your resident 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.	

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

--	--

**Signature of Applicant**

**Date**

The objective of providing this information is to facilitate contact by the housing provider with the person or organization identified by the resident to assist in providing any delivery of services or special care to the resident and assist with resolving any tenancy issues arising during the tenancy of such resident. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is voluntary.

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