

Housing Application



Fort Collins Housing Authority
 1715 W Mountain Ave
 Fort Collins CO 80521
 Phone (970) 416-2910
 Fax (970) 221-0821

Please notify the front desk if you need help filling out this application.

Attach the following items to this application

Citizenship forms (Declaration 214) one for every person in the household
 Clear copies of Photo Identification for every person 18 years and over
 Clear copies of Social Security Cards for every person in the household

Please list all people who will be living in your household

Name First and Last	Relationship to Head of Household	S e x	Date of Birth mm/dd/yy	Social Security Number	Racial Origin	Hispanic Heritage?	Income Amount ?	Source of Income
	Head of Household							

Current Information

Mailing Address _____

Street City State Zip
 Contact Phone _____ Message Phone _____ Email address _____

Have you lived in Colorado for the past five years? _____ If no, where did you live? _____

Will you require a special unit or reasonable accommodation for a disability? _____

If you answered yes, please ask for a reasonable accommodation form (available at the front desk), have your doctor fill it out and return it to the Fort Collins Housing Authority.

Choose one or more programs

- Fort Collins Public Housing
- Northern Hotel Apartments
- Village Voucher

- Wellington Public Housing
- Single Room Occupancy
- Linden Voucher

Please check all that apply to your household

- I was required to move because of government action (City, State or Federal).
- My living area was extensively damaged by a recognized Federal Disaster and I have not found adequate permanent housing since.
- There is an adult in my household who is working full time.
- There is an adult in my household who is attending school full time.
- There is an adult in my household who is in an employment training program.
- There is an adult in my household who is at least age 62.
- There is an adult in my household who has a disability.
- I currently live in Fort Collins Public Housing or Wellington Public Housing and:
 - we have outgrown our unit
 - our unit is too large for our family size.
 - we need a special unit because of a disability.
- I have lived at an SRO unit for at least six months. (You must be still living there.)
- I currently live in Wellington

Emergency Contact (optional)

Name _____ Phone _____

Address _____

Read and initial as you understand each statement

_____ I understand that my name will be placed on the Waiting List. I will be contacted **BY MAIL** at the address I give in writing to the Fort Collins Housing Authority. When I am contacted, all information about my household will be verified. I will respond within the time limit specified, or my name will be removed from the Waiting Lists.

_____ I understand that I will need to declare citizenship, eligibility or immigration status for all people in my household.

_____ I understand that a report from the Colorado Bureau of Investigation (CBI) will be required of **ALL** adult members (18 years old and over) in my household.

_____ I understand that it is my responsibility to inform the Fort Collins Housing Authority of any changes of address or family composition. All changes must be submitted on a waiting list change form only.

_____ I understand that a purge letter may be mailed to me. I must respond within the time limit specified, or name will be removed from the Waiting Lists.

I have completed and read this application. I understand and agree to the information and to my responsibilities as an applicant. I verify that all information is true and accurate.

The Fort Collins Housing Authority is an Equal Housing Opportunity Agency and does not discriminate on grounds of race, color, sex, familial status, national origin, religion, creed, gender, age, or disability.

Signature of Head of Household _____ Date _____