



Walter Self - Lyons One Bedroom Apartments



**PRELIMINARY
APPLICATION
Rural Development**

**Complete and return to:
Boulder County Housing Authority
P.O. Box 471
Boulder, CO 80306**

**Phone: 303-441-3929
TDD: 800-659-2656
Fax: 720-564-2283**

HEAD OF HOUSEHOLD INFORMATION:

Last Name: _____ **First Name:** _____ **MI:** _____

Sex: Female Male **SS#:** _____ - _____ - _____

Date of Birth: _____
Month Day Year

Do you require any special accommodations? (physically accessible unit, first floor, no stairs)
____ Yes ____ No

If yes, please describe here: _____

Race: Please check one or more below.

____ American Indian/Alaska Native ____ Asian ____ Black/African American
____ Native Hawaiian or Other Pacific Islander ____ White

Ethnicity: ____ Hispanic or Latino ____ Not Hispanic or Latino

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 the Federal laws prohibiting discrimination against tenant applications 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 anyway. However, if you chose not to furnish it, the owner is required to note race, ethnicity, and sex of the individual applicants on the basis of visual observation or surname.

FAMILY INFORMATION (Please list people that will be living with you):

	Name (last, first)	Sex	SS#	Date of Birth	Relationship to You
1					
2					
3					
4					

FAMILY INCOME AND STATUS INFORMATION: My household has zero income at this time. ____

Household Member	Source(s) of Income	Monthly Gross Income



Walter Self – Lyons

Rural Development Application



MAILING ADDRESS:

Street: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Primary Contact Number: (____)____-_____ Secondary Contact Number: (____)____-_____

Email: _____

Have you ever been convicted as a sex offender in any state and are you compelled to register as a sex offender?
____ Yes ____ No

I hereby give permission to the BCHA to perform a national criminal background and sex offender registry check to verify my eligibility for its programs. This includes checking police records.

Signature of Head of Household

Date

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age.

PLEASE NOTE: It is your responsibility to inform the Boulder County Housing Authority of any changes in your status, such as a change of address or number of members in your family. If mail sent to you is returned by the Post Office, you will be removed from our waiting list.

It is the policy of BCHA to make programs, meetings, activities and services accessible to individuals with disabilities. In order to provide special services such as interpreters or provide special materials in special formats such as large print, Braille, or computer disks the county needs to be informed of the individual's special needs. If you need special assistance contact Boulder County American Disabilities Act Coordinator at 303-441-3525 at least 48 hours before the scheduled event.