



**GARFIELD COUNTY HOUSING AUTHORITY**

1430 RAILROAD AVENUE, UNIT F

RIFLE, CO 81650

(970) 625-3589 or (888) 627-3589

Fax (970) 625-0859 \* TTY (800) 659-2656

www.garfieldhousing.com

**Family Reporting Form**

**Part 1: Household Members**

List all individuals living in your unit:

Full Name	Relationship	Disability (Check one)	Date of Birth	Age	Gender	Veteran
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do ALL the Minor children listed above live with you 50% of the time or more?  Yes  No

**Part 2: Contact Information:**

Please provide your current contact information:

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

(If Applicable) Representative Payee Name: \_\_\_\_\_

Representative Payee Phone Number: (\_\_\_\_) \_\_\_\_\_



Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony. This institution is an equal opportunity provider and employer.



**Part 3: Criminal Activity**

Have you or any member of your household been convicted of the following crimes in the last 12 months?

- Sexual offense  Yes  No  
 Methamphetamine production  Yes  No  
 Felony crime  Yes  No  
 Violent Criminal act  Yes  No

Is any member of your household required to register as a sex offender?  Yes  No  
 If yes, who? \_\_\_\_\_

**Part 4: Income**

Check all types of income your household receives:

<input type="checkbox"/> SSDI	<input type="checkbox"/> Wages	<input type="checkbox"/> TANF	<input type="checkbox"/> Child Support
<input type="checkbox"/> SSI	<input type="checkbox"/> Day labor	<input type="checkbox"/> OAP	<input type="checkbox"/> Income from assets/Annuity
<input type="checkbox"/> Social Security	<input type="checkbox"/> Commission/ Tips	<input type="checkbox"/> School Financial Aid	<input type="checkbox"/> Alimony/Maintenance
<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Money from family/friends	<input type="checkbox"/> Retirement/ Pension
<input type="checkbox"/> AND	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

List **all types** of income each household member receives:

Household Member	Type of Income	Amount
		\$ per hr/wk/mo/yr
		\$ per hr/wk/mo/yr
		\$ per hr/wk/mo/yr
		\$ per hr/wk/mo/yr
		\$ per hr/wk/mo/yr

- Does anyone outside of your household assist you with paying your bills (cell phone payment, utility bills, groceries, etc.)?  Yes  No  
 If yes, who assists you? \_\_\_\_\_  
 How much? \_\_\_\_\_  
 How Often? \_\_\_\_\_

2. Do you receive child support?  Yes  No

If a household member receives child support payments and/or maintenance payments, are these payments received through the Family Support registry?  Yes  No

Family Support registry number if applicable: \_\_\_\_\_

If the payments are not received through the family support registry, please provide the following information regarding your payments:

Name of person making payment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Do you or any household members work?  Yes  No

**\*\* Attach copies of four current and consecutive pay stubs for each employer with this form.**

Family Members Name: _____ Name and Address of Employer _____ _____ _____ Phone: _____ Fax: _____ Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date: _____ Pay rate: _____ Number of hours per week _____ How often are you paid? _____	Family Members Name: _____ Name and Address of Employer _____ _____ _____ Phone: _____ Fax: _____ Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date: _____ Pay rate: _____ Number of hours per week _____ How often are you paid? _____
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4. Is any member of your household 18 years old or older and a full-time student?  Yes  No

If yes, name of family member: \_\_\_\_\_

Name of school attending: \_\_\_\_\_

Address of school: \_\_\_\_\_

Does this person receive student financial assistance?  Yes  No

**Part 5: Assets**

**Check all types of assets or accounts your household currently has:**

My household does not have any asset accounts

<input type="checkbox"/> Savings Account	<input type="checkbox"/> Stocks	<input type="checkbox"/> Certificated of Deposit	<input type="checkbox"/> Payee/escrow account
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Bonds	<input type="checkbox"/> Own a home or land	<input type="checkbox"/> Other
<input type="checkbox"/> Trust Fund	<input type="checkbox"/> Money Market Funds	<input type="checkbox"/> Cash	<input type="checkbox"/> Other

**For each asset account, please provide the following information:**

Account Holder Name: _____ Bank Name: _____ Account Type: _____ Current Balance: _____	Account Holder Name: _____ Bank Name: _____ Account Type: _____ Current Balance: _____
Account Holder Name: _____ Bank Name: _____ Account Type: _____ Current Balance: _____	Account Holder Name: _____ Bank Name: _____ Account Type: _____ Current Balance: _____

**Please provide a current statement for all accounts**

1. Please list the address of any real estate (including land) that you own: \_\_\_\_\_  
\_\_\_\_\_

2. Have you closed any type of asset accounts in the last 12 months?  Yes  No

If yes, please provide the name of the bank where the account was closed: \_\_\_\_\_

Date account was closed: \_\_\_\_\_ (month and year)

Type of account closed: \_\_\_\_\_

**Part 6: Allowances**

1. Is anyone in your household paying for childcare 12 years of age or younger?  Yes  No  
 If yes, please provide the following:

Family member paying for childcare: \_\_\_\_\_  
 Child's name: \_\_\_\_\_  
 Name of provider: \_\_\_\_\_  
 Provider address: \_\_\_\_\_  
 Provider phone number: \_\_\_\_\_  
 Amount paid per month: \_\_\_\_\_

Please attach copies of receipts showing proof of payments

**Disabled or Elderly Family Only (Head, Co-Head, or Spouse is 62 years or older or is a person with a disability)**

If you (the head of household), your spouse, or co-head are at least 62 years old, or a person with a disability and the medical expenses you pay out-of-pocket each year is more than 3% of your annual income, The Garfield County Housing Authority might be able to lower the amount of rent you pay.

**Please attach proof of payment (12-month printout, receipts, etc.) for each of the expenses listed. Please check IRS Publication 502 Medical and Dental Expenses as the guide to determine medical expense deductions.**

Check all types of out of pocket medical expenses your family pays for and include the estimated amount paid each month:

<input type="checkbox"/> Prescription co-pays	<input type="checkbox"/> Doctor visit co-pays	<input type="checkbox"/> Insurance Premiums	<input type="checkbox"/> Eyeglasses/eye care payments	<input type="checkbox"/> Service Animal costs
\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month
<input type="checkbox"/> Dental Payments	<input type="checkbox"/> Hearing aid payments	<input type="checkbox"/> Hospital payments	<input type="checkbox"/> Transportation to treatment (cab fare, mileage, etc.)	<input type="checkbox"/> Other
\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month

**Part 7: Housing Quality Standards Certification:**

You must select one of the following:

I do not know of any current issues that would cause my unit to fail inspection and my landlord has been responsive to requests for repairs.

I am aware of issues that would cause my unit to fail a Housing Quality Standards inspection and my landlord has not been responsive to request for repairs.

**Part 8: Certification:**

I do hereby swear and attest that all of the information provided on this form is true and correct. I understand that all changes in the income of any member of the household as well as any changes household composition must be IMMEDIATELY reported in WRITING to the Garfield County Housing Authority.

My signature below also authorizes the Garfield County Housing Authority to check criminal arrest records through CBI, MRI Software, or any other credited agency, on all adult members of my household, including myself, anytime during the next 15 months.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

Name of person completing form (If other than head of household): \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

Reason why head of household did not complete form: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**