



www.lovelandhousing.org • 375 W. 37th St., Suite 200 • Loveland, Colorado 80538 • 970-667-3232 • TDD 970-667-3293

Please be advised that all applicants will be screened equally before final acceptance into any Windsor Meadows program. This screening involves criminal/civil background, credit history, previous landlord references and citizenship. A copy of the written screening policy is available upon request from Windsor Meadows. Application will not be processed if incomplete or unsigned. Please notify staff if you require assistance completing this form.

Head of Household (HOH) Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from street address) \_\_\_\_\_ Email / Phone Number \_\_\_\_\_

Please complete for all family members applying for housing including **Head of Household (HOH)**

Household Member Names	Date of Birth	Sex M/F(Optional)	Household Member Names	Date of Birth	Sex M/F(Optional)
1. HOH -			5.		
2.			6.		
3.			7.		
4.			8. Unborn Child Due Date:		

**GROSS Monthly Income Information:**

HOH Gross monthly wages from employment \$ \_\_\_\_\_ Source \_\_\_\_\_  
 Other Adult Gross monthly wages from employment \$ \_\_\_\_\_ Source \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ Self Employment \$ \_\_\_\_\_  
 TANF \$ \_\_\_\_\_ SSI Disability \$ \_\_\_\_\_ Veteran Benefits \$ \_\_\_\_\_  
 OAP \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_ Type? \_\_\_\_\_  
 AND \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_ Type? \_\_\_\_\_

**Special Needs:** - 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 medical equipment     Wheelchair accessible  
*(Requires 504 Reasonable Accommodation Approval)*

**Optional:** Please circle:    1. White    2. Black    3. American Indian    4. Asian    5. Pacific Islander  
 and 1. Hispanic or 2. Non-Hispanic

**Is your family currently:** Living in Windsor Yes  No  Working in Windsor Yes  No   
 Do you currently have a Section 8 voucher? Yes  No

**Applicant Certification:** I certify that the above information on household composition and income is accurate and complete to the best of my knowledge and belief. I understand that providing false statements or information is punishable under federal law and providing false statements or information are grounds for termination of housing assistance and termination of tenancy.

Head of Household (HOH)'s Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>FOR OFFICE USE ONLY:</b></p> <p>Unit size per eligibility</p> <p><input type="checkbox"/> 1 Bedroom</p> <p><input type="checkbox"/> 2 Bedroom</p> <p><input type="checkbox"/> 3 Bedroom</p>	<p><input type="checkbox"/> Windsor Meadows Phase I _____</p> <p><input type="checkbox"/> Windsor Meadows Phase II _____</p>
<p>Date received: _____ Reviewed by (initial): _____</p> <p>Time received: _____ Received by: <input type="checkbox"/> office <input type="checkbox"/> mail <input type="checkbox"/> fax <input type="checkbox"/> email</p>	

# Windsor Meadows

## Pre-Application for Tenant Eligibility

**PLEASE READ AND INITIAL THAT YOU UNDERSTAND EACH STATEMENT BELOW:**

- \_\_\_\_\_ I understand my name will be placed on the Windsor Meadows waitlist. All contact will be made via 1st class mail to the address on this application once my name comes to the top of the list. When I am contacted, all information about my household will be verified at screening.
- \_\_\_\_\_ I understand I will need to declare citizenship eligibility or immigration status for all household members at screening.
- \_\_\_\_\_ I understand a criminal background and credit check will be required of ALL adult household members (18 years old and over) at screening.
- \_\_\_\_\_ I understand the Windsor Meadows is a smoke-free property which prohibits smoking of any substance within 20 feet of any building. I also understand that Federal law considers marijuana an illegal substance and is not allowed on the property.
- \_\_\_\_\_ **I understand it is my responsibility to inform the Windsor Meadows of ANY changes of income, address or family composition. All changes must be submitted by completing an Windsor Meadows Application UPDATE form. Information will not be updated by phone.**
- \_\_\_\_\_ **I understand a Purge letter may be mailed to the address provided on this application or the most recent update. I must respond to all correspondence from Windsor Meadows within the time specified or my name will be removed from the wait list(s).**
- \_\_\_\_\_ **I understand that Windsor Meadows gives priority to applicants living and working in Windsor.**
- \_\_\_\_\_ I understand I have the right by law to include as part of this application for housing, the name, address, telephone number, and other relevant info of a family member, friend, or social, health, advocacy, or other organization. This contact info is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during my tenancy or to assist in providing any special care or services I may require. I can do this by requesting the **HUD-92006** form **NOW** from Windsor Meadows, or I can choose to complete the form once I receive a letter indicating my name has come to the top of the list for a unit. By initialing, I wish to wait to complete the form.

I understand and agree to the above information and my responsibilities as an applicant. I verify all information is true and accurate to the date below.

\_\_\_\_\_  
Head of Household (HOH) Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head of Household (HOH) Signature

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: (Check all that apply)</b>	
<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.