RELATED MANAGEMENT COMPANY

Application For Occupancy

Arvada House

10175 W 58th Pl
Arvada, CO 80004-5086
Phone: (303) 424-6592· Fax: (303) 424-9629
TTY: 800-526-0844

Related Management Company
For Office Use Only
Date Received: _____
Application #: _____

This information is to be filled out by the head of the household. Please complete all sections and sign the last page.

Arvada House is a Smoke Free Community!

Name:

Street Address/Apt #: | City, State: | Zip Code:

Home Phone: | Work Phone: | **Email Address:**

Check what size units you would want to be considered for:
☐ One Bedrooms N/A Three Bedrooms
N/A Two Bedroom N/A Four Bedrooms

Please indicate if you are requesting a unit with special accommodations for any member of your household due to a ☐ mobility ☐ visual, or ☐ hearing disability.

Please check "Yes" if you have been displaced by one of the following state declared disasters: (1) Urban Renewal Area; (2) Disaster such as fire or flood; (3) government/state action:
Yes ☐ No ☐

Please check "Yes" if you have been displaced by government action or a presidentially declared disaster:
Yes ☐ No ☐

If under the age of 50, is the household head or spouse of head of household handicap or disabled?
Yes ☐ No ☐

How did you hear about Arvada House?

Household Information

List all persons who will occupy the apartment including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, etc.). If a member of the household is a Foster Child or Foster Adult, note this in the Relationship column. Social Security Numbers must be disclosed for all members who are U.S. citizens or claiming eligible immigration status. If a member does not have a Social Security Number, enter "None" in the Social Security Number column.

	Full Legal Name (First, MI, Last)	Relationship to the Head of Household	Sex (M/F) Optional	Birth Date (mm/dd/yyyy)	Student (Y/N)	Social Security Number
1.		Head				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

Housing Status (Past Three Years)

If additional space is required, use the back of this page.

Describe your current housing situation:

☐ Standard Housing ☐ Substandard Housing ☐ Public Housing Property

☐ Lacking a Fixed Nighttime Residence ☐ Fleeing or Attempting to Flee from Violence

Why do you want to move from your current residence? _____

Current Street Address	City, State	Zip Code
Landlord Name & Address	City, State	Zip Code
Landlord Telephone Number	Managing Agent Telephone Number:	
Is the apartment lease in your name? ☐ Yes ☐ No	Do you pay your own rent? ☐ Yes ☐ No	If no, who does?
Are you sharing your apartment? ☐ Yes ☐ No	Is your landlord a relative? ☐ Yes ☐ No	
Monthly rent: $ How much do you contribute to the monthly rent? $ (If you do not contribute anything, write "0")	Does your rent include utilities? ☐ Yes ☐ No	Average monthly utility expenses: $
How long have you lived at this address? _____ years _____ months	Reasons for wanting to move?	
Do you currently have a Section 8 voucher? ☐ Yes ☐ No Is your rent presently being subsidized through Section 8? ☐ Yes ☐ No	Please check the size of your present residence: ☐ Studio ☐ One Bedroom ☐ Two Bedrooms	☐ Three Bedrooms ☐ Other: please specify _____

Prior Street Address	City/State	Zip Code
Prior Landlord Name & Address	City/State	Zip Code
Prior Landlord Telephone Number	Prior Managing Agent Name	
$ Previous rent per month	Reason for moving	

Prior Street Address	City/State	Zip Code
Prior Landlord Name & Address	City/State	Zip Code
Prior Landlord Telephone Number	Prior Managing Agent Name	
$ Previous rent per month	Reason for moving	

Resident History

Have you or your spouse/co-applicant every been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?
☐ Yes ☐ No If yes, explain:

Do you live or have you lived in subsidized housing?
☐ Yes ☐ No If yes, explain:

Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community, or Previous Landlord?
☐ Yes ☐ No If yes, explain:

Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information fur such housing programs?
☐ Yes ☐ No If yes, explain:

Have you ever lived at this or any other Related Management Company community?
☐ Yes ☐ No

Utility Providers

You may not live in the apartment unless you can establish utilities in the apartment.

Do you have any overdue/outstanding balances owed to any utility providers?
☐ Yes ☐ No If yes, explain:

Will you be unable to establish utilities in your apartment for electricity, gas or water?
☐ Yes ☐ No If yes, explain:

Do you receive assistance for paying your utility bills?
☐ Yes ☐ No If yes, explain:

Are any payments or allowances made under the HHS Low-Income Home Energy Assistance Program (LIEAP)?
☐ Yes ☐ No If no, how much do you receive monthly to assist with your utilities?

Household Questions

Are any members of the household claiming they are exempt from the Social Security Number requirement because the member(s) were 62 years old and receiving HUD rental assistance as of January 31, 2010 at another property?
☐ Yes ☐ No If yes, explain:

Have any of the household members used names or a social security number other than the names and numbers used above?
☐ Yes ☐ No If yes, explain:

Are any members of the household, currently married to, separated from, or in the process of getting a divorce from a person who will not be living in the unit?
☐ Yes ☐ No If yes, explain:

Have you or any members of the household ever filed or are currently filing for bankruptcy?
☐ Yes ☐ No If yes, explain:

Will any of the household members live anywhere except the unit you are applying for?
☐ Yes ☐ No If yes, explain:

Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?
☐ Yes ☐ No If yes, explain:

Do you expect the number of household members to change in the future?
☐ Yes ☐ No If yes, explain:

Will you or any ADULT household member require a live-in caregiver or aide?
☐ Yes ☐ No If yes, explain:

Will your household receive rental assistance from a federal, state, or local government?
☐ Yes ☐ No If yes, explain:

Are any household members applicants on a Public Housing Waiting List?
☐ Yes ☐ No If yes, explain:

Do you know or are you related to any of our residents or staff?
☐ Yes ☐ No If yes, explain:

Program Information

Do you presently reside in a development where your rent is based upon your income?
☐ Yes ☐ No If yes, explain:

Were you or any member of your household ever convicted of a felony?
☐ Yes ☐ No If yes, when? _____
Explain circumstances briefly:

Have you or any member of your household ever been evicted?
☐ Yes ☐ No If yes, when? _____
Explain circumstances briefly:

If yes, was the eviction from federally assisted housing for drug-related criminal activity?
☐ Yes ☐ No

Has anyone in your household been convicted of violating any drug-related laws?
☐ Yes ☐ No If yes, when? _____
Explain circumstances briefly:

Is anyone in your household currently engaged in the use of illegal drugs?
☐ Yes ☐ No
If yes, explain circumstances briefly:

Is anyone in your household engaged in a pattern of alcohol abuse that could interfere with others' health, safety and right to peaceful enjoyment?
☐ Yes ☐ No
If yes, explain circumstances briefly:

Is any member of your household subject to a state sex offender lifetime registration requirement?
☐ Yes ☐ No
If yes, explain circumstances briefly:

Please list all states and counties of residence for all applicants 18 years of age or older have lived: (*This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.)*

☐ AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ ID ☐ IL ☐ IN
☐ IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV
☐ NH ☐ NJ ☐ NM ☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN
☐ TX ☐ UT ☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington D.C

Income from Employment

List all current full- and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) See below for non-employment sources of income.

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings Before Any Payroll Deductions and Taxes
1.				$_____ Per_____
2.				$_____ Per_____
3.				$_____ Per_____
4.				$_____ Per_____
5.				$_____ Per_____

Income from Other Sources

(Examples: List all Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, ALSO ANY OTHER SOURCE OF INCOME NOT PREVIOUSLY LISTED)

	Full Name	Type of Income	Amount
1.			$_____ Per_____
2.			$_____ Per_____
3.			$_____ Per_____
4.			$_____ Per_____
5.			$_____ Per_____

Assets

Complete each category as applicable.

Checking Account Name of Bank:	Passbook/Savings Account Name of Bank:
Address:	Address:
Account Number:	Account Number:
Balance/Date: $ / as of	Balance/Date: $ / as of
Checking Account Name of Bank:	Debt/Direct Deposit Card Name of Bank:
Address:	Address:
Account Number:	Account Number:
Balance/Date: $ / as of	Balance/Date: $ / as of
Money Market Account Name of Bank	Savings Certificate Name of Bank
Address:	Address:
Account Number:	Account Number:
Balance/Date: $ / as of	Balance/Date: $ / as of
Stocks and Bonds Value: $	Savings Bond/s Value: $
Do you own any real estate? ☐ Yes ☐ No	If yes, what is the current value?
Have you ever owned any real estate? ☐ Yes ☐ No	If yes, when? When sold? For how much?
Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years? ☐ Yes ☐ No	If yes, list each asset and the amount received for each asset.

Student Information: LIHTC

Are ALL members of the household full-time students?

☐ Yes ☐ No If Yes, provide the household member and name and address of the school below.

Will ALL members of your household become full-time students during any 5 months of this year or next year? (Example: a student who goes to school full-time in January, February, April, October and November is considered a fulltime student that entire calendar year)

☐ Yes ☐ No If Yes, provide the household member and name and address of the school below.

Student Information: HUD

Is ANY member of your household taking classes at an institute of higher education? (Institutes of higher education include post-secondary vocational institutions, proprietary institutions of higher education which prepare students for gainful employment in a recognized occupation, and accredited post-secondary colleges and universities.)

☐ Yes ☐ No If Yes, provide the household member and name and address of the school below.

Does ANY member of your household intend to take classes at an institute of higher education within the next 12 months?

☐ Yes ☐ No If yes, explain:

Student Status

List all persons who are students. Indicate whether enrollment is full time or part time.

	Full Name of student	Name and address of School	Phone	Period of Enrollment
1.				Full Time ☐ Part Time ☐
2.				Full Time ☐ Part Time ☐
3.				Full Time ☐ Part Time ☐
4.				Full Time ☐ Part Time ☐
5.				Full Time ☐ Part Time ☐

SUPPLEMENTAL INFORMATION FOR SECTION 8 PROGRAM

ALLOWANCES AND DEDUCTIONS
*Responses are for **all household members** including minors*

Medical Expenses - Households in which the head-of-household, spouse, or co-head are disabled or at least 62 years old qualify for deductions based on out-of-pocket medical expenses.
Does your household meet this qualification? ☐ **Yes** ☐ **No**
If Yes, please complete the following questions if you or any member of your household has out-of-pocket expenses.
If No, please skip to ***Child Care***.

Type of Medical Expense	Check One	Annual Amount	Name of Source
Medicare	☐ Yes ☐ No		
Medical or health insurance premium Annual deductible $ _____	☐ Yes ☐ No		
2nd medical or health insurance premium Annual deductible $ _____	☐ Yes ☐ No		
Long-term care insurance premium Annual deductible $ _____	☐ Yes ☐ No		
Dental insurance premium Annual deductible $ _____	☐ Yes ☐ No		
Out-of-pocket expenses for doctor visits/medical treatments	☐ Yes ☐ No		
Out-of-pocket expenses for dentist visits/ treatments	☐ Yes ☐ No		
Out-of-pocket expenses for prescription drugs	☐ Yes ☐ No		
Out-of-pocket expenses for over-the-counter expenses to treat a specific medical condition (i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis)	☐ Yes ☐ No		
Out-of-pocket expenses for personal use items (i.e. eye glasses, incontinent supplies, hearing aids)	☐ Yes ☐ No		
Out-of-pocket expenses for cost/care for assistance/companion animals	☐ Yes ☐ No		
Mileage to and from medical appointments	☐ Yes ☐ No		
Other (describe) _____	☐ Yes ☐ No		

Do you have an HMO, medical plan, or health insurance policy, which pays all or part of the cost of your medications? If YES, name of HMO, plan , or insurance company: _____ What amount (or percentage) of the cost must YOU pay? _____	☐ Yes ☐ No
If you must pay for medicines yourself, are you reimbursed all or part of the cost later? If YES, who reimburses you? _____	☐ Yes ☐ No

Child Care – Families are entitled to a deduction for unreimbursed, anticipated costs for child care of children 12 and younger that allows a household member to work, seek employment, or attend school. The deduction for work may not exceed the earned income received by the household member or members who are enabled to work because of the child care. The deduction for seeking employment or attending school is limited to the household's out-of-pocket cost paid to a licensed childcare provider or individual who is not residing in the unit with the household.

Do you pay for child care for a minor 12 years of age or younger? If YES, Monthly amount for Child #1: Child's name _____ Enables household member to: ☐ Work ☐ Seek employment ☐ Go to school Monthly amount for Child #2: Child's name _____ Enables household member to: ☐ Work ☐ Seek employment ☐ Go to school Monthly amount for Child #3: Child's name _____ Enables household member to: ☐ Work ☐ Seek employment ☐ Go to school Monthly amount for Child #4: Child's name _____ Enables household member to: ☐ Work ☐ Seek employment ☐ Go to school	☐ **Yes** ☐ **No**

Disability Assistance Expense – Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and "auxiliary apparatus" for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any adult household member to be employed. The deduction may not exceed the earned income received by the household member or members who are enabled to work because of the attendant care or auxiliary apparatus.

Do you pay for care or expenses for a disabled family member that allows any adult household member to work? If YES, monthly amount: $_____ Name of Household Member or Members who can work as a result of the expense: _____	☐ **Yes** ☐ **No**
Do you pay for equipment that allows any adult household member to work, such as costs to equip a vehicle to make it accessible for a disabled household member to drive to work? If YES, monthly amount: $_____ Name of Household Member who can work as a result of the expense: _____	☐ **Yes** ☐ **No**

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.

YOU HAVE CERTAIN RIGHTS UNDER FEDERAL, STATE, AND LOCAL LAWS WITH RESPECT TO YOUR CONSUMER REPORT. IN EVALUATING YOUR APPLICATION, A CONSUMER REPORTING AGENCY LISTED BELOW MAY PROVIDE US WITH INFORMATION.

CREDIT BUREAUS

- **EXPERIAN (TRW), ATTN: NCAC, P.O. BOX 2002, ALLEN, TX 75013 (888) 397-3742**
- **TRANSUNION, CONSUMER DISCLOSURE CENTER, 2 BALDWIN PLACE, P.O. BOX 1000, CHESTER, PA 19022 (800) 888-4213**
- **EQUIFAX (CBI), PO BOX 740241, ATLANTA, GA 30374 (800) 685-1111**

CIVIL RECORDS/CRIMINAL:

- LEASINGDESK SCREENING, 2201 LAKESIDE BLVD., RICHARDSON, TX 75082 (866) 934-1124 HTTP://WWW.REALPAGE.COM/CONSUMER-DISPUTE

ADDITIONALLY, YOU HAVE A RIGHT TO (1) INSPECT AND RECEIVE ONE FREE COPY OF SUCH REPORT BY CONTACTING THE CONSUMER REPORTING AGENCIES LISTED ABOVE; (2) OBTAIN A FREE COPY OF THE REPORT FROM EACH NATIONAL CONSUMER REPORTING AGENCY ANNUALLY, AND/OR A REPORT FROM WWW.ANNUALCREDITREPORT.COM; AND (3) DISPUTE ANY INACCURATE INFORMATION IN THE REPORT WITH THE CONSUMER REPORTING AGENCY.

I acknowledge that a criminal background check of all adult household members will be part of the application process and I authorize that check.

Signature of head of household **Date**

WARNING: MISLEADING WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of head of household **Date**

Demographic Data

The following information is required to determine program utilization and for statistical purposes only. This information will not affect the processing of this application.

Gender: ☐ Male ☐ Female **Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race:
☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Attention

Please do not submit more than one application per household or copies of an application.

The filing of this application in no way guarantees you an apartment.

Positively no pets, large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

Arvada House is an Equal Housing Opportunity provider and does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive 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 CFR, part 8 dated June 2, 1988). You may address your request for review or reconsideration to: Fair Housing Officer, Related Management Company, L.P., 423 W. 55th St, 9th Fl. NY, NY 10019, (212) 319-1200, NY TTY 1-800-662-1220.

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

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.

Form **HUD- 92006** (05/09)