



PRE- APPLICATION INSTRUCTIONS

To apply for the waiting list(s) with GJHA

■ Please **READ** prior to completing your application. Thank you.

1. **Head of Household** (HOH Required)

Mailing and Residence Information. We require applicants to identify a single Head of Household for each application. We must have the current mailing address to contact you at all times. If we are unable to contact you by mail, you will be removed from all waiting list(s).

2. **Personal Information** (HOH Required)

The HOH's social security number will be used to identify your family.

3. **Telephone Number** (HOH Required)

We need this number in case we have any questions about your application. We will not use it to contact you for an eligibility appointment. **You will be contacted by mail.**

4. **Veteran** (optional)

For statistical purpose only.

5. **Gender** (HOH optional)

Indicate the sex of the Head of Household.

6. **Ethnicity** (HOH optional)

GJHA collects statistical information in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic.

7. **Race** (HOH optional)

For statistical purpose only. The choices listed are the same as the federal government's categories.

8. **Disability or Handicap** (Required)

Please tell us if you need any disability related accommodations to apply or lease a unit. It is not necessary to give us details about your disability. By completing this portion, it will allow us to give you the correct preference on the waiting list(s). Please tell us if you need any disability related accommodations to apply or lease a unit.

9. **Interpreter** (Required)

If you need an interpreter let our office know so we can accommodate you.

10. **Family Members** (Required)

List everyone who will be living with you at the time you will receive your housing assistance, including any unborn children. Do not include yourself in the list. If you have more people than the lines listed, please list on a separate piece of paper.

11. **Income** (Required)

List **all** income coming into your household. It is important to list your annual income and the number of hours that you are working. We also must determine if you are eligible for the program by calculating your gross income for the year.

12. **Assets** (Required)

Please describe type of asset and the approximate value of the asset.

13. **Student Status** (Required)

If you are a student, please indicate if you are a full-time or part-time student. This information will provide you with the correct preference points on the waiting list.

Disabled Family

A family whose head, spouse, or sole member is a person with disabilities (as defined by 24 CFR 5.403). It may include two or more persons with disabilities living together, or one or more persons with disabilities living with one or more live-in aides.

Elderly Family

A family (as defined in 24 CFR 5.403) whose head, spouse, or sole member is a person who is at least 62 years of age. It may include two or more persons who are at least 62 years of age living together, or one or more persons who are at least 62 years of age living with one or more live-in aides.

14. **PROGRAM SELECTION** (Required)

• **Housing Choice Voucher Program (Section 8)** Serves families, singles, elderly and disabled. Participants will be issued a Voucher that allows them to find housing of their choice (within a rent limit determined by the

family size.) Units determined by the family size.) Units selected must meet HUD regulations for safe and sanitary housing. Rent is approximately 30% of household's adjusted monthly income.

Capital Terrace Townhomes

Serves families in a townhouse style with 2-3-bedroom units. Only twelve (12) Voucher Based Units available. The units offer private storage, private playground with picnic benches and grills for use by tenants. All appliances, W/D hookups are included in the unit. W/S/T paid by owner. Rent is approximately 30% of household's adjusted monthly income.

• **Ratekin Tower Apartments**

Serves elderly and disabled families. One-bedroom units, 11 accessible units, all appliances, laundry facility, commons area, library, tenant association, computer lab, Senior Companion, Grey Gourmet Meal Services on premises. Mesability transit and the Grand Valley Transit stop at main entrance. Pet policy/deposit applies. All utilities paid. Rent is approximately 30% of household's adjusted monthly income.

• **Walnut Park Apartments**

Serves elderly and disabled families. One-bedroom units, 12 accessible units with a laundry facility on site. Also available is a library and gazebo for use by tenants. Pet policy and deposit applies. All utilities paid. Rent is approximately 30% of household's adjusted monthly income.

• **Nellie Bechtel Apartments**

Serves elderly families. One- and two-bedroom units, accessible units with a laundry facility in each building. Also available is a library and clubhouse for use by tenants. Pet policy and deposit applies. All utilities paid.

15. **Certification** (Required)

Please read very carefully. By signing you are agreeing to its terms. You must sign the form where indicated to be placed onto the waiting list(s).

11. (a) Income of ALL household Members:(Required) Do not include employment income of children under 18. No Adult Family member is employed at this time**Adult #1**

- Unemployment Income Veterans Benefits
 SSA/SSI/SSDI/SS Survivor (circle one) Child Support
 TANF/AND/OAP (circle one) Self Employed
 Involved in a work program (Colo. Works, Voc. Rehab...)
 Wages/Employer - Name and Location of employer:

Name of Family Member receiving income or involved in a work program_____
Employer's name and Location (Example: Grand Junction, Palisade, Fruita, etc.)**Adult #2**

- Unemployment Income Veterans Benefits
 SSA/SSI/SSDI/SS Survivor (circle one) Child Support
 TANF/AND/OAP (circle one) Self Employed
 Involved in a work program (Colo. Works, Voc. Rehab...)
 Wages/Employer - Name and Location of employer:

Name of Family Member receiving income or involved in a work program_____
Employer's name and Location (Example: Grand Junction, Palisade, Fruita, etc.)**14. Program Selection** (Required)*Please check only programs that you are interested in receiving assistance and qualify for.***See description of programs on instruction page.**

- Housing Choice Voucher (Section 8)**
 Section 8 Domestic Violence – Serves Victims of Domestic Violence. Verification required.

Subsidized Properties

- Ratekin Tower**
1 Bedroom, Maximum Occupancy 2 Persons
 Walnut Park Apts.
1 Bedroom, Maximum Occupancy 2 Persons
 Capital Terrace Townhomes
2-3 Bedroom Townhomes, Maximum Occupancy 6 Persons
 Nellie Bechtel Apts.
1 & 2 Bedroom, Maximum Occupancy 4 Persons

11. (b) List Total Income: (Required)**Adult #1**

- Hourly wage \$ _____
 Paid by the week \$ _____
 Paid by the month \$ _____

11. (c) Hours Worked (Required)**Adult #1**

_____ Hours per week

11. (b) List Total Income: (Required)**Adult #2**

- Hourly wage \$ _____
 Paid by the week \$ _____
 Paid by the month \$ _____

11. (c) Hours Worked (Required)**Adult #2**

_____ Hours per week

12. Assets (Required) Include bank accounts, investments, and real estate.

Type Cash Value \$

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

13. Student Status (Required)

Is the HOH or Spouse a student?

 Yes **No**

If yes,

Name of School:

Location of School:

 Full – Time Part – Time

of Hours _____

15. Certification of Applicant

I hereby certify that the information I have provided in this pre-application is true and accurate. I am aware that Federal Law provides for a fine and/or imprisonment for any person who fraudulently receives assistance to which he/she is not entitled. I understand that any misrepresentation or false information will result in my application being cancelled or denied, or in termination of housing assistance. I understand that at the time of my eligibility interview, I will be required to provide verification of the information I have provided on this pre-application, in accordance with Federal Housing Regulations and GJHA policy. **I accept full responsibility for keeping GJHA informed of my current address and I understand that my application will be removed from all waiting lists if I fail to do so. I understand that the GJHA will contact me by mail and if I do not respond in the required time frame, or my mail is returned to the GJHA, I will be removed from all waiting lists. GJHA is not responsible for mail that is not delivered or is delayed by the Post Office.** I certify that all answers and information given by me are true, correct, and accurate to the best of my knowledge.

Signature of the Head of House_____
Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

When you cannot help everyone in need, who do you help first?

Given limited resources, we have established a Preference Points system to allocate housing assistance, illustrated below. Generally: Elderly or disabled people receive a high priority. Working families with children are served before families who are not working. Local applicants are served before out-of-towners, and people who already receive housing assistance are low on our priority list.

People with identical points will be served in order of their application date & time. An unemployed person who wants to move up the list will help themselves by locating work and reporting it to GJHA.

How long will I have to wait for assistance? It's difficult to say.

We typically can help a new family when a current tenant moves out. Then we select the next name via the Preference Points system. Then it is up to the applicant. When their name comes to the top of the list, we mail a letter to the applicant, giving them ten days to respond and set up an eligibility appointment, at which their eligibility information is verified. Some people respond timely. Others do not respond and are removed from all GJHA waiting lists. Some are still eligible for assistance, others are no longer eligible. It is very important that we always have your correct mailing address, so that when your name is at the top of the list, you will receive your letter and respond promptly.

Preference Points	Order of Selection	Residence
115	Involuntarily displaced due to Local Government Action or Federally Recognized Disaster	
115	TBRA (Next Step Program)-Qualified Families	
100	Disabled/Elderly 62 +/- Families w/ Persons w/Disabilities Single Parent family w/dependent children Under Age 6 Working 20 hrs. a week Families w/dependent children Over Age 6 Working 30 hours a week	Living, Working, Attending School in Mesa County
85	Families w/dependent children, not working the minimum # of number of hours per week	Living, Working, In Mesa County
Date and Time	Families w/no dependent children Singles and All Others living outside Mesa County	Living, Working, In Grand Junction UGA

Violence Against Women Act

If you are eligible for a Housing Choice Voucher the Housing Authority cannot deny your rental assistance solely because you are a victim of domestic violence, dating violence or stalking. The GJHA will provide you with additional information regarding VAWA if requested.

Approval/Denial

The Grand Junction Housing Authority has preliminarily approved your application for the waiting list. However, GJHA will do a more in-depth screening within 10 days and will review the following:

- Your income
- Your eligibility under our occupancy guidelines per program
- Your previous program participation

If you are deemed ineligible to be placed on the waiting list, you will receive a notice postmarked within 10 days. You will have an opportunity to appeal the denial within a certain timeframe.

Please keep this notification as proof of your initial eligibility.

Receipt

Thank you for completing the Pre-Application for the Grand Junction Housing Authority's waiting list(s). This is your receipt that verifies the date and time you submitted your application. **Please keep this dated copy to verify that you are given the correct date and time for your application.**

The Grand Junction Housing Authority has a limited number of housing units and funds. Therefore, we are unable to provide you with immediate assistance. The information that you provide on this form (income, household members, etc.) will be verified at the time of your eligibility interview. This information that you are providing will determine your preference on the waiting list(s). **The eligibility interview will take place AFTER your name has reached the top of the waiting list.**

It is your **responsibility** to report any changes in **WRITING** to our office. **GJHA will contact you by mail when your name has reached the top of the waiting list or to seek updated information.** If the letter is returned or you do not respond within a set date, you will be removed from **ALL WAITING LISTS**. GJHA is not responsible for mail that is lost or not forwarded to you in a timely manner by the Post Office.

LOW COST AND AFFORDABLE HOUSING IN MESA COUNTY

***THESE PROPERTIES MAY TO GIVE PREFERENCE TO FAMILIES ON GJHA'S WAITING LIST.**

Una lista de apartamentos de bajo ingresos que no estan asociados con GJHA. Por favor de llamar estos numeros.

Apartment Name Nombre de Apartamento	Apartment Address Domicillio	Phone Number Numero de Telefono	<u>ELDERLY ONLY</u> Solomonto Ancianos	Apartment Address Domicillio	Phone Number Numero de Telefono
Clifton Townhouse	3222 D ½ Road, Clifton	(970) 434-3683 Fax 434-9519	Independence Village	225 N. Coulson, Fruita	(970) 858-2174
*Willow Grove	3206 Mesa Avenue, Clifton	(970) 434-2674 Fax 434-9494	Grand View Apartments	1501 N. 1 st Street, GJ	(970) 256-9904
Grand Valley Apartments	517-539 Jaylee Street, Clifton	(970) 464-1002	Monterey Park Apartments	999 Bookcliff Avenue, GJ	(970) 242-6682
Garden Village	2601 Belford Avenue, GJ	(970) 242-3262	Homeless Shelter and/or Services Refugio para personas sin hogar		
Grand Manor	2828 Orchard Avenue, GJ	(970) 245-8349 Fax 241-8749	GJ Community Homeless Shelter	2853 North Avenue, GJ	(970) 256-9424
29 Mile	2915 Orchard Avenue, GJ	(970) 245-6889 Fax 245-6888	Rescue Mission	459 S. 6 th Street, GJ	(970) 242-4230
*Monument Ridge Town Homes	2680 B ½ Road, GJ	(970) 245-3256 Fax 241-0566	Catholic Outreach	245 1 st Street, GJ	(970) 241-3658
Tiffany Apartments	810 White Avenue, GJ	(970) 241-2871 ext. 146	Outreach Day Center	302 Pitkin Avenue, GJ	(970) 257-9062
Grand Mesa	150 S. Sycamore, Fruita	(970) 858-9202			
<p>You may also call Mesa County Info Line at 211 for information on other area service providers. If you believe that you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline at 1-800-877-7353 for information and assistance.</p>			<p>DATE STAMP:</p>		