Housing Authority of the County of Montezuma
PO Box 1776, Cortez, CO 81321
Phone: 970-564-3160 Fax: 970-564-3161

Affordable Housing Application

PLEASE SELECT THE PROPERTIES THAT YOU ARE APPYING 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	$57,120	$65,280	$73,440	$81,600	$88,160	$94,720
All Others	$42,840	$48,960	$55,080	$61,200	$66,120	$71,040

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.**

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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Updated 4/2024

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 Incomplete Applications Will Be Withdrawn.

_____
Initial

Federal Law preempts State Laws when it comes to the use of Medical Marijuana, therefore, 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: _____

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."

Applying does not guarantee housing.

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_____ 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.

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

Tax Credit Program Compliance

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

does your household have income, assistance, or benefits from the sources listed below?		monthly income/assistance amount	hh mbr #
☐ Yes ☐ No	Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance? If yes, who provides the cash assistance? What is the average cash amount you receive?	How often do you receive the cash assistance? ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other: $	
☐ Yes ☐ No	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.? If yes, who helps you pay the bills or expenses? What is the average amount of assistance you receive?	How often do you receive the cash assistance? ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other: $	

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 $	☐ 2 times a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ Annually	Number of Hours Worked per Week	Work Phone	Work Fax

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

Resident Name			Occupation/Title		
Employer Name			Contact Person		
Employer Address					
City				State	Zip Code
Date Hired	Salary/Rate of Pay $	☐ 2 times a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ 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 $	☐ 2 times a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ 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 $	☐ 2 times a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ 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)f	☐	☐
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)?	☐	☐
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	☐	☐
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)	☐	☐
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	☐	☐

part 7 household asset information

	non-necessary personal property	hh mbr #	cash value	interest rate	annual income
☐ Yes ☐ No	RVs, ATVs, boats, antique cars, stamp collections, etc.				
	1. Description:		$		$
	2. Description:		$		$
☐ Yes ☐ No	Cash on hand.		$		$
☐ Yes ☐ No	Checking account(s). If yes, list **bank names and account number(s).**				
	1. Account number:		$	%	$
	2. Account number:		$	%	$
☐ Yes ☐ 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
☐ Yes ☐ No	Debit card(s). If yes, list **last 4 numbers of the card(s).** (not linked to an account that is listed above).				
	1. Last 4 numbers on card:		$		
	2. Last 4 numbers on card:		$		
☐ Yes ☐ No	Internet-based assets (Cash app, Venmo, PayPal, Apple Pay, etc.).		$	%	$
☐ Yes ☐ No	Brokerage account(s). If yes, list **bank names(s) and account number(s).**				
	1. Account number:		$	%	$
	2. Account number:		$	%	$
☐ Yes ☐ No	Capital investments.		$	%	$
☐ Yes ☐ No	Annuities. If yes, list **bank name(s) and account number(s).**				
	1. Account number:		$	%	$
	2. Account number:		$	%	$
☐ Yes ☐ No	Money market. If yes, list **bank name(s) and account number(s).**				
	1. Account number:		$	%	$
	2. Account number:		$	%	$
☐ Yes ☐ No	Life insurance (do not include term life). If yes, list **company.**				
	1.		$	%	$
	2.		$	%	$
☐ Yes ☐ No	Cryptocurrency (Ethereum, Tether, Bitcoin, etc.)		$	%	$
☐ Yes ☐ No	Stocks/Bonds. If yes, list **company** where held.				
	1.		$	%	$
	2.		$	%	$
☐ Yes ☐ No	Certificate of Deposit. If yes, list **bank name(s) and account number(s).**				
	1. Account number:		$	%	$
	2. Account number:		$	%	$
☐ Yes ☐ 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:		$	%	$
☐ Yes ☐ No	Lump Sum amounts (lottery/inheritance, etc).				
	1. Description:		$	%	$
	2. Description:		$	%	$
☐ Yes ☐ No	Safety Deposit Box and its contents.		$		
☐ Yes ☐ No	Other				
	1. Description:		$	%	$
	2. Description:		$	%	$

non-necessary personal property		hh mbr #	cash value	interest rate	annual income
☐ Yes ☐ 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		$	%	$
[A] Total cash value of non-necessary personal property:			$	**[B] Total Income:**	$

Important Note: If the above total value [A] is equal to or less than the current threshold, it is not added into the Total Net Assets Section [F] below. However, total income from non-necessary personal property is added to total asset income [G] below.

real property		hh mbr #	cash value	interest rate	annual income
☐ Yes ☐ No	Description of property				
	1.		$		$
	2.		$		$
[C] Total real property value:			$	**[D] Total income from real property:**	$

Total Net Assets and Income			
[E] Tax Return: Have you received a tax refund in the last 12 months? ☐ No ☐ Yes Value of return/credit	$	**Subtract tax return/ credit (if any) from total net assets. See formula for [F]**	
[F] Total Net Assets: (Total real property [C] plus non-necessary personal property [A] if [A] exceeds the current threshold minus [E] tax return/refundable credit	$	**[G] Total Asset Income:** [B] + [D]	$

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.