



Please note that the following application form must be submitted in person or mailed to:

Housing Authority of the City of Loveland
375 W. 37th Street
Loveland, CO 80538

The application will be reviewed, date stamped, time stamped, and a copy will be given back to you.

HOUSING AUTHORITY OF THE CITY OF LOVELAND

375 West 37th Street Suite 200 • Loveland, CO 80538 • (970) 667-3232 • TDD (970) 667-3293



APPLICATION FOR TENANT ELIGIBILITY

PLEASE BE ADVISED THAT ALL APPLICANTS WILL BE SCREENED EQUALLY BEFORE FINAL ACCEPTANCE INTO ANY HACOL PROGRAM. THIS SCREENING INVOLVES CRIMINAL/CIVIL BACKGROUND, CREDIT HISTORY, PREVIOUS LANDLORD REFERENCES AND CITIZENSHIP. A COPY OF THE WRITTEN SCREENING POLICY FOR THE HOUSING AUTHORITY OF THE CITY OF LOVELAND IS AVAILABLE AT 375 WEST 37TH STREET SUITE 200, LOVELAND, COLORADO 80538. APPLICATION WILL NOT BE PROCESSED IF INCOMPLETE OR UNSIGNED. ANY CHANGES THAT OCCUR REGARDING YOUR ADDRESS, FAMILY COMPOSITION OR INCOME IS YOUR RESPONSIBILITY TO REPORT IN PERSON TO THE HOUSING AUTHORITY OF THE CITY OF LOVELAND.

Head of Household	Social Security Number	E-Mail Address
Present Street Address	City	State
Mailing Address (if different from residence)		Phone Number
	City	State
		Zip Code

PLEASE FILL OUT FOR ALL FAMILY MEMBERS APPLYING FOR HOUSING INCLUDING HEAD OF HOUSEHOLD

Household Members:	Date of Birth	Sex M/F	Household Members:	Date of Birth	Sex M/F
1.			5.		
2.			6.		
3.			7.		
4.			8.	Due date of unborn child	

GROSS MONTHLY INCOME INFORMATION:

Head Gross monthly income from employment \$ _____ Where? _____

Other Adult Gross monthly income from employment \$ _____ Where? _____

Child Support \$ _____ Social Security \$ _____ Unemployment \$ _____

OAP \$ _____ SSI Disability \$ _____ Other Income \$ _____

AND \$ _____ TANF \$ _____

OPTIONAL: Check any of the following if needed:

- Unit modified for vision impaired Unit modified for hearing impaired Unit without stairs
- Extra bedroom to accommodate live-in aide or bulky medical equipment Wheelchair accessible

OPTIONAL: Please circle: 1. White 2. Black 3. American Indian 4. Asian
and 1. Hispanic or 2. Non-Hispanic

IS YOUR FAMILY CURRENTLY: (Answer yes or no)

- Is the Head of Household a full-time student? _____ If yes, where attending school? _____
- Homeless? _____ If yes, explain _____
- Living and/or working within the city limits of Loveland? _____ How long? _____

APPLICANT CERTIFICATION: I certify that the information to the Housing Authority of the City of Loveland on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that giving false statements or information is punishable under Federal law. I also understand that giving false statements or information are grounds for termination of housing assistance and termination of tenancy.

Applicant's Signature	Date				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; vertical-align: top;"> FOR OFFICE USE ONLY: Unit size per eligibility <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom </td> <td style="width:60%; vertical-align: top;"> <input type="checkbox"/> Maple Terrace _____ <input type="checkbox"/> Cornerstone _____ <input type="checkbox"/> Silver Leaf I _____ <input type="checkbox"/> Silver Leaf II _____ <input type="checkbox"/> Section 8 _____ <input type="checkbox"/> The Meadows _____ <input type="checkbox"/> Brookstone _____ <input type="checkbox"/> Rockcrest _____ <input type="checkbox"/> Orchard Place _____ </td> </tr> <tr> <td colspan="2"> Date received: _____ Reviewed by: _____ Time received: _____ Received by mail: _____ </td> </tr> </table>		FOR OFFICE USE ONLY: Unit size per eligibility <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom	<input type="checkbox"/> Maple Terrace _____ <input type="checkbox"/> Cornerstone _____ <input type="checkbox"/> Silver Leaf I _____ <input type="checkbox"/> Silver Leaf II _____ <input type="checkbox"/> Section 8 _____ <input type="checkbox"/> The Meadows _____ <input type="checkbox"/> Brookstone _____ <input type="checkbox"/> Rockcrest _____ <input type="checkbox"/> Orchard Place _____	Date received: _____ Reviewed by: _____ Time received: _____ Received by mail: _____	
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All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973. The Housing Authority of the City of Loveland does not discriminate on the basis of handicapped status in the admission or access to its facilities, or treatment of nor employment in its federally assisted programs or activities. Samuel G. Betters has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's (HUD) regulations implementing Section 504 (24 CFR Part 8, dated June 2, 1988) Rev 11/99