

Valley Senior Housing Waiting List

Please select only waiting lists that apply to your family and needs.
Family must choose to live in the Valley Senior Housing development
500 N. Parachute Ave. Parachute, Co.

#1: Waiting List for Rural Development Senior Housing Rental Assistance program



Valley Senior Housing Wait List

*open to any income qualified family with head of household or Spouse
62 or older or anyone of any age that is disabled

#2: Waiting list for general GCHA Rental Assistance Valley Senior program



Valley Senior Housing Project-based wait list

*open to any income qualified family with head of household or spouse 62
or older or anyone of any age that is disabled. Family must choose to live
in the Valley Senior Housing development for at least one year.

Garfield County Housing Authority
Waiting Lists

Please note that the Garfield County Housing Authority also maintains separate waiting lists for Section 8 Housing Choice Vouchers and Silt Senior Housing Project-based Vouchers. If you meet the criteria for these waiting lists, you may select to be placed on all lists at this time by filling out the appropriate applications. Project-based list require you to live at a specific property. Please ask for these applications if interested.

Valley Senior Housing has one Project based voucher unit.

An applicant who chooses not to accept the voucher on a waiting list, will be removed from that particular waiting list, but will maintain their place on any other waiting list, if applicable.

This is Federal Elderly Housing. We are exempt from renting to non-elderly families with children.

It is your responsibility to make sure we have received your application(s). If another organization is mailing or faxing your application, *you are responsible* for making sure GCHA receives it. Upon receipt of your application(s), GCHA will send you a confirmation letter. If **you do not receive** a confirmation letter within 45 days after applying, please contact our office. *We are not* responsible for applications that we do not receive.

A CBI (Colorado Bureau of Investigation) form must be filled out by each person in the applicant household over 18 years of age. If you have any questions, please contact our office at 970-625-3589. We will be happy to assist you.

VALLEY SENIOR HOUSING
500 N. PARACHUTE AVE. #100
PARACHUTE, CO 81635

APPLICATION FOR HOUSING

****Please return this application to: Garfield County Housing Authority, 2128 Railroad Ave., Rifle, CO 81650****

APPLICANTS NAME: _____
Last First Middle Initial

CO-APPLICANTS NAME: _____
Last First Middle Initial

ADDRESS: _____
Street Address City State Zip

PHONE NUMBER: _____

PRESENT LANDLORDS NAME: _____

PRESENT LANDLORDS PHONE NUMBER: _____

APPLICANT

CO-APPLICANT

SS#:	_____	_____
AGE:	_____	_____
DATE OF BIRTH:	_____	_____
BIRTH PLACE:	_____	_____
HANDICAPPED/ DISABLED	_____	_____
DRIVERS LIC #:	_____	_____
DESCRIBE & NAME ANY PETS	_____	

DO YOU OR ANY MEMBER OF THE HOUSEHOLD HAVE A NEED FOR THE FEATURES OF AN ACCESSIBLE APARTMENT? YES NO

Married Single Divorced Widowed Separated

Auto license plate number _____ Year _____ Make _____

Second vehicle license number _____ Year _____ Make _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

Personal reference (Not a relative or employer)

Name _____ Address _____ Phone # _____

Have you ever been evicted, breached or violated your contract while leasing any type rental housing? _____
 If yes, explain: _____

Have you ever received rental subsidy before? _____ If yes, where and when? _____

Within the last two years, has any adult member of the household been arrested for ANY criminal activity including but not limited to:

Drug or alcohol use or distribution Yes No
 Domestic Violence Yes No

Has any adult member of the household ever been arrested for the use, sale or production of Methamphetamine? Yes No

Is any adult member of the household a lifetime registered sex offender? Yes No

If yes to any question, please explain: _____

List all current employers of household members.

NAME FULL ADDRESS & ZIP PHONE

ASSETS

APPLICANT CO-APPLICANT AMOUNT, INSTITUTION, ACCOUNT NUMBERS

() () CASH _____

() () CHECKING ACCOUNTS _____

() () SAVINGS ACCOUNTS _____

() () CERTIFICATES OF DEPOSIT _____

() () STOCKS, BONDS, TREASURY BILLS _____

() () IRA'S _____

OTHER (EXCLUDING HOUSEHOLD GOODS OR PERSONAL PROPERTY): _____

During the last 2 years, have you disposed of any asset for less than market value? _____

REAL ESTATE:

TYPE: _____

VALUE: _____

LOAN AMOUNTS: _____

INCOME: _____

MONTHLY HOUSEHOLD INCOME

	APPLICANT	GROSS AMOUNT	CO-APPLICANT	GROSS AMOUNT
SOCIAL SEC	()	_____	()	_____
SSI	()	_____	()	_____
INTEREST	()	_____	()	_____
DIVIDENDS	()	_____	()	_____
OAP/AND	()	_____	()	_____
VETERANS BENEFITS	()	_____	()	_____
PENSIONS/ RETIREMENT	()	_____	()	_____
DISABILITY	()	_____	()	_____
OTHER	()	_____	()	_____

REGULAR MEDICAL EXPENSES

APPLICANT	CO-APPLICANT	EXPENSE	AMOUNT	HOW OFTEN
()	()	Medical insurance	_____	_____
()	()	Prescriptions	_____	_____
()	()	Over the counter drugs	_____	_____
()	()	Doctor bills	_____	_____
()	()	Hospital bills	_____	_____

Any other major medical expenses anticipated during the next twelve months (glasses, hearing aids, etc.)

Does anyone pay bills on behalf of your family or provide other financial benefits? _____
Name and address of nearest relative (not living with you)

I certify that the rental unit I occupy will be my permanent residence and I will not maintain a separate unit or housing in a different location. I further certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above. I certify that only those persons listed on this application will occupy dwelling, unless prior approval by management is given. Names of all persons authorized by management to occupy dwelling will appear on the most current certification prepared for my household.

I understand that deliberate submission of false information on any application, certification, re-certification or request for interim adjustment constitutes grounds for termination of assistance.

I understand that a criminal background check will be obtained on all adult applicants.

I understand that the completion of this form alone does not insure that my name will be placed on the waiting list. All support documentation must be executed as required in order to determine eligibility for placement on the waiting list.

APPLICANT DATE

APPLICANT DATE

Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device, a material fact, or makes any false fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

I understand that the managing agent will verify, in writing through a third party, the information provided on the application.

I understand that the household income is subject to verification through the records of the Colorado Department of Labor by Farmers Home Administration.

By signing below, I certify I have read and understand the above statements.

Tenant/Applicant Date

Co-tenant/Applicant Date

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 Federal laws prohibiting discrimination against tenant applicants 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 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 individual applicant on the basis of visual observation or surname.

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:

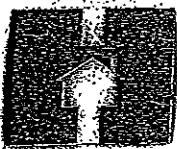
Male _____ Female _____

.....
OFFICE USE ONLY

DATE:

TIME:

INITIALS:



GARFIELD COUNTY HOUSING AUTHORITY
 2128 Railroad Avenue Rifle, CO 81650
 Phone (970) 625-3589 or (970) 945-0779 Fax (970) 625-0859



The Garfield County Housing Authority requires all applicants and household members over the age of 18 to fill out and sign a Public Request for Arrest Information form. This will be used to determine if they have engaged in criminal activity, including domestic violence or drug related offences.

PUBLIC REQUEST FOR ARREST INFORMATION

Colorado Bureau of Investigation
 690 Kipling Street
 Denver, CO 80215

* First Name	
Middle Name/Initial	
*Last Name	
*Date of Birth	
Social Security Number	
Gender	
Race	

* Required Field

I understand by signing this document I am giving the Garfield County Housing Authority the authorization to request arrest information from the Colorado Bureau of Investigation.

I understand that the Garfield County Housing Authority may need to contact other agencies regarding the contents of this report.

I also understand that certain arrest information may prohibit me from receiving rental assistance from the Garfield County Housing Authority.

 Signature

 Date

GARFIELD COUNTY HOUSING AUTHORITY
2128 RAILROAD AVENUE
RIFLE, CO 81650
(970) 625-3589 or 888-627-3589
Fax 970-625-0859

What is a CBI Report?

Why Do I need to agree to have one done?

As an applicant for Section 8 Rental Assistance, you must sign an authorization giving us permission to perform a criminal back-ground check on all adults in your household.

HUD requires the Housing Authority to review applicant back grounds and determine if any adult in the household has participated in the following activities:

- DRUG RELATED CRIMINAL ACTIVITY THAT WOULD ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELL BEING OF OTHER TENANTS OR CAUSE DAMAGE TO PROPERTY.
- CRIMES OF PHYSICAL VIOLENCE AGAINST PERSONS OR PROPERTY.

If you are concerned about something in your back ground, talk to your Section 8 Coordinator. Many items in your history may not be relevant.

All results are confidential and not passed along to any other agency.

GARFIELD COUNTY HOUSING AUTHORITY
2128 Railroad Avenue, Rifle, CO 81650
(970) 625-3589 or (888) 627-3589
Fax (970) 625-0859

Authorization for Release of Information

I give authorization to the Garfield County Housing Authority to contact all agencies, employers, banks, doctors, law enforcement agencies, organizations, sources, offices or groups including but not limited to: Department of Human Resources, Adult and Family Services and State Employment Divisions, to obtain any information or materials which are deemed necessary to determine my eligibility or continued participation in the Section 8 Rental Assistance Program.

I give authorization to all the above agencies contacted by the Garfield County Housing Authority, to cooperate fully and divulge all information requested.

This authorization expires fifteen months after the date signed below.

Signatures:

Print Name

Signature

Date

Social Security Number

Address

Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

**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

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

HA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

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(I)(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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

Supplemental and Optional 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.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	

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

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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.