

# FOUNTAIN MESA COURT TOWNHOMES

Telephone 719-382-5639

## Rental Application

The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employer(s) for verification of income and employment information to financial institutions for verification of assets, and as required and permitted by law. You do not have to provide the information, but if you fail to do so, your tenant application may be delayed or rejected.

1. Applicant's Name			Phone	
			Email	
2. Present Street Address	City	State	Zip Code	No. of Years at Present Address
3. Former Street Address	City	State	Zip Code	No. of Year's at Former Address
4. Names of Other Person's in Household				
5. Name and Address of Employer			Type of Business	Self - Employed Yes ___ No ___
Business Phone Number	Position/Title		No. of Year's on Job	Years in This Line of Work _____
6. Name and Address of Previous Employer (if employed at present position less than two years)			No. of Year's with Previous Employer	Business Phone
1. Co-Applicant's Name			Phone	
			Email	
2. Present Street Address	City	State	Zip Code	No. of Years at Present Address
3. Former Street Address	City	State	Zip Code	No. of Year's at Former Address
4. Names of Other Person's in Household				
5. Name and Address of Employer			Type of Business	Self - Employed Yes ___ No ___
Business Phone Number	Position/Title		No. of Year's on Job	Years in this Line of Work _____
6. Name and Address of Previous Employer (if employed at present position less than two years)			No. of Year's with Previous Employer	Business Phone

# ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Members Over 18 Yrs.	Total
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest or Dividends				
Net Income from Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds, etc. Received Periodically				
Unemployment Benefits				
Worker's Compensation				
Alimony, Child Support				
Welfare Payments				
Other:				
<b>Total:</b>				

Assets	Cash Value	Income from Assets	Name of Financial Institution
Checking Account	\$	\$	
	\$	\$	
Savings	\$	\$	
	\$	\$	
Credit Union	\$	\$	
	\$	\$	
Mutual Funds	\$	\$	
Stocks/Bonds	\$	\$	
Other:	\$	\$	

# Household Composition

List the head of your household and all members who live in your home. Give the relationship of each family member to the head.

Member No.	Full Name	Relationship	Age	SSN#
Head of Household				
2				
3				
4				
5				
6				
7				

Does anyone live with you now who is not listed above?  Yes  No

Does anyone plan to live with you in the future who is not listed above?  Yes  No

Please explain if you answered 'Yes' to either question above \_\_\_\_\_

\_\_\_\_\_

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 references for purposes of income and asset verification related to my/ our application for tenancy.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



# self-certification questionnaire

Head of Household Name	Unit Number
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The information on this form is needed to certify/recertify your household. **Please complete this entire form and leave no blanks.** If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

## part 1 household composition

hh member	full name	relationship to head of household (hoh)	date of birth	student? (includes grades k-12)	if a student: full-time (ft) or part-time (pt)?
1		HoH		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain:					<input type="checkbox"/> Yes <input type="checkbox"/> No

## part 2 tenant income

hh member #	household member name	income source (wages, ssi, child support, etc.)	gross monthly amount
			\$
			\$
			\$
			\$
			\$
			\$

## part 3 asset information

hh member #	household member name	asset source (checking, savings IRA, etc.)	cash value of asset	annual income from asset
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

## part 4 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>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 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 students 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), <b>and</b> this parent is not a dependent of someone else, <b>and</b> 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 under 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"/>

If forms are completed electronically, one of the following boxes must be checked:

- This form was completed electronically by the resident.
- Management or someone outside of the household assisted with completing the form electronically (Authorization to Assist is attached).

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## signatures

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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.

All household members ages 18 and older must sign and date.

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Resident Signature

Date

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Resident Signature

Date

---

Resident Signature

Date

---

Resident Signature

Date



# supplementary demographic information

Colorado Housing and Finance Authority (CHFA) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC-financed properties.

Although CHFA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box below.

**All members must initial form regardless if resident/applicant wishes to furnish the information. Adult member will initial for minors in the household.**

Please initial:

HH #:	#1	#2	#3	#4	#5	#6	#7
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Resident/Applicant: I do not wish to furnish information regarding ethnicity, race, and other household composition.

enter both ethnicity and race codes for each household member (see below for codes)

hh mbr #	last name	first name	mi	race code	ethnicity code	disability code
1						
2						
3						
4						
5						
6						
7						

race code	
1	African American/Black
2	American Indian/Alaskan Native
3	Asian
4	Asian Indian
5	Asian Other
6	Chinese
7	Filipino
8	Guamanian/Chamarro
9	Japanese
10	Korean
11	Native Hawaiian
12	Native Hawaiian/Pacific Islander
13	Pacific Islander Other
14	Samoan
15	Vietnamese
16	White
17	Other
18	Refused
19	Missing
20	Tenant declined to respond

ethnicity codes	
1	N/A
2	Hispanic
3	Non-Hispanic
4	Hispanic or Latino
5	Not Hispanic or Latino
6	Tenant declined to respond
7	Missing

disability codes	
1	Yes
2	No
3	Tenant declined to respond
4	Missing