

**PRELIMINARY APPLICATION**

**Tiffany Square**

935 Sheridan Boulevard  
Lakewood, CO 80214  
Phone: 303-232-8858·Fax: TTY:711

**Office Use Only (Required)**

Apt. #: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_ Desired MI Date: \_\_\_\_\_  
Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

**All adult applicants must sign and date the completed application or delay/denial will result**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Suffix: \_\_\_\_\_ Former Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Gender (optional):  Female  Male  Other ID Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Your Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Your Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Citizenship:  United States  Eligible Non-Citizen  Ineligible Non-Citizen

Yes  No Have you ever used any other Social Security #? If yes, what is the number(s)?  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you do not have a Social Security Number, you claim you are exempt because:

- You are an ineligible non-citizen
- You were 62 as of 1/31/10 **and** receiving HUD housing assistance as of 1/31/10

Please list all additional household member(s), including minors:

1. \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Relationship to HoH:  Head of Household  Co-head/Spouse  Dependent  Other adult  Foster adult/child  None of the Above
2. \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Relationship to HoH:  Head of Household  Co-head/Spouse  Dependent  Other adult  Foster adult/child  None of the Above
3. \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Relationship to HoH:  Head of Household  Co-head/Spouse  Dependent  Other adult  Foster adult/child  None of the Above
4. \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Relationship to HoH:  Head of Household  Co-head/Spouse  Dependent  Other adult  Foster adult/child  None of the Above
5. \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Relationship to HoH:  Head of Household  Co-head/Spouse  Dependent  Other adult  Foster adult/child  None of the Above
6. \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Relationship to HoH:  Head of Household  Co-head/Spouse  Dependent  Other adult  Foster adult/child  None of the Above

How did you hear about our community? \_\_\_\_\_

What size apartment are you interested in? Please check all that apply:

- Studio  1 BR  2 BR  3 BR  4 BR

What Affordable Housing program are you applying for? Please check all that apply:  **Project Based Section 8**  
 **Low Income Housing Tax Credit**       **Public Housing Voucher**       **Other:** \_\_\_\_\_

**GENERAL QUESTIONS** *Complete all questions*

- Yes  No Have you or any member of your household been convicted or adjudicated of criminal activity related to the manufacturing and/or distribution of methamphetamine?  
*If yes, date of offense(s) and charge details:* \_\_\_\_\_
- Yes  No Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?
- Yes  No Are you or any household member currently or have you or any household member ever been subject to a lifetime registration requirement under a state sex offender registration program?  
*If yes, list all states you have lived in:* \_\_\_\_\_

Please indicate each state where you and members of the household 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

- Yes  No In the presence of a disability you have the right to request a reasonable accommodation. Do you require any specific accommodations? (e.g., service/companion animal, accessible features in your unit, etc.) *If yes, please indicate below:*
- service/companion animal       mobility accessible unit       hearing accessible unit  
 visual accessible unit       other: \_\_\_\_\_

If you are Limited English Proficient (LEP) and need assistance to communicate (written or verbal) with us, what is your preferred language? \_\_\_\_\_

**Submission of false statements of information are punishable under Federal Law and could result in the cancellation of a lease agreement.**

This application must be signed by all adults who will occupy the apartment before Management can consider it. Acceptance of this application, and any monies deposited herewith is not binding approved by Management in writing

In compliance with the Fair Credit Reporting Act this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions. The undersigned agrees this application and any information reports will remain the property of the Landlord.

I hereby grant this property the right to process this application for the purpose of obtaining a Rental / Lease Agreement with this property. Additionally, I authorize all corporations, companies, landlords, 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. An electronic, faxed or other copy of this authorization shall be as valid as the original.

I understand that Management will update the Waitlist twice a year via mail. If the letter is returned as undeliverable or I do not respond within 10-business days, then I will be removed from the Waitlist. Furthermore, I understand if any of the information should change I will notify management immediately.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Tiffany Square and The Related Companies do not discriminate on the basis of disability status, race, color, religion, sex, familial status, sexual orientation, or national origin, in the admission or access to, or treatment or employment in, its federally assisted programs and activities. We adhere to all Equal Housing Opportunity Guidelines. We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of handicap, race, color, religion, sex, familial status, sexual orientation or national origin.

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 CFR, part 8 dated June 2, 1988).



Grievance Coordinator  
RA Management, LLC  
410 Tenth Avenue  
New York, NY 10001  
(212) 319-1200  
TTY: 711



Penalties for Misusing a Form: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD the PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on a consent form. Use of information collected based on a verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use.

**Consideration of the Need for Reasonable Accommodation**

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

**Protections Provided Through the Violence Against Women Act Reauthorization of 2013**

HUD provides protections for victims of domestic violence, dating violence, stalking and sexual assault. This is true for women and men. Victims are still required to comply with the requirements set forth in the House Rules and the lease. Victims will not be terminated based solely on their status as a victim.

If you feel that your status as a victim has contributed to our decision to terminate and if you would like to exercise your VAWA protections, please contact the management office within ten (10) business days of the date of this notice.

**Questions Concerning this Notice**

The owner/agent is dedicated to providing decent, safe, and affordable housing to our residents. If you have any questions about this notice, please contact the management office.

**Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.