



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

Garfield County Housing Authority Voucher Waiting Lists

Please select only waiting lists that apply to your family and needs.

#1 Waiting list for general GCHA Rental Assistance program:

General Section 8 Housing Choice Voucher Wait List- GARFIELD COUNTY
*Open to any income qualified family.

#2 Waiting list for Glenwood Green Apartments, Glenwood Springs:

Glenwood Green Apartments Project-based Voucher Wait List
*Open to any income qualified family. Family must choose to live at the Glenwood Green Apartments, 220 Flat Tops View Drive Glenwood Springs, Co 81601.

#3 Waiting list for Silt Senior Housing, Silt:

Silt Senior Housing Project-based Voucher Wait List
*Open to any income qualified family with head of household or spouse age 62 or older or age 55 and disabled. Family must choose to live in the Silt Senior Housing development, 701 Home Avenue, Silt, CO for at least one-year.

#4 Waiting list for Lakota Ridge, New Castle CO

Lakota Ridge Project-based Voucher Wait list
*Open to any income qualified family 62 or older. Family must choose to live at Lakota Ridge at 705 Castle Valley Blvd New Castle CO, 81635 for at least one-year.

#5 Waiting list for Red Hills Lofts, Carbondale:

Red Hill Lofts Project-based Voucher Wait List
*Open to any income qualified family. Family must choose to live at the Red Hill Lofts Apartments located at 2655 Dolores Way Carbondale, CO 81623 for at least one-year.



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.



#6 Waiting list for Maxfield Heights, Rifle CO:



Maxfield Heights Senior Apartments Project-based Voucher Wait List

*Open to any income qualified family. Family must choose to live at Maxfield Heights located at 125 Ute Ave Rifle, CO 81650 for at least one-year.

It is your responsibility to make sure we have received your application. If another organization is mailing or faxing your application, *you are responsible for making sure GCHA receives it.* Upon receipt of your application, GCHA will send you a confirmation letter. If you **do not** receive a confirmation letter within **45 days** after applying, please contact our office. *We are not responsible for application that we do not receive.*

If you have any questions, please contact our office at 970-625-3589. We will be happy to assist you.

READ CAREFULLY AND COMPLETE THOROUGHLY

Garfield County Housing Authority Pre-Application

Date: _____ Time: _____ Staff Initials: _____ For Agency Use Only
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PLEASE LIST ALL HOUSEHOLD MEMBERS:

<u>Household Members</u>	<u>Relationship</u>	<u>Disabled</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Gender</u>	<u>Veteran</u>	<u>Race</u>	<u>Ethnicity Hispanic</u>
Name: _____ SSN: _____	Head of Household	<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
Name: _____ SSN: _____		<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
Name: _____ SSN: _____		<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
Name: _____ SSN: _____		<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
Name: _____ SSN: _____		<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
Name: _____ SSN: _____		<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
Name: _____ SSN: _____		<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

CONTACT INFORMATION:

Mailing Address: _____

Telephone number: _____ Alternate Telephone number: _____

Email address: _____

ANNUAL INCOME: _____

DO YOU LIVE, WORK, OR HAVE BEEN HIRED TO WORK IN GARFIELD COUNTY? YES NO

Note: The Garfield County Housing Authority has a residency preference for the waiting list for the Housing Choice Voucher Program for Garfield County. An applicant will qualify for a residency preference if they currently live, work, or have been hired to work in Garfield County.

The Garfield County Housing Authority offers a preference for families who are receiving TANF and have successfully completed their self-sufficiency requirements as verified by the TANF caseworker. If you meet this preference, please check: YES NO

DO ANY OF THESE SITUATIONS APPLY TO YOU?

Homeless, at risk of homelessness, fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking, or were recently homeless or have a high risk of housing instability. YES NO

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the housing choice voucher program.

Date _____ Signature of Head of Household _____

******YOU MUST KEEP A CURRENT MAILING ADDRESS ON FILE WITH US TO BE MAINTAINED ON OUR WAITING LIST**

Eligible applicants will be placed on the waiting list and sorted according to preferences, and then by date/time.

If you call to ask where you are on the waiting list, please be advised we do not give out that information.

Need a translator?

The Garfield County Housing Authority would like to accommodate you in any way we can. If you need a Spanish speaking translator to reach you please fill out this form.

Necesita un traductor?

La Autoridad de Vivienda del Condado de Garfield quiere ayudar en cualquier forma que podamos. Si usted necesita un traductor que hable español, por favor, llene este formulario.

Alguien le llamará tan pronto que sea posible.

Nos disculpamos por cualquier confusión.

Atentamente,

La Autoridad de Vivienda del Condado de Garfield

Su nombre: _____

teléfono: _____

correo electrónico: _____

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)	
<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	
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.

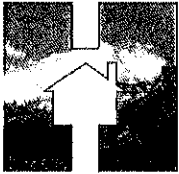
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Signature of Applicant

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.



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Verification of Disability

Dr. Name : _____

RE: _____

Address : _____

SS#: _____

The above named person is applying for participation in a federally assisted housing program operated by Garfield County Housing Authority. To determine the applicant's eligibility, we must verify that he/she is disabled as defined by the U.S. Department of Housing and Urban Development (HUD). HUD regulations define disability as follows.

A. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to last for a continuous period of not less than 12 months, or

In the case of an individual who has attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

B. Severe chronic disability that:

- a. is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. is manifested before the person attains age 22;
- c. is likely to continue indefinitely;
- d. results in substantial functional limitations in three or more of the following areas of major life activity: (1) self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, (7) economic self-sufficiency;
- e. reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.

C. A person with a physical or mental impairment that:

- a. is expected to be of a long continued and indefinite duration,
- b. substantially impedes his/her ability to live independently, and
- c. is of such a nature that such ability could be improved by more suitable housing conditions.

Housing Authority Representative _____

Date _____

I hereby authorize the release of any information pertaining to this request.

Applicant's Signature: _____ **Date** _____

Certification of Disability

_____ is is not disabled

Applicable definition(s): A B C

_____ Estimated length of disability period: _____

Person certifying (print name): _____

Occupation: _____

Signature

Professional Title

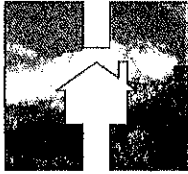
Date

Please complete and return to Garfield County Housing Authority.



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.





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Valley Senior Housing Application

Please select only waiting lists that apply to your family and needs. Family must choose to live in the Valley Senior Housing development located at 500 N. Parachute Ave. Parachute, CO

#1. Waiting list for Rural Development Senior Housing Rental Assistance Program

- Valley Senior Housing Wait List**- open to any income qualified family with head of household or spouse 62 or older or anyone of any age that is disabled.

#2. Waiting list for general GCHA Rental Assistance Valley Senior Housing

- Valley Senior Housing Project-Based Wait List**-open to any income qualified family with head of household or spouse 62 or older or anyone of any age that is disabled. Family must choose to live in the Valley Senior Housing development for at least one year.

Please note the Garfield County Housing Authority also maintains separate waiting list for the Section 8 Housing Choice Voucher Program, Silt Senior Housing Project-based Vouchers, Glenwood Green Apartments Project-based Vouchers, and the Senior Apartments at Mesa Vista Project-based Vouchers. If you meet the criteria for these waiting lists, you may select to be placed on all lists at this time by filling out the appropriate applications. Project-based lists require you to live at a specific property. Please ask for a pre application if interested.

Valley Senior Housing has one Project-based voucher unit. An applicant who chooses not to accept the Project-based Voucher on a waiting list, will be removed from that particular waiting list, but will maintain their place on any other waiting list, if applicable.

It is your responsibility to make sure we have received your application(s). If another organization is mailing or faxing your application, you are responsible for making sure GCHA receives it. Upon receipt of your application(s), GCHA will send you a confirmation letter. If you do not receive a confirmation letter within 45 days after applying, please contact our office. We are not responsible for an application we do not receive.

Failure to report address changes will result in removal from the waiting list.

For more information on this property visit our website at www.garfieldhousing.com

If you have any questions, or if you or anyone in your household is a person with disabilities, and you require a reasonable accommodation in order to fully utilize our program and services, please contact Renae Richardson at (970) 625-3589 or (888) 627-3589.



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VALLEY SENIOR HOUSING
500 N. PARACHUTE AVE. #100
PARACHUTE, CO 81635

APPLICATION FOR HOUSING

****Please return this application to: Garfield County Housing Authority, 1430 Railroad Ave, Unit F, Rifle, CO 81650****

APPLICANTS NAME: _____
Last First Middle Initial

CO-APPLICANTS NAME: _____
Last First Middle Initial

ADDRESS: _____
Street Address City State Zip

PHONE NUMBER: _____

PRESENT LANDLORDS NAME: _____

PRESENT LANDLORDS PHONE NUMBER: _____

APPLICANT

CO-APPLICANT

SS#:	_____	_____
AGE:	_____	_____
DATE OF BIRTH:	_____	_____
BIRTH PLACE:	_____	_____
HANDICAPPED/ DISABLED	_____	_____
DRIVERS LIC #:	_____	_____
DESCRIBE & NAME ANY PETS	_____	_____

DO YOU OR ANY MEMBER OF THE HOUSEHOLD HAVE A NEED FOR THE FEATURES OF AN ACCESSIBLE APARTMENT? YES NO

Married Single Divorced Widowed Separated

Auto license plate number _____ Year _____ Make _____

Second vehicle license number _____ Year _____ Make _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

Personal reference (Not a relative or employer)

Name	Address	Phone #
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Have you ever been evicted, breached or violated your contract while leasing any type rental housing? _____
 If yes, explain: _____

Have you ever received rental subsidy before? _____ If yes, where and when? _____

Within the last two years, has any adult member of the household been arrested for ANY criminal activity including but not limited to:

Drug or alcohol use or distribution	Yes <input type="checkbox"/> No <input type="checkbox"/>
Domestic Violence	Yes <input type="checkbox"/> No <input type="checkbox"/>

Has any adult member of the household ever been arrested for the use, sale or production of Methamphetamine? Yes No

Is any adult member of the household a lifetime registered sex offender? Yes No

If yes to any question, please explain: _____

List all current employers of household members.

NAME	FULL ADDRESS & ZIP	PHONE

ASSETS

APPLICANT	CO-APPLICANT	AMOUNT, INSTITUTION, ACCOUNT NUMBERS
()	()	CASH _____
()	()	CHECKING ACCOUNTS _____
()	()	SAVINGS ACCOUNTS _____
()	()	CERTIFICATES OF DEPOSIT _____
()	()	STOCKS, BONDS, TREASURY BILLS _____
()	()	IRA'S _____

OTHER (EXCLUDING HOUSEHOLD GOODS OR PERSONAL PROPERTY): _____

During the last 2 years, have you disposed of any asset for less than market value? _____

REAL ESTATE:

TYPE: _____

VALUE: _____

LOAN AMOUNTS: _____

INCOME: _____

MONTHLY HOUSEHOLD INCOME

	APPLICANT	GROSS AMOUNT	CO-APPLICANT	GROSS AMOUNT
SOCIAL SEC	()	_____	()	_____
SSI	()	_____	()	_____
INTEREST	()	_____	()	_____
DIVIDENDS	()	_____	()	_____
OAP/AND	()	_____	()	_____
VETERANS BENEFITS	()	_____	()	_____
PENSIONS/ RETIREMENT	()	_____	()	_____
DISABILITY	()	_____	()	_____
OTHER	()	_____	()	_____

REGULAR MEDICAL EXPENSES

APPLICANT	CO-APPLICANT	EXPENSE	AMOUNT	HOW OFTEN
()	()	Medical insurance	_____	_____
()	()	Prescriptions	_____	_____
()	()	Over the counter drugs	_____	_____
()	()	Doctor bills	_____	_____
()	()	Hospital bills	_____	_____

Any other major medical expenses anticipated during the next twelve months (glasses, hearing aids, etc.) _____

Does anyone pay bills on behalf of your family or provide other financial benefits? _____

Name and address of nearest relative (not living with you)

I certify that the rental unit I occupy will be my permanent residence and I will not maintain a separate unit or housing in a different location. I further certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above. I certify that only those persons listed on this application will occupy dwelling, unless prior approval by management is given. Names of all persons authorized by management to occupy dwelling will appear on the most current certification prepared for my household.

I understand that deliberate submission of false information on any application, certification, re-certification or request for interim adjustment constitutes grounds for termination of assistance.

I understand that a criminal background check will be obtained on all adult applicants.

I understand that the completion of this form alone does not insure that my name will be placed on the waiting list. All support documentation must be executed as required in order to determine eligibility for placement on the waiting list.

APPLICANT

DATE

APPLICANT

DATE

Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device, a material fact, or makes any false fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

I understand that the managing agent will verify, in writing through a third party, the information provided on the application.

I understand that the household income is subject to verification through the records of the Colorado Department of Labor by Farmers Home Administration.

By signing below, I certify I have read and understand the above statements.

Tenant/Applicant

Date

Co-tenant/Applicant

Date

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicant on the basis of visual observation or surname.

Ethnicity:

Hispanic or Latino _____ Not Hispanic or Latino _____

Race: (Mark one or more)

1. American Indian/Alaska Native _____
2. Asian _____
3. Black or African American _____
4. Native Hawaiian or Other Pacific Islander _____
5. White _____

Gender:

Male _____ Female _____

OFFICE USE ONLY

DATE:

TIME:

INITIALS: