



EPHA PRE-APPLICATION FOR HOUSING

www.esteshousing.org • 363 E Elkhorn Ave Ste 101 • P.O. Box 1200 • Estes Park, CO 80517 • T 970-591-2535 • EPHA@estes.org

Please be advised that all applicants will be screened equally before final acceptance into any Estes Park Housing Authority (EPHA) program. This screening involves criminal/civil background, credit history, previous landlord references and citizenship. A copy of the written screening policy is available upon request from EPHA. Please notify staff if you require assistance completing this form.

Please note: Every member of the household must be verifiably lawfully present in the United States.
APPLICATION WILL NOT BE PROCESSED IF INCOMPLETE OR UNSIGNED.

Head of Household (HOH) Name _____ Email _____ Phone Number _____

Current Street Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different from street address) _____

Complete for each family member, including Head of Household (HOH). If additional space is needed, please write on back.

Name	Date Of Birth	Sex M or F or O (other)	Disabled Y or N	Social Security # / Permanent Resident #
1. (HOH)				
2.				
3.				
4.				
5.				
6. Unborn Child Due Date:				

GROSS Monthly Income Information (before any and all deductions):

Head Of Household: **Gross** monthly wages: \$ _____ Place of Employment _____
Other Adult: **Gross** monthly wages: \$ _____ Place of Employment _____

Child Support \$ _____ Social Security \$ _____ Self Employment \$ _____ Pension \$ _____ Other \$ _____

FAMILY STATUS:

Living in Estes Valley? **Y / N** How long _____ Working in Estes Valley? **Y / N** Section 8 voucher? **Y / N**
Do you have any pets **Y / N** If so how many _____ and what type _____

SPECIAL NEEDS: Check any of the following, if needed:

___ Unit modified for vision-impaired ___ Unit modified for hearing-impaired ___ Unit without stairs ___ Wheelchair Accessible
___ Extra bedroom for live-in aide/medical equipment (**Requires 504 reasonable accommodation approval**)

UNIT SIZE: Studio 1-bedroom 2-bedroom 3-bedroom 4-bedroom

INCOME RESTRICTED: ___ CLEAVE STREET (Studio, 1 bedroom) ___ FALCON RIDGE (1, 2, 3 bedrooms)
___ LONE TREE (1, 2, 3 bedrooms) ___ TALONS POINTE (2, 3 bedrooms) ___ THE PINES (1 bedroom, Senior 55+)

WORKFORCE REQUIREMENT: ___ BEAVER BROOK (Studio, 2, 3, 4 bedrooms) ___ FALL RIVER VILLAGE (1, 2, 3, 4 bedrooms)
___ GRAND ESTATES (2 bedrooms) ___ PEAK VIEW (1, 2, 3 bedrooms)

OPTIONAL: (Please Circle) 1. White 2. Black 3. American Indian 4. Asian/Pacific Islander 5. Hispanic 6. Other

Applicant Certification: I certify that the above information on household composition and income is accurate and complete to the best of my knowledge and belief. I understand that providing false statements or information is punishable under federal law and providing false statements or information are grounds for termination of housing assistance and termination of tenancy.

Head of Household (HOH) signature _____ Date _____

FOR OFFICE USE ONLY:

Date Received: _____ Reviewed By (initial): _____ Rec'd by: office _____ mail _____ fax _____ email _____





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PLEASE READ AND INITIAL THAT YOU UNDERSTAND EACH STATEMENT BELOW:

_____ I understand my name will be placed on Estes Park Housing Authority (EPHA) waitlist(s). Contact will be made via 1st class mail, email or text message to the contact information on this application once my name nears the top of the list. When I am contacted, all information about my household will be verified during a screening process. (For more information on income qualifications or workforce requirements please call EPHA or email at epha@estes.org)

_____ I understand I will need to declare citizenship eligibility or immigration status for all household members at the time of screening. A criminal background and credit check will be required by ALL adult household members (18 years old and over) at the time screening.

_____ I understand that many of Estes Park properties are 'no pet' locations. If I have pets or plan to have pets, I am to communicate with the property manager as soon as possible and during the screening process.

_____ I understand EPHA has a smoke-free policy which prohibits smoking of any substance within twenty-five (25) feet of any building. I also understand that Federal law considers marijuana an illegal substance and is not allowed on any EPHA owned or operated property.

_____ I understand it is my responsibility to inform EPHA of any changes of income, employment status, address, or family composition. Additionally, an annual recertification process will be mandatory based on the requirements of your place of residency (income and/or employment status).

_____ I understand a 'purge' letter may be mailed to the mailing address provided on this application of the most recent update. I must respond to all EPHA correspondence from EPHA within the time specified or my name will be removed from the waitlist(s).

_____ I understand that in an effort to serve local residents first, EPHA has a preference to serve applicants that live and/or work in the Estes Valley.

Is any member of the household subject to State lifetime sex offender registration in any state? **Y / N**

If **yes**, what member #, and what state are they registered? _____

Is any household member listed **age 62 or older as of 01/31/2010** who does not possess a social security number? **Y / N**

If yes, what member #? _____

List states in which household members have resided?

I understand and agree to the above information and my responsibilities as an applicant. I verify all information is true and accurate to the date below:

_____ Head of Household (HOH) Printed Name

_____ Date

_____ Head of Household (HOH) Signature

(Attached HUD-92006 Form)

All persons will be treated fairly and equally according to the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973. EPHA does not discriminate based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), and disability. A 504 Coordinator has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's (HUD) regulations implementing Section 504 (24 CFR Part 8, dated June 2, 1988)