



The Apartments at Cinnamon Park Housing Application  
(\*A Smoke-Free Community)

Dear Applicant:

Thank you for your interest in Senior Housing Options and our newest community in Longmont, Colorado - The Apartments at Cinnamon Park. We are accepting applications for our waitlist now. We will begin processing applications in early Spring 2022.

We are in the construction phase of the project of 25 new units of multifamily housing for income-qualified applicants. Attached is an application for our community located next door to Cinnamon Park Assisted Living. For more information, please visit our [website](#).

Applicant(s) must be at least 62 years of age or older and must meet the income requirements set by the Colorado Finance and Housing Authority (CHFA) to apply.

Please submit your application via mail or fax to:

Senior Housing Options  
1510 17<sup>th</sup> Street  
Denver, CO 80202  
**303.595.9225 – fax**

If you have any questions, please contact Trini Lopez at 303.772.2882.

Thank you,  
Senior Housing Options

\* Smoking of any kind (including but not limited to cigarettes/marijuana, pipes, cigars, electronic cigarettes and/or vapor devices) is prohibited in individual apartments, indoor and outdoor common areas including patios, entrances, sidewalks, gazebos and parking lots, as well as within personal or business vehicles parked on Cinnamon Park's property.

*Senior Housing Options, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 R, art 8 dated June 2, 1988).*





## Rental Application Cinnamon Park Apartments (Smoke-free Community)

For Office Use Only	
Application Date: _____ Time _____	Desired Move in Date _____
Application Received by _____ as Agent for Owner	
Added to wait list _____	
Waitlist letter mailed _____	

Date \_\_\_\_\_

**Household Information:** Complete the following information for each household member that will occupy the unit at time of move in:

Name (Last, First, MI)	Relationship to the Head of Household	Male or Female	DOB (mm, day, yyyy)	Student: (Y/N) If Yes indicate FT/PT	Social Security Number

**Current Address:**

\_\_\_\_\_

**Primary contact Phone Number** (\_\_\_\_) \_\_\_\_\_

**Alternative contact Phone Number** (\_\_\_\_) \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Type of Apartment Unit:**

1<sup>st</sup> Choice  0 bedroom       1 bedroom

2<sup>nd</sup> Choice  0 bedroom       1 bedroom

Would you or anyone in your household benefit from a special needs unit? (Mobility, vision, or hearing impairment)

Yes    No

Will you or anyone in your household require a live-in care attendant?  Yes    No (If yes, please complete Reasonable Accommodation request)

Name of Live-In Care Attendant: \_\_\_\_\_

Relationship (if any) \_\_\_\_\_

**Housing References:**

List the past 2 years of housing references. (If additional space is required, us an additional sheet)

Landlord's Name/Address	Your address	Own/Rent	Dates
1. _____ _____	_____	_____	_____
Phone (____) _____			
2. _____ _____	_____	_____	_____
Phone (____) _____			

**Household Information continued:**

1. Are any or ALL members of the household full-time students?  Yes  No
  
2. Have you or any member of your household ever been convicted of, plead guilty to, or been placed on probation for any crime?  Yes  No **If YES, please explain** \_\_\_\_\_  
\_\_\_\_\_
  
- Are there any criminal charges pending currently?  Yes  No **If YES, please explain** \_\_\_\_\_  
\_\_\_\_\_
  
- Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program?  Yes  No
  
3. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, or for any other reason?  Yes  No
  
4. Are you displaced due to wildfires or other natural disasters?  Yes  No
  
5. How did you hear about The Apartments at Cinnamon Park? \_\_\_\_\_

**Income Information:**

Include all GROSS income (income before taxes) each household member expects to earn in the next 12 months. Check either YES or NO to each question).

Do YOU or ANYONE in your household receive OR expect to receive income from:

- 1. Employment wages or salaries? Self-employment?  YES  NO

(Include overtime, tips, bonuses, commission, and payments received in cash)

Household Member	Name of Company	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 2. Unemployment benefits or worker’s compensation?  Yes  No

Household Member	Name of Company	Amount
_____	_____	_____
_____	_____	_____

- 3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?  Yes  No

Household Member	Name of Company	Amount
_____	_____	_____
_____	_____	_____

- 4. Social Security, SSI, or any other payments from the Social Security Administration?  
 Yes  No

Household Member	Name of Company	Amount
_____	_____	_____
_____	_____	_____

5. Regular Payments for pension, retirement benefit, annuities, or veteran’s benefits?

Yes  NO

Household Member	Name of Company	Amount
_____	_____	_____
_____	_____	_____

6. Any other income sources or types not listed above?  Yes  No

Household Member	Name of Company	Amount
_____	_____	_____
_____	_____	_____

7. Do you or any other household members expect any change in income in the next 12 months?  Yes  No

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLDS MEMBERS

Do YOU or ANYONE in your household hold:

1. Checking or savings account?  Yes  No

Household Member	Bank or Financial Institution	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. CD’s, money market, accounts, or treasury bills?  Yes  NO

Household Member	Bank or Financial Institution	Amount
_____	_____	_____
_____	_____	_____

**3. Trust Funds?  Yes  NO**

Household Members	Bank or Financial Institution	Amount
_____	_____	_____

Are any of the above-listed trusts irrevocable?  Yes  No

**4. Pensions, IRA's, 401K, 403B's, KEOGH or other retirement accounts?**

Household Members	Bank or Financial Institutions	Amount
_____	_____	_____

**5. Cash on Hand?  Yes  NO**

Household Members	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

**6. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?  Yes  No**

Household Members	Life Insurance Company	Amount
_____	_____	_____

**7. Real estate, rental property, land contract/contract for deeds or other real estates holdings? (This includes personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)  Yes  No**

Household Member	Source of Benefit	Amount
_____	_____	_____

Do you or anyone listed on your lease own a vehicle?

**Vehicle information:**

1. License Plate #/State \_\_\_\_\_ Make/Model \_\_\_\_\_
2. License Plate #/State \_\_\_\_\_ Make/Model \_\_\_\_\_

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

**Signature Clause**

I understand that management is relying on this information to prove my household’s eligibility for housing assisted under LIHTC (Low Income Housing Tax Credit) Low Income Housing Tax Credits. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to the release of necessary information to determine my eligibility. I understand that providing false information or making statements may be grounds for denial of my application.

I consent to management verifying the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting the resident selection criteria and the LIHTC requirements.

I understand that in compliance with the Fair Credit Reporting Act the processing of this application includes but is not limited to making inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant The Apartments at Cinnamon Park and Senior Housing Options the right to process this application for the purpose of obtaining Rental/Lease agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

**All Household members must sign below**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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