



Center for People with Disabilities

1675 Range Street
Boulder, CO 80301
(303) 442-8662 phone/tty
(303) 442-0502
www.cpwd.org

Housing Choice /Section 8 Application

Additionally, please fill out the back of this form completely and provide: the **full name, date of birth, and social security number** for all your household members.

Name _____ Date _____
Birth date _____ SS# _____ Phone _____

Number of Adults living in your household: _____ # of Children: _____

Sources of income for all adult household members:

Wages	\$ _____	Unemployment	\$ _____
TANF	\$ _____	SS or SSI	\$ _____
Child Support	\$ _____	Other Sources	\$ _____

To determine your current waiting list position, please check the situation(s) that apply.

- I am:
- disabled or caring for a disabled family member
 - living in a nursing home or board and care
 - homeless or in a night shelter
 - living with friends or family
 - living in a transitional housing program. Program name _____
 - displaced by domestic violence
 - living in substandard housing
 - living in overcrowded housing
 - living in inaccessible housing
 - paying 50% of my household income for rent and utilities. Amount of rent _____
 - None of the above apply

APPLICANT CERTIFICATION:

WARNING: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I hereby certify that the information completed on this form is given voluntarily and is true and correct. I understand that the answers are subject to verification. I understand it is a criminal offense to misrepresent facts of a claim or benefits before an agency providing federal assistance. I understand that if I make false statements or misrepresentations concerning my total family income or family circumstances, I may be subject to punishment under local, state and federal laws. I understand that this application does not imply any obligation or constitute a guarantee or contract by CPWD. I also understand that my eligibility for the Section 8 Housing Program is dependent on the results of a criminal background check conducted through the Colorado Bureau of Investigation. My signature below not only certifies that the information provided is true and correct but also authorizes CPWD to conduct a CBI background check. This background check will include all adult family members of my household including myself.

HEAD OF HOUSEHOLD:

(Print) _____

Signature: _____ Date: _____ Time: _____

Signature of other adult family member _____ Date: _____ Time: _____

_____ Date: _____ Time: _____

Your cooperation in updating this information is appreciated. Please notify us promptly of any changes in address or telephone number, so we will be able to contact you as needed.

Overcoming barriers to independent living

Waiting List Information

GENERAL INFORMATION (Please Print)

Applicant/

HEAD OF HOUSEHOLD: _____
(Last Name) (First Name) (Mic (Middle Int.))

DATE OF BIRTH: _____ GENDER: _____ SOCIAL SECURITY #: _____

DISABILITY: YES _____ NO _____ CITIZENSHIP: _____

The Head of Household is:

White Black Native American Asian/Pacific Islander Hispanic Non-Hispanic

ADDRESS: _____

(Number) (Street) (Apt. #)

(City) (County) (Zip)

TELEPHONE: (Home) _____ (Other): _____

Current Housing (Information on your present housing)

Current Rent: \$ _____ Gross Income: \$ _____

FAMILY INFORMATION

Do you have high medical costs (out-of-pocket, 30% + of income)? yes no

Are you a single parent? yes no

Has any member of the household lived in subsidized housing? yes no

If yes, where and when _____

If yes, do you owe money to any other housing authority? yes no

Where? _____

Have you been evicted for drug or criminal activity in the last three years? yes no

Are there any members of the household who are not U.S. citizens? yes no

Is any member of the household required to register as a sex offender in any state? yes no

What state? _____

Is any member of your household incarcerated or under parole, probation or been arrested within the last three years? yes no

Do any of your family members need accessibility accommodations such as ramps or shower bars? yes no

If yes, what is needed? _____

PLEASE COMPLETE BELOW FOR ADDITIONAL FAMILY MEMBERS THAT PLAN

TO LIVE WITH YOU ONCE YOU RECEIVE HOUSING ASSISTANCE.

Relationship = Spouse, Son, Daughter, Other Adult

NAME: _____ RELATIONSHIP: _____

BIRTH DATE: _____ SOCIAL SECURITY #: _____

DISABILITY: YES _____ NO _____ GENDER: _____ CITIZENSHIP : _____

The family member is:

White Black Native American Asian/Pacific Islander Hispanic Non-Hispanic

NAME: _____ RELATIONSHIP: _____

BIRTH DATE: _____ SOCIAL SECURITY #: _____

DISABILITY: YES _____ NO _____ GENDER: _____ CITIZENSHIP : _____

The family member is:

White Black Native American Asian/Pacific Islander Hispanic Non-Hispanic

NAME: _____ RELATIONSHIP: _____

BIRTH DATE: _____ SOCIAL SECURITY #: _____

DISABILITY: YES _____ NO _____ GENDER: _____ CITIZENSHIP : _____

The family member is:

White Black Native American Asian/Pacific Islander Hispanic Non-Hispanic

NAME: _____ RELATIONSHIP: _____

BIRTH DATE: _____ SOCIAL SECURITY #: _____

DISABILITY: YES _____ NO _____ GENDER: _____ CITIZENSHIP : _____

The family member is:

White Black Native American Asian/Pacific Islander Hispanic Non-Hispanic

NAME: _____ RELATIONSHIP: _____

BIRTH DATE: _____ SOCIAL SECURITY #: _____

DISABILITY: YES _____ NO _____ GENDER: _____ CITIZENSHIP : _____

The family member is:

White Black Native American Asian/Pacific Islander Hispanic Non-Hispanic

NAME: _____ RELATIONSHIP: _____

BIRTH DATE: _____ SOCIAL SECURITY #: _____

DISABILITY: YES _____ NO _____ GENDER: _____ CITIZENSHIP : _____

The family member is:

White Black Native American Asian/Pacific Islander Hispanic Non-Hispanic

Are there additional household members? If yes, how many?