



Housing Authority of the County of Montezuma

PO Box 1776, Cortez, CO 81321
Phone: 970-564-3160 Fax: 970-564-3161



Updated 4/2024

Affordable Housing Application

PLEASE SELECT THE PROPERTIES THAT YOU ARE APPLYING FOR

Prairie Mesa Estates – 650 E. 2nd St., Cortez, CO
970-564-3160

Overlook Village – 670 W. Menefee, Mancos, CO
970-564-3160

Brubaker Place Apartments – 691 Wyoming St., Cortez, CO
970-564-3160

Calkins Commons- 121 E 1st St., Cortez, Co
970-565-3831

MAXIMUM INCOME AT TIME OF MOVE-IN

Properties	Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6
Calkins	\$52,800	\$60,320	\$67,840	\$75,360	\$81,440	\$87,8440
All Others	\$39,600	\$45,240	\$50,880	\$56,520	\$61,080	\$65,580

Applicant Name: _____

Date: _____

Managing Agent requires COPIES of the following documentation for
ALL HOUSEHOLD MEMBERS and Application Fee

1. **Social Security Cards**
2. **Certified Birth Certificates (Certified copies, not complimentary copies from the hospital) or CIBs for Native Americans.**
3. **Valid State-Issued IDs (for 18 years of age or older). Must be Colorado IDs at time of Lease signing.**
4. **\$40.00 Application fee for each adult- Cashiers Check or Money Order (NO CASH)**

BE CERTAIN TO SIGN AND DATE WHERE REQUIRED

Once your completed Application is received, you will be placed on the waiting list by the date and time the Application is received. Applying does not guarantee housing.



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Complete the Application and answer all questions. If the questions do not apply to you, state either NO, NONE or N/A. Every blank must be complete. Incomplete Applications Will Be Withdrawn.

Head of Household Name: _____ Phone # _____

Email address: _____

Your Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

How long have you lived at this address? _____

Landlord's Name: _____ Address: _____ Phone _____

Previous Address _____ City _____ State _____ Zip _____

Landlord's Name _____ Address: _____ Phone _____

How long were at this address? _____

_____ Federal Law preempts State Laws when it comes to the use of Medical Marijuana, *Initial* e, Medical Marijuana users are prohibited into the Public Housing and the Housing Choice *voucher* (Section 8) Programs, as well as any units owned or managed by the Housing Authority of the County of Montezuma.

A. Federal Drug Laws –

Marijuana is categorized as a Schedule I substance under the Controlled Substances Act (CSA). *See 21 U.S.C. 801 et seq.* The Manufacture, distribution, or possession of marijuana is a federal criminal offense, and it may not be legally prescribed by a physician for any reason. *See 21 U.S.C. 841(a)(1); 812(b)(1)(A)-(C)*

By signing below, I/We acknowledge and understand that the use of controlled substances for recreational use or medicinal use is prohibited on all Housing Authority of the County of Montezuma property and the use, possession and distribution of a controlled substance will be a deciding factor in the decision to provide housing assistance to you or anyone in your household.

Head of Household/Applicant Signature

Date

Do you have pets? Yes _____ No _____ How many? _____

Type: _____



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Ethnicity: 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: _____ Female _____ Male

"The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant Applications on the basis of race, color, national origin, religion, sex, familial status, gender identity (including gender expression), sexual orientation, 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 evaluating 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 the individual applicants on the basis of visual observation or surname."

Submitting an application does not guarantee housing

_____ Are you a victim of domestic violence, dating violence or stalking? _____ Yes _____ No
Initial

_____ Is there an open Protection Order or Court Case regarding any household member?
Initial _____ Yes _____ No Name(s) _____

_____ In accordance with the regulations at 24 CFR 5.856 and 5.905, O/As and PHAs must
Initial perform necessary criminal history background checks to determine if any applicant, or member of an applicant's household, is subject to a lifetime registration requirement under a State or Federal sex offender registration program. This check must be carried out with respect to the State in which the housing is located and with respect to States where applicant and members of the applicant's household are known to have resided.

Are you or any member of your household subject to a lifetime state sex offender registration program in any State? _____ Yes _____ NO

Please be advised that it is your responsibility to notify the Housing Authority in writing, of any CHANGE OF MAILING ADDRESS. We must be able to contact you by your current mailing address at which time a Nationwide Criminal Background Check and Credit Report will be conducted on all applicants over the age of 18.



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By qualifying and accepting a unit, you agree to pay a Security Deposit set forth for said unit. The Managing Agent has the right to keep said deposit (tenant would forfeit deposit) if Prospective Tenant does not give a minimum of a 30-day notice that they will not be moving into said unit.

If the proper notice is given to the Managing Agent, Managing Agent has 30 calendar days to return the Security Deposit, less any administrative fees, to the address provided.

I certify that the information present on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false presentations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of Application.

Prospective Tenant

Date

Other Adult

Date



move-in application

Head of Household Name		
Head of Household Address		
City	State	Zip Code
Phone Number	Email	

The information on this form is needed to certify your household. Please complete this **entire** form and **leave no blanks**. If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

part 1 household composition

hh mbr	full name	relationship to head of household (hoh)	date of birth	social security number
1		HoH		
2				
3				
4				
5				
6				
Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No

part 2 current/previous residency

current address [provide previous address(es) if less than two years]	dates of residency	rent or own?	monthly payment	landlord/mortgage company name
	from: to:			
	from: to:			
	from: to:			
	from: to:			

part 3 household income

does your household have income, assistance, or benefits from the sources listed below?	monthly income/assistance amount	hh mbr #
<input type="checkbox"/> Yes <input type="checkbox"/> No Self employment (<i>list nature of self employment</i>)	(<i>use net income from business</i>) \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <i>If yes, list the information in Part 4 below.</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment benefits	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Veteran's Administration, GI Bill, or National Guard/military benefits/income	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Educational assistance (for full- and part-time students)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Retirement benefits from Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Disability or death benefits other than Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No I/we receive public assistance income (example: TANF, OAP, and AND)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Child support payments. If yes, for how many children do you receive support?	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Alimony/spousal support payments	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Periodic payments from trusts, annuities, inheritance, retirement funds or pensions. If yes, list sources: 1. 2.	\$ \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Income from real or personal property	(<i>use net earned income</i>) \$	

does your household have income, assistance, or benefits from the sources listed below?		monthly income/assistance amount	hh mbr #
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance?</p> <p>If yes, who provides the cash assistance?</p> <p>What is the average cash amount you receive?</p>	<p>How often do you receive the cash assistance?</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Yearly <input type="checkbox"/> Other:</p> <p>\$</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.?</p> <p>If yes, who helps you pay the bills or expenses?</p> <p>What is the average amount of assistance you receive?</p>	<p>How often do you receive the cash assistance?</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Yearly <input type="checkbox"/> Other:</p> <p>\$</p>	

part 4 current employment information

(please attach a separate form for additional employment, if needed)

Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay	<input type="checkbox"/> 2 times a month	<input type="checkbox"/> Weekly	Number of Hours Worked per Week	Work Phone	Work Fax
	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Biweekly			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Annually			

Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay	<input type="checkbox"/> 2 times a month	<input type="checkbox"/> Weekly	Number of Hours Worked per Week	Work Phone	Work Fax
	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Biweekly			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Annually			

Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City					State	Zip Code
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2 times a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Number of Hours Worked per Week	Work Phone	Work Fax

part 5 previous employment information

(not required for retired persons)

Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City					State	Zip Code
Date Hired	Ending Salary/Rate of Pay \$	<input type="checkbox"/> 2 times a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Terminate Date	Work Phone	Work Fax

Resident Name			Occupation/Title			
Employer Name			Contact Person			
Employer Address						
City					State	Zip Code
Date Hired	Ending Salary/Rate of Pay \$	<input type="checkbox"/> 2 times a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Terminate Date	Work Phone	Work Fax

part 6 student status certification

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

Please choose **one** option below that best describes your **household**.

- The household contains **at least one occupant who is not a student** and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive).
List non-student here:
- The household contains **all students**, but is qualified because at least one occupant is a **part-time** student. Verification of part-time student status is required.
List part-time student here:
- The household contains **all students who were, are, or will be full-time** for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If yes, you must answer all five questions below.**

	yes	no
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student a single parent with child(ren), and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than the parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

part 7 household asset information

	non-necessary personal property	hh mbr #	cash value	interest rate	annual income
<input type="checkbox"/> Yes <input type="checkbox"/> No	RVs, ATVs, boats, antique cars, stamp collections, etc. 1. Description: 2. Description:		\$ \$		\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash on hand.		\$		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking account(s). If yes, list bank names and account number(s) . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account(s). If yes, list bank names and account number(s) . 1. Account number: 2. Account number:		\$ \$	% %	\$ \$

non-necessary personal property		hh mbr #	cash value	interest rate	annual income
<input type="checkbox"/> Yes <input type="checkbox"/> No	Debit card(s). If yes, list last 4 numbers of the card(s) . 1. Last 4 numbers on card: \$ 2. Last 4 numbers on card: \$				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Internet-based assets (Cash app, Venmo, PayPal, Apple Pay, etc.).		\$	%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Brokerage account(s). If yes, list bank names(s) and account number(s) . 1. Account number: \$ % \$ 2. Account number: \$ % \$				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Capital investments.		\$	%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities. If yes, list bank name(s) and account number(s) . 1. Account number: \$ % \$ 2. Account number: \$ % \$				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Money market. If yes, list bank name(s) and account number(s) . 1. Account number: \$ % \$ 2. Account number: \$ % \$				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Life insurance (do not include term life). If yes, list company . 1. \$ % \$ 2. \$ % \$				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cryptocurrency (Ethereum, Tether, Bitcoin, etc.)		\$	%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks/Bonds. If yes, list company where held. 1. \$ % \$ 2. \$ % \$				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit. If yes, list bank name(s) and account number(s) . 1. Account number: \$ % \$ 2. Account number: \$ % \$				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust funds that are under control of the household. If yes, list bank name(s) and account number(s) . 1. Account number: \$ % \$ 2. Account number: \$ % \$				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Lump Sum amounts (lottery/inheritance, etc). 1. Description: \$ % \$ 2. Description: \$ % \$				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Deposit Box and its contents.		\$		\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other 1. Description: \$ % \$ 2. Description: \$ % \$				

non-necessary personal property		hh mbr #	cash value	interest rate	annual income
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have disposed of assets (i.e., gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed. 1. Item and date disposed 2. Item and date disposed		\$	%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received a tax refund in the last 12 months?		Amount of return: \$		\$
real property		hh mbr #	cash value	interest rate	annual income
<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of property 1. 2.		\$	%	\$
			\$	%	\$

If forms are completed electronically, one of the following boxes must be checked:

- This form was completed electronically by the resident.
- Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).

signatures

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

Print Name of Applicant _____ Signature _____ Date _____

Print Name of Applicant _____ Signature _____ Date _____

Print Name of Other Applicant _____ Signature _____ Date _____

Print Name of Other Applicant _____ Signature _____ Date _____

Reviewed by (Signature of Owner/Representative) _____ Date _____

All household members ages 18 or over must sign and date.