



# 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](http://www.bouldercountyhousing.org) | Email: [hoinfo@bouldercounty.org](mailto: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. To be placed on a waiting list or interest list, please visit our website or by emailing our Information line at the addresses listed above.

### APPLICATION PROCESS

Upon being offered a unit, the Property Manager will schedule an Intake Appointment with you. Please be prepared for your appointment and bring the following documents:

- Completed Application and authorization forms** in black or blue pen only
- Application Fee:** \$11.00 for each household member over the age of 18. This fee is non-refundable and will be used to conduct background checks, including, but not limited to criminal background checks. Application fees must be paid by money order. No cash/checks will be accepted.

**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:** If applicable, please bring the following:

- Most four (4) current paystubs for each employment income earned for household members 18 and over
- Current Social Security Benefit letters for all household members
- Current Statements for all pension/retirement/annuity income
- Child Support and/or Alimony Income: Child Support/Divorce decree, certified letter from payor or current Child Support Registry payout.

**Assets:** Must provide current documentation for all assets owned by ANY household member, including minors, if applicable (please make sure that statements are complete and include all pages)

- Six (6) months consecutive bank statements for all checking accounts
- Current bank statements for all savings accounts
- Current Retirement and/or Investment Account Statements
- Current proof for EBT Cards, such as a print off from an ATM machine
- If you own a Home, most recent mortgage statement
- If you have sold a Home in the last two years OR are currently selling a home: Closing Documents or Listing Agreement.

**Miscellaneous:** If applicable, please provide the following

- Current Divorce decree and Child Support Order
- Request for Tenancy Approval (RFTA) for households with a Tenant Choice Voucher

Additional Information may be required and will be discussed during the intake process.

## HOW DO I QUALIFY?

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

### **Income:**

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.); *AND*

**Rental History:** Two (2) years of satisfactory rental history is required. A background check will be conducted and all reported addresses to credit reporting agencies within the last two years will be verified.

### **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. You have been convicted of a felony within the past six (6) years; and/or
- b. You have been convicted of 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. You have a consistent record of convictions for misdemeanors and/or felonies; and/or
- e. We find other information in your background check that supports a determination that you have engaged in disqualifying criminal activity.

### **Additional Qualifications:**

Each property may have additional restrictions, specific to the programming of the individual property, including but not limited to: Maximum Income Limits, Full time Student Rules and Age restrictions (Senior buildings only). *Additional documentation may be required.*

## ADDITIONAL INFORMATION

### **Occupancy Standards per bedroom size:**

One Bedroom: 3 Occupants   Two Bedroom: 4 Occupants   Three Bedroom: 5 Occupants   6 Bedroom: 7 occupants

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

**Holding Deposits** (if applicable) A holding deposit may be required within 48 hours of the application approval and are based on number of bedrooms in the unit. 1 -\$200, 2 -\$250, 3 -\$300, 4 -\$350.

If, for any reason, the household fails to move in by the agreed upon date, and thru no fault of BCHA, the holding deposit will be forfeited.

**Security Deposits:** Holding Deposit will be retained as a Security Deposit upon lease signing. If no holding deposit was obtained, the Security Deposit will be due and payable on the day of lease signing and is based on the 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.
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<b>Property Name</b>	<b>Projected MI Date :</b>
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**RENTAL APPLICATION**  
(For LIHTC-HOME-Affordable Units)

*PLEASE PRINT AND COMPLETE IN BLACK OR BLUE INK ONLY*

**Head of Household Information:**

Applicant Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Contact Preference:  Phone  Email

Do you have a Section 8 Housing Choice Voucher?  Yes  No

If yes, through what agency: \_\_\_\_\_ Technician Name \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Please list information for all household members who will be, or is anticipated to be, residing in the unit at least 50% or more during the next 12 months. *For Student Status: A Student is defined as anyone, including minor children, who is enrolled in school (including home school) for at least five calendar months. The five months need not be consecutive. Full Time Student Status is defined by the institution the household member is enrolled in.*

	Full Name	Relationship to Head of Household	Birthdate	Social Security Number)	Student?		Full Time Student?	
					Yes	No	Yes	No
Head								
2								
3								
4								
5								
6								
7								
8								

Anticipated changes in household size within the next 12 months?  Y  N. If yes, please explain \_\_\_\_\_

Anticipated changes in number of students within the next 12 months  Y  N If yes, please explain \_\_\_\_\_

**HOUSEHOLD INCOME**

Identify each source of income currently received OR anticipated to be received in the next 12 months, (including unearned income for minors.) Please list GROSS amount, unless stated otherwise. Please mark "0" for income that does not apply.

	APPLICANT	CO-APPLICANT/ SPOUSE	ALL OTHER WORKING ADULTS	ALL OTHER WORKING ADULTS	MONTHLY INCOME: TOTAL HOUSEHOLD
Gross Salary, including, but not limited to: overtime, bonus's, shift differential, etc.	\$	\$	\$		\$
Self -Employment: Please use Net	\$	\$	\$		\$
Unemployment Compensation	\$	\$	\$		\$
Disability/Workers Comp	\$	\$	\$		\$
Social Security/SSI Benefits	\$	\$	\$		\$
Child Support (regardless of it is court ordered)	\$	\$	\$		\$
Alimony/Maintenance	\$	\$	\$		\$
TANF (exclude Food Stamps)	\$	\$	\$		\$
Military Pay	\$	\$	\$		\$
Pension/Retirement Funds	\$	\$	\$		\$
Educational Assistance (for full and part time students) Excluding Loans	\$	\$	\$		\$
Rental Income	\$	\$	\$		\$
Trust Income	\$	\$	\$		\$
Inheritance Income					
Regular/Recurring Gifts: example: monetary gifts and cash contributions from persons outside the household to assist for rent, utilities, groceries, clothing, etc.	\$	\$	\$		\$
Other:	\$	\$	\$		\$
Other:	\$	\$	\$		\$
<b>TOTAL INCOME</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>		<b>\$</b>

**HOUSEHOLD ASSETS**

**HOUSEHOLD ASSETS: Does any household member have any of the following assets (please include assets held on behalf of a minor living in the household):**

- |                    |  |                       |  |                   |  |
|--------------------|--|-----------------------|--|-------------------|--|
| Checking Account   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Savings Account       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pension Funds     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cash               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Retirement Accounts   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Business Accounts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stocks/Bonds       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Benefit/EBT Card      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cert. of Deposits | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Safety Deposit Box | <input type="checkbox"/> Yes <input type="checkbox"/> No | Equity in Real Estate | <input type="checkbox"/> Yes <input type="checkbox"/> No | Life Insurance    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Land Contract      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Annuities             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other             | <input type="checkbox"/> Yes <input type="checkbox"/> No |

FOR ANY ASSETS ANSWERED “YES” ABOVE, PLEASE COMPLETE THE FOLLOWING:

Asset type	Household Member	Institution Where the Asset is Held	Phone Number	Current Value	Income Earned and/or interest rate

**HOUSEHOLD LUMP SUM PAYMENTS: Does any household member receive or expect to receive any of the following Lump Sum payments within the next 12 months:**

- |  |  |                                  |  |
|--|--|----------------------------------|--|
| Inheritances                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lottery or other Winnings        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insurance Settlements                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Workers Compensation Settlements | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Security Disability Settlements | <input type="checkbox"/> Yes <input type="checkbox"/> No | Severance Pay                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unemployment Compensation Settlements  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Capital Gains                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other _____                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other _____                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

FOR ANY LUMP SUM PAYMENTS ANSWERED “YES” ABOVE, PLEASE COMPLETE THE FOLLOWING:

Asset Type	Household Member	Where is the asset held	Phone Number	Lump Sum expected	When is it expected

**HOUSEHOLD DISPOSED ASSETS: Have any of the household members given away or disposed of Assets (including cash) in excess of \$1,000 for less than the fair market value, in the past two years?  Yes  No**

Asset Type	Value of Asset	Date Disposed	Reason

## HOUSEHOLD EMPLOYMENT HISTORY

**Please list all employment, including self -employment, for applicants 18 and over in the boxes below.**

<b>APPLICANT NAME:</b>			
Employer Name:		Employer Address:	
Phone:	Fax:	Email:	
Your Title:	Rate of Pay:	Hours Work/Week:	Start Date:
Please check appropriate boxes regarding your employment status: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self Employed			

<b>APPLICANT NAME:</b>			
Employer/Business Name:		Employer Address:	
Phone:	Fax:	Email:	
Your Title:	Rate of Pay:	Hours Work/Week:	Start Date:
Please check appropriate boxes regarding your employment status: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self -Employed			

<b>APPLICANT NAME:</b>			
Employer/ Business Name:		Employer Address:	
Phone:	Fax:	Email:	
Your Title:	Rate of Pay:	Hours Work/Week:	Start Date
Please check appropriate boxes regarding your employment status: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self Employed			

<b>APPLICANT NAME:</b>			
Employer /Business Name:		Employer Address:	
Phone:	Fax:	Email:	
Your Title:	Rate of Pay:	Hours Work/Week:	Start Date:
Please check appropriate boxes regarding your employment status: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-Employed			

**STUDENT STATUS CERTIFICATION**

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

Please choose **one** option below that best describes your **household**:

<input type="checkbox"/>	The household contains <b>no</b> occupants who are students (full time or part time).
<input type="checkbox"/>	The household contains <b>at least one occupant who is not a student</b> and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). List non-student name here: _____
<input type="checkbox"/>	The household contains <b>all students</b> but is qualified because at least one occupant is a <b>part-time</b> student. Verification of part-time student status is required. List part-time student name here: _____
<input type="checkbox"/>	The household contains <b>all students who were, are, or will be full-time</b> for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). <b>If yes, you must answer all five questions below.</b>

	Yes	No
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student a single parent with child(ren), <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than the parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

**HOUSEHOLD DEMOGRAPHICS**

**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

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

## HOUSEHOLD RENTAL HISTORY

Please list all Current and Past Rental History for the past two years for all applicants 18 and over.

### CURRENT

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? \$\_\_\_\_\_ Do you plan on  Renting  Selling

If no, when did you sell the property \_\_\_\_\_

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

### FORMER

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, what is the value of the property? \$\_\_\_\_\_ Do you plan on  Renting  Selling

If no, when did you sell the property \_\_\_\_\_

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

**If above is less than two years, please list additional landlord information below:**

**ADDITIONAL REQUIRED INFORMATION**

**Please answer the following questions:**

1. **Do you have any pets?** (Excluding Service/Companion/Emotional support animals)  
 No    Yes   If yes, how many? \_\_\_\_\_ What type(s)? \_\_\_\_\_
  
2. **Do you have any Service/Companion Animals**  
 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: \_\_\_\_\_

Under penalties of perjury, I certify that the information presented on this application 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. **HOLDING DEPOSIT:** Applicants agree to place a \$ \_\_\_\_\_ holding deposit within 48 hours of approval of the application.

**SIGNATURES**

Head of Household-Signature	Print Name	Date
Adult Member of Household-Signature	Print Name	Date
Adult Member of Household-Signature	Print Name	Date
Adult Member of Household-Signature	Print Name	Date

# Boulder County Housing Authority

3460 North Broadway, Boulder (Mail: PO Box 471, Boulder, Colorado 80306-0471) • Tel: 303.441.3929 Fax: 720.564.2283  
www.bouldercountyhhs.org

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## 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 in 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