Boulder County Housing Authority

RENTAL APPLICATION

P.O. Box 471, Boulder CO 80306-0471 | P: 303.441.3929/F: 720.564.2283 | www.bouldercountyhousing.org | Email: hoinfo@bouldercounty.org

Welcome to Boulder County Housing Authority (BCHA). We offer a variety of rental homes ranging in size from studios to four bedroom units throughout Boulder County, in Lafayette, Longmont, Louisville, Lyons and Nederland. BCHA is a not-for-profit organization committed to providing quality homes at affordable prices. More information can be found on our website or by emailing staff (addresses listed above).

HOW DO I APPLY?

Submit a fully completed BCHA rental application, including the attached Authorization form. If/when you are offered a unit, staff will conduct a background check for each adult member of your household age 18 and over. At that time, staff will collect a fee of **$11.00 for each background check**. This fee is non-refundable and must be paid by a personal check or money order. Cash will not be accepted.

Applications may be submitted through the following ways:

- Mail – PO Box 471, Boulder, CO 80306-0471
- Fax – 720/564-2283
- Email – HOinfo@bouldercounty.org
- Deliver – BCHA Office (Kaiser Building), 2525 13th Street, Suite 204, Boulder, CO 80304

HOW DO I QUALIFY?

Minimum Age: Applicants/Tenants must be at least 18 years of age to enter into a lease agreement.

Identification:

For each adult 18 years of age and older:

- Copy of Social Security Card; AND
- Copies of Identification (ANY of the following): state-issued driver's license, state-issued identification card, Resident Alien Card or Government-Issued Passport.

For each minor child under 18 years of age:

- Copy of birth certificate; AND
- Copy of Social Security Card.

Income:

Please note that each program has different income requirements. If/when you're called up, you will be informed of the specific property's requirements. Applicants must have:

a. a combined gross income (before taxes and deductions) of at least 2 times the rent of the offered unit or a (Section 8) Housing Choice Voucher; AND
b. a minimum of six (6) months of steady employment OR a verifiable, sufficient source of income (such as Social Security, SSDI, etc.).

Rental History: Two (2) years of satisfactory rental history is required.

Criminal History:

BCHA will conduct a national criminal background check for all adults age 18 years and older. You may be denied housing if the following apply to you:

a. a felony arrest or conviction within the past six (6) years; AND/OR
b. an arrest or conviction involving a violent or sexual crime; AND/OR
c. use of methamphetamine in the last 12 months or use of a controlled substance other than meth in the last six months.; AND/OR
d. a consistent record of arrests, misdemeanors or felonies.

Student Rules (only applies to specific properties see list):

A full-time student may qualify if they meet a minimum of one of the following conditions:

a. participation in TANF (Temporary Aid to Needy Families) program; OR
b. participation in a federal, state, or local job training program; OR
c. is a single parent and/or is married, filing joint tax returns; OR
d. At least one student was previously under foster care; OR
e. Household contains at least one occupant who is not a student or is a part-time student.

Exceptions: To request an exception to any of the above requirements, please submit a request, in writing, to the property manager of the housing site for which you are interested.

ADDITIONAL INFORMATION

Occupancy Standards: No more than 2 people plus one additional person under age 2 may occupy a bedroom.

Typical Lease Terms: Standard lease terms are twelve (12) months, renewing month-to-month.

Security Deposits: Security Deposits must be paid in full at the time the lease is signed, and are based on number of bedrooms in the unit: 1 -$200, 2 -$250, 3 -$300, 4 -$350.

Pets:

Up to two (2) pets per household will be accepted under the following conditions:

1) the resident must pay a one-time non-refundable pet fee of $150 that covers all pets in the household, in addition to the security deposit required for the unit and a $150 refundable pet deposit per approved pet; AND
2) dogs must weigh under seventy (70) lbs; AND
3) a dog's age must be more than one year; AND
4) the resident must submit copies of current vaccination and spay/neuter records, copies of pet license as required by local municipalities and a photo of each animal.

BCHA reserves the right to deny pets in the household based on breed, species and/or behavior. All owners and pets must comply with BCHA's Pet Policy, and pets may be subject to an interview with the property manager prior to approval. Please contact BCHA for a copy of the Pet Policy.

Service/Companion Animals: BCHA does not discriminate on the basis of handicapped Initial Status in the admission or access to, or treatment or employment in, its federally assisted programs or activities. The above pet requirements do not apply to Service/Companion Animals that assist people with disabilities. Individuals requiring any such Animal(s) must request a Reasonable Accommodation through their property manager. Please contact BCHA to request a copy the Service Animal Policy and/or Reasonable Accommodations Policies and Procedures.

Smoking Policy: BCHA has determined that smoking will be prohibited indoors and in the majority of outdoor areas for all of its properties. Smoking is either not permitted or limited to designated areas within specific property boundaries. "Smoking" or "Smoke" means: either the carrying, smoking, burning, inhaling, or exhaling of any kind of lighted pipe, cigar, cigarette, cigarillo, hookah, marijuana, weed, herbs, incense, or any other lighted smoking equipment, or the use of any electronic smoking or vapor smoking device. Residents will be required to sign a copy of the Smoking Policy at lease-up, acknowledging BCHA's rules and regulations.

Qualified applicants will receive consideration for housing without regard to race, color, religion, sex, national origin, sexual orientation, gender identity, disability or protected veteran status.

BOULDER COUNTY HOUSING AUTHORITY
RENTAL APPLICATION

Date: _____ **Name of Head of Household**: _____

Please complete all information requested below, which will be used to determine eligibility for tenancy in a BCHA rental unit. Your information will be held as confidential; it will not be disclosed without your consent, except to verify your household's income and employment and to verify assets, as required and permitted by law. You may choose to withhold information below; however, please note that doing so may delay your application processing or be cause to reject it.

Please complete the following:

Number of Bedrooms Requested: ☐ Studio ☐ 1 ☐ 2 ☐ 3 ☐ 4
Please note that your preferred unit size may not be granted due to BCHA's occupancy regulations.

Will you require any special accommodations* to be able to fully access your unit?
☐ No ☐ Yes If yes, please explain: _____
_____

*Such accommodations may include, but not be limited to, ground level unit, elevator, wheelchair accessible, modifications for hearing- and/or sight-impairments, require a Service Animal.

PROPERTY INTERESTS: Please select any/all of the following BCHA properties below that you are interested in. If you are interested in "any property" in a specific city/town, please do not check any other boxes in that area.

LAFAYETTE

☐ Any property in Lafayette
- ☐ 900 Avalon Ave (Avalon)
- ☐ 775 Bedivere Cir
- ☐ 108 & 110 S Carr Ave
- ☐ 300-550 S Carr Ave (Lafayette Villa West I) *+
- ☐ 612 & 612-1/2 E Chester St
- ☐ 745, 749, 769 W Cleveland Cir +^
- ☐ 821 E Cleveland St
- ☐ 101-115 Dover Dr (Dover Court) +^
- ☐ 312 S Finch Ave +^
- ☐ 507, 509 W Geneseo +^
- ☐ 602 E Geneseo St
- ☐ 712-718 W Geneseo St
- ☐ 771 Excelsior Pl (Aspinwall at Josephine Commons) +^
- ☐ 455 N Burlington Ave (Josephine Commons)*+
- ☐ 490/492 & 556/558 S Carr Ave (Lafayette Villa West II) *+
- ☐ 209 Lucerne Way
- ☐ 1820 Lyonesse St
- ☐ 1585 Sagrimore Cir

LONGMONT

☐ Any property in Longmont
- ☐ 1410 Emery Ct
- ☐ 1816-1822 Cambridge Dr
- ☐ 146-148 E St Clair
- ☐ 80 21st Ave (Meadows)

LOUISVILLE

☐ Any property in Louisville
- ☐ 504 LaFarge St (Acme Place)
- ☐ 1301 Lincoln Ave (Lilac Place)
- ☐ 1817-1899 Regal Ct (Regal Court II)
- ☐ 401 East St (Sunnyside Place) +^
- ☐ 1450 Lincoln Ave (Lydia Morgan) **+

LYONS

☐ Any property in Lyons
- ☐ 502-512 Second Ave (Mountaingate)

NEDERLAND

☐ Any property in Nederland
- ☐ E 3rd Ave (Beaver Creek)
- ☐ 421-469 Rodeo Ct (Rodeo Court)

*Josephine Commons is available to residents ages 55 and older
**Lydia Morgan available to residents ages 62 and older
+Properties that have income limits
^Properties with student restrictions

APPLICANT INFORMATION

Applicant (Head of Household) Name: _____

Complete Mailing Address: _____

Phone: _____/_____; Email:_____

Contact Preference: ☐ Phone ☐ Email

How long have you lived at your present address? _____

Please specify if you: ☐ Rent ☐ Own ☐ Other, please explain:_____

Do you have a Section 8 Housing Choice Voucher? ☐ Yes ☐ No If yes, through what agency: _____

Please list your current monthly rent/mortgage amount: $_____ utilities amount: $_____

Current Landlord (Name):_____

Phone: _____ Email: _____

HOUSEHOLD INFORMATION

NOTE: BCHA will collect a background check fee of **$11.00 for every household member over the age of 18 years old** if/when you are offered a unit at a BCHA property.

Please list information for all household members who will be residing at the property:

Member	**Full Name**	**Relationship to Head of Household**	**Birthdate**	**Social Security Number** (if applicable or available)	**Sex/Gender** (pls check)		**Student** (pls check)	
					F	**M**	**No**	**Yes**
Head		Self						
2								
3								
4								
5								
6								
7								
8								

Are there household members not listed above who plan to live with you in the future? ☐ Yes ☐ No

If you answer "yes", please explain: _____

Do you expect any additions to the household within the next twelve (12) months? ☐ Yes ☐ No

If you answer "yes", please explain: _____

_____

_____

INCOME AND ASSETS

INCOME – In the table below, please list *current* monthly income:

	APPLICANT	CO-APPLICANT/ SPOUSE	ALL OTHER WORKING ADULTS	MONTHLY INCOME: TOTAL HOUSEHOLD
Gross Salary	$	$	$	$
Overtime Salary	$	$	$	$
Bonus(es)	$	$	$	$
Commissions	$	$	$	$
Fees	$	$	$	$
Tips	$	$	$	$
Interest/Dividends	$	$	$	$
Maintenance/Child Support	$	$	$	$
Temporary Aid to Needy Families/TANF	$	$	$	$
Unemployment Benefits	$	$	$	$
Workers Compensation	$	$	$	$
Social Security, SSI, SSDI	$	$	$	$
Veteran's Administration, GI Bill or National Guard/Military Benefits/Income	$	$	$	$
Pensions, Retirement Funds	$	$	$	$
Educational Assistance (for ft/pt students) through grants, scholarships, or fellowships (exclude student loan awards which must be re-paid)	$	$	$	$
Business Income/Self-Employment (use net income/after taxes)	$	$	$	$
Rental Income (use net income/after taxes)	$	$	$	$
Other: please specify _____	$	$	$	$
TOTAL INCOME	$	$	$	$

ASSETS – In the table below, please list *current* asset information for your household.

	Cash Value	Monthly Income
Checking Accounts	$	$
Savings Accounts	$	$
Money Market Account	$	$
Mutual Fund Account	$	$
Certificates of Deposit	$	$
Real Estate	$	$
Stocks/Bonds	$	$
Cash	$	$
Life Insurance (Exclude Term Life)	$	$
Individual Retirement Account (IRA), Keogh, 401k, Annuity, etc.	$	$
I/we have disposed of assets (i.e., gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____	 1) $ _____ 2) $_____	$N/A
Other Assets: please specify _____	$	$
TOTAL ASSETS	$	$

EMPLOYMENT INFORMATION

Please provide information for each employed adult in the household:

FOR HEAD OF HOUSEHOLD			
Employer Name:		Employer Address:	
Phone:	Fax:	Email:	
Your Title:		Hours Work/Week:	Start Date:
Are you Self Employed? ☐ Yes* ☐ No *Be prepared to provide profit/loss statements for past 6 months and copies of current tax returns, receipts and/or cancelled checks			
Please check appropriate boxes regarding your employment status: ☐ Hourly ☐ Salaried ☐ Temporary ☐ Full-time ☐ Part-time ☐ Seasonal			

FOR OTHER EMPLOYED ADULT (OVER AGE 18)			
Employer Name:		Employer Address:	
Phone:	Fax:	Email:	
Your Title:		Hours Work/Week:	Start Date:
Are you Self Employed? ☐ Yes* ☐ No *Be prepared to provide profit/loss statements for past 6 months and copies of current tax returns, receipts and/or cancelled checks			
Please check appropriate boxes regarding your employment status: ☐ Hourly ☐ Salaried ☐ Temporary ☐ Full-time ☐ Part-time ☐ Seasonal			

FOR OTHER EMPLOYED ADULT (OVER AGE 18)			
Employer Name:		Employer Address:	
Phone:	Fax:	Email:	
Your Title:		Hours Work/Week:	Start Date:
Are you Self Employed? ☐ Yes* ☐ No *Be prepared to provide profit/loss statements for past 6 months and copies of current tax returns, receipts and/or cancelled checks			
Please check appropriate boxes regarding your employment status: ☐ Hourly ☐ Salaried ☐ Temporary ☐ Full-time ☐ Part-time ☐ Seasonal			

FOR OTHER EMPLOYED ADULT (OVER AGE 18)			
Employer Name:		Employer Address:	
Phone:	Fax:	Email:	
Your Title:		Hours Work/Week:	Start Date:
Are you Self Employed? ☐ Yes* ☐ No *Be prepared to provide profit/loss statements for past 6 months and copies of current tax returns, receipts and/or cancelled checks			
Please check appropriate boxes regarding your employment status: ☐ Hourly ☐ Salaried ☐ Temporary ☐ Full-time ☐ Part-time ☐ Seasonal			

Please provide information <u>for each adult</u> (over age 18) in the household:

Head of Household:
I am (check all that apply): ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Single Parent
☐ Female ☐ Male ☐ Over age 62 ☐ Disabled ☐ Pregnant

Spouse/Other Adult:
I am (check all that apply): ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Single Parent
☐ Female ☐ Male ☐ Over age 62 ☐ Disabled ☐ Pregnant

Other Adult:
I am (check all that apply): ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Single Parent
☐ Female ☐ Male ☐ Over age 62 ☐ Disabled ☐ Pregnant

PREVIOUS RESIDENCE INFORMATION

Please list information for other places you have rented, owned, or other during the past two years:

Most Recent - prior to current listed earlier in the application

Dates at Residence (mm/yy): _____ to _____ Address: _____

☐ Rented ☐ Owned ☐ Other, please explain: _____

If rented, please provide landlord information:

Name: _____ Address: _____

Phone: Fax: Email:

If owned, please provide ownership information:

Do you still own the property? ☐ Yes ☐ No If yes, what is the value of the property? $_____

If yes, do you still live there? ☐ Yes ☐ No

If no, did you sell or rent it? ☐ Sold it - Sale date (m/yy): ___/___ ☐ Rent it - Rent charged $_____/mo

For either scenario, please make sure income is listed in the table above.

Dates at Residence (mm/yy): _____ to ____ Address: _____

☐ Rented ☐ Owned ☐ Other, please explain: _____

If rented, please provide landlord information:

Name: _____ Phone: _____

Address: _____ Email: _____

If owned, please provide ownership information:

Do you still own the property? ☐ Yes ☐ No

If yes, do you still live there? ☐ Yes ☐ No

If no, did you sell or rent it? ☐ Sold - Sale date (m/yy): ___/___ ☐ Renting - Rent charged $_____/mo

For either scenario, please make sure income is listed in the table above.

If you have any automobiles for your household, please complete the following:

Make/Model	Year	License Plate Number

OTHER REQUESTED INFORMATION

Please answer the following questions:

1. Do you have any pets? (Please refer to "Pets" section on page 2 and do not include Service Animals.)
   ☐ No ☐ Yes If yes, how many? _____ What type(s)? _____

2. Do you have any Service/Companion Animals (to assist with a disability)? (Please refer to "Service/Companion Animals section on page 2.)
   ☐ No ☐ Yes If yes, how many? _____ What type(s)? _____

3. Have you ever been evicted from a rental unit or asked to vacate?
   ☐ No ☐ Yes If yes, please list date(s) and reason (s) _____
   _____

4. Have you ever violated a lease/rental agreement or violated any regulations at any previous rental properties?
   ☐ No ☐ Yes If yes, explain: _____

5. Do you currently owe Boulder County Housing Authority or any other previous landlord any unpaid rent?
   ☐ No ☐ Yes If yes, who do you owe? _____ how much? $_____

6. Have you ever been charged with misuse or abuse to any rental property?
   ☐ No ☐ Yes If yes, explain: _____

7. Have you ever been convicted of a crime other than a motor vehicle violation? ☐ Yes ☐ No
   If yes, explain: _____

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial reference for purposes of income and asset verification related to my/our application for tenancy.

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

_____ _____

Signature - Head of Household Date | Signature - Other Adult (age 18 or older) Date

Please print name: _____ | Please print name: _____

_____ _____

Signature - Other Adult (age 18 or older) Date | Signature - Other Adult (age 18 or older) Date

Please print name: _____ | Please print name: _____

Boulder County Housing Authority
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www.bouldercountyhhs.org

STANDARD AUTHORIZATION AND RELEASE OF INFORMATION

PURPOSE:

The Boulder County Housing Authority ("BCHA") may use this authorization and release (this "Release") and the information obtained with it to administer and enforce rules and policies for, and to determine my eligibility for, the programs set forth herein.

AUTHORIZATION:

I hereby authorize BCHA to obtain the information from the individuals and organizations listed it this Release:

Information about me and my minor children that is pertinent to our eligibility for or participation in one or more of the following programs (The "Programs"):

- Tenants of BCHA Housing
- Section 8 Housing Choice Voucher Program
- Family Self Sufficiency Program
- Housing Stabilization Program
- Tenant-Based Rental Assistance Program
- Short Term Housing
- Family/Youth Unification Program

I also hereby authorize BCHA to release information about me and my minor children to the individuals and organizations listed in this Release for the purpose of obtaining such information. Information that inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Household Composition
- Employment, Income, Pensions, Assets
- Federal, State, Tribal, or Local Benefits
- Disability Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History
- Investigations and Recovery Cases (open or closed)
- School Enrollment and Other Educational Records

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords/Property Owners
- State Employment Securities Agencies
- Boulder County
- Boulder County Human Services Division
- Boulder County Department of Housing and Human Services
- The United States Government
- Schools and Colleges
- Saint Vrain Valley School District
- Boulder Valley School District
- Community Services Providers

And providers of:

- Maintenance
- Child Care
- Child Support
- Credit
- Assistance for People with Disabilities
- Medical Care
- Pensions/Annuities
- Utilities
- Welfare

COMPUTER MATCHING NOTICE & CONSENT

I agree that BCHA may utilize computer matching programs in conjunction with other governmental agencies including Federal, State, Tribal or local agencies. The match will be used to verify information supplied by me and my family.

ATTESTATION

I/we attest that we have a clear appreciation and understanding of the terms of this release, and the implications and future consequences of this release of any information covered by this release. I/we agree that this Release may be used for the purposes stated above.

Furthermore, I/we understand that my/our participation in and housing assistance pursuant to the Programs could be terminated or adjusted based on the information obtained by BCHA under this release. I/we hereby release BCHA from any and all liability that results from its sharing or receipt of information covered by this Release. The original of this Release shall remain on file with BCHA and is valid for a period of one year from the date of my signature or until _____.

By signing this document I declare my understanding that any and all allegations of methamphetamine use by me or anyone in or at my housing unit, received from any source, by any BCDHHS division, will be immediately reported to BCHA staff and may affect my housing benefits.

SIGNATURES

_____	_____	_____
Head of Household	Date of Birth	Date
_____	_____	_____
Spouse/Adult Member of Household	Date of Birth	Date
_____	_____	_____
Adult Member of Household	Date of Birth	Date
_____	_____	_____
Adult Member of Household	Date of Birth	Date