



**Monument View Apartments**  
450 Beacon Lite Rd #18 Monument, CO 80132  
719-481-3544 (phone) 888-878-6425 (fax)  
TDD relay numbers: 800-659-2656,  
AN USDA RURAL DEVELOPMENT



## **APPLICATION FOR RESIDENCY**

**PLEASE PRINT**

**Please complete this form and return it to the manager, at the address listed above. It must be filled out completely in order for us to consider you for occupancy, items that do not apply must show a dash or N/A answer. Completed applications are placed in order of date and time received.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <http://www.ascr.usda.gov/> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.

Applicant will be notified in writing of waiting list status within 10 days.

### **A. GENERAL INFORMATION**

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

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates Of Occupancy \_\_\_\_\_ To \_\_\_\_\_ Applicant's Phone \_\_\_\_\_

Applicant's Current Email Address: \_\_\_\_\_

List all persons who will live in the apartment: List head of household first.

NAME \_\_\_\_\_ RELATIONSHIP **Head** BIRTH DATE \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

Is anyone in this household a full time college student? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name(s) \_\_\_\_\_

**B. INCOME:** List all sources of income requested below:

Family member Name:

Source of Income

_____ A.	Social Security	Monthly Amount\$ _____
_____	Social Security	Monthly Amount\$ _____
_____ B.	Pensions	Monthly Amount \$ _____
_____	Pensions	Monthly Amount \$ _____
	Source of Pensions: _____	
_____ C.	Veterans Benefits	Monthly Amount\$ _____
	Claim # _____	
_____ D.	SSI Benefits	Monthly Amount\$ _____
_____	SSI Benefits	Monthly Amount \$ _____
_____ E.	Unemployment Com	Monthly Amount\$ _____
_____	Unemployment Com	Monthly Amount\$ _____
_____ F.	AFDC	Monthly Amount\$ _____
_____ G.	Wages, Salaries, etc. Gross	Monthly Amount\$ _____
	Employer _____	
	Position Held _____ How Long Employed _____	
_____	Wages, Salaries, etc. Gross	Monthly Amount\$ _____
	Employer _____	
	Position Held _____ How Long Employed _____	
_____ H.	Full Time Student Income	Monthly Amount\$ _____
	(only full time students 18 & over)	
_____	Full Time Student Income	Monthly Amount\$ _____
	(only full time students 18 & over)	
_____ I.	Alimony	Monthly Amount\$ _____
	Source _____	
_____ J.	Child Support	Monthly Amount\$ _____
	Source _____	
_____ K.	Interest Income	Monthly Amount\$ _____
	Source _____	
_____	Interest Income	Monthly Amount\$ _____
	Source _____	
_____ L.	Other Income	Monthly Amount\$ _____
	Source _____	

TOTAL MONTHLY INCOME \$ \_\_\_\_\_

X 12

TOTAL GROSS ANNUAL INCOME \$ \_\_\_\_\_

Do you anticipate any changes in this income in the next 12 months? Yes \_\_\_ No \_\_\_

IF YES, Explain: \_\_\_\_\_

**C. ASSETS:**

**Checking Account(s)**

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Savings Account(s)**

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Trust Accounts**

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Certificates**

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Credit Union**

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Savings Bonds**

# \_\_\_\_\_ Maturity Date \_\_\_\_\_ Value \$ \_\_\_\_\_

# \_\_\_\_\_ Maturity Date \_\_\_\_\_ Value \$ \_\_\_\_\_

**Whole Life Insurance**

Policy # \_\_\_\_\_ Face Value \$ \_\_\_\_\_

Cash Value of Life Insurance Policy \$ \_\_\_\_\_

**Real Property:** Do you own any property? Yes \_\_\_\_ No \_\_\_\_

If YES, Type of property \_\_\_\_\_

Location \_\_\_\_\_

Appraised Market Value \$ \_\_\_\_\_

Mortgage or Outstanding Loans Balance Due \$ \_\_\_\_\_

Amount of Annual Insurance Premium \$ \_\_\_\_\_

Amount of Most Recent Tax Bill \$ \_\_\_\_\_

Have you sold or disposed of any property in the last 2 years? Yes \_\_\_\_ No \_\_\_\_

If YES, Type of property \_\_\_\_\_

Market Value When Sold/Disposed \$ \_\_\_\_\_

Amount Sold/Disposed For \$ \_\_\_\_\_

Date of Transaction \_\_\_\_\_

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, Set up Irrevocable Trust Accounts)?

Yes \_\_\_\_ No \_\_\_\_

If YES, Describe asset \_\_\_\_\_

Date of Disposition \_\_\_\_\_

Amount Disposed \$ \_\_\_\_\_

Cash on hand \$ \_\_\_\_\_

Do you have any other assets not listed above (Excluding Personal Property)? Yes \_\_\_\_ No \_\_\_\_

If YES, List \_\_\_\_\_

**D. MEDICAL/CHILD CARE/HANDICAP ASSISTANCE EXPENSES**

**MEDICAL COSTS: Complete this part ONLY if Head or Spouse is 62 or Older, Disabled or Handicapped.**

1. Medicare Premiums Monthly Amount \$ \_\_\_\_\_
2. Medical Insurance Coverage Monthly Amount \$ \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_
3. Anticipated Medical/Drug/Prescription/Non Prescription costs NOT covered by insurance  
NOR reimbursed: Monthly Amount \$ \_\_\_\_\_
4. Medical Bills or Outstanding Costs you are making monthly payments for:  
Balance Due \$ \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_  
Payable To: \_\_\_\_\_
5. Medical Related Travel Costs Monthly Amount \$ \_\_\_\_\_
6. Are you seeing a physician regularly? Yes\_\_\_ No\_\_\_  
Name of Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Projected costs NOT covered by insurance NOR reimbursed for the next 12 months \$ \_\_\_\_\_  
Any Other Medical Expenses:  
Type \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_  
Type \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

**CHILD CARE COSTS: Complete ONLY for Children 12 & Younger.**

7. Name(s) of children cared for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
Age \_\_\_\_\_  
Age \_\_\_\_\_

Name & Address of person OR agency caring for children:

- 
- 
8. Weekly cost for child care due to employment \$ \_\_\_\_\_
  9. Weekly cost for child care due to education \$ \_\_\_\_\_

**HANDICAP ASSISTANCE EXPENSES: Attendant care and/or apparatus expense that enables handicapped applicants or others in the household to work. Complete ONLY if Handicap Expenses allow someone in the household to work.**

10. Type of Expense \_\_\_\_\_ To whom \_\_\_\_\_ Weekly Amount \$ \_\_\_\_\_  
Type of Expense \_\_\_\_\_ To whom \_\_\_\_\_ Weekly Amount \$ \_\_\_\_\_  
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**E. PROGRAM INFORMATION**

1. Do you hold a letter of Priority Entitlement issued by USDA Rural Development? Yes \_\_\_\_ No \_\_\_\_
2. Are Currently Displaced due to your housing being rendered uninhabitable or being seized by legal action (for other than illegal activities.) Yes \_\_\_\_ No \_\_\_\_  
If Yes, Describe \_\_\_\_\_
3. Are You Applying for status as an "Elderly Household", where the tenant or co-tenant is **62** or older, handicapped or disabled as defined by Rural Development? Yes \_\_\_\_ No \_\_\_\_  
If so, do you realize you will be eligible for a \$400 and a medical deduction?  
Please realize that your eligibility must be verified.
4. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit? Yes \_\_\_\_ No \_\_\_\_
5. If so, would you like to request an adapted unit? Yes \_\_\_\_ No \_\_\_\_
6. Are you currently living in subsidized housing? Yes \_\_\_\_ No \_\_\_\_
7. Have you ever resided in a project financed and/or subsidized by the Government? Yes \_\_\_\_ No \_\_\_\_  
If YES, Name & Address \_\_\_\_\_
8. Have you ever been evicted from housing? Yes \_\_\_\_ No \_\_\_\_
9. Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_
10. Are you currently using illegal drugs? Yes \_\_\_\_ No \_\_\_\_
11. Have you ever been convicted of sale, distribution, or possession of Illegal drugs? Yes \_\_\_\_ No \_\_\_\_
12. Are you now or will you become a part time or full time student prior to Move-in? Yes \_\_\_\_ No \_\_\_\_
13. How did you hear about this housing? \_\_\_\_\_
14. Would you rent an apartment for the full market rent of \$489.00 to \$666.00 until a subsidy becomes available? Yes \_\_\_\_ No \_\_\_\_  
Briefly describe your reasons for applying. \_\_\_\_\_

**F. REFERENCE INFORMATION**

Please list **all** addresses in the last 5 years for all persons over 18 years of age (you must account for all five of the past years.)

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Name of Complex/Manager/Owner \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Name of Complex/Manager/Owner \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Name of Complex/Manager/Owner \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Name of Complex/Manager/Owner \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Complex/Manager/Owner \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Dates of Occupancy \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

### OTHER REQUESTED INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for two vehicles on site.)

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License Plate # \_\_\_\_\_ Person who's name car is registered in \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License Plate # \_\_\_\_\_ Person who's name car is registered in \_\_\_\_\_

PETS: Do you own any pets? Yes \_\_\_ No \_\_\_

If YES, Describe \_\_\_\_\_

### FAMILY HOUSEHOLD COMPOSITION:

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner or authorized representative is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

#### Ethnicity:

Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

#### Race: (Mark one or more)

1 American Indian/Alaskan Native \_\_\_\_\_ 2 Asian \_\_\_\_\_ 3 Black or African American \_\_\_\_\_

4 Native Hawaiian or Pacific Islander \_\_\_\_\_ 5 White \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

### **CERTIFICATION**

I/We certify that if I/We rent an apartment in this complex, I/We will maintain it as my/our permanent residence and will not maintain a separate subsidized rental unit in a different location. I/We understand that I/We must pay a security deposit for this apartment. I/We understand that my/our eligibility for housing will be based on USDA Rural Development income limits and by Fountain View Apartments selection criteria. I/We declare the foregoing to be true to the best of my/our knowledge under penalty of perjury. I/We agree that the owner may cancel this application and terminate any agreement entered into in reliance on any misstatement made above.

#### **SIGNATURE:**

TENANT: \_\_\_\_\_

DATED: \_\_\_\_\_

CO-TENANT: \_\_\_\_\_

DATED: \_\_\_\_\_

### **AUTHORIZATION**

I/We Do Hereby Authorize the Fountain View Apartments and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations, to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in the program administered by Rural Development. I/We Further Authorize the Fountain View Apartments to verify all information listed on this application.

#### **SIGNATURE:**

TENANT: \_\_\_\_\_

DATED: \_\_\_\_\_

CO-TENANT: \_\_\_\_\_

DATED: \_\_\_\_\_

### **AUTHORIZATION TO RELEASE OF INFORMATION**

I Authorize the State of Colorado, Department of Labor, to release to:

USDA-Rural Development

State Director

Rural Housing Service

655 Parfet. Rm E-100

Lakewood, CO 80215

Information from my wages or unemployment insurance records on file with the State of Colorado, Department of Labor. I understand that this authorization will be in effect for as long as I have a Rural Development loan and/or application, am a tenant residing in the project named below, and/or the term of assistance received from USDA, Rural Housing Services.

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Applicant Name (Please type or Print)

Social Security Number

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Signature

Date

---

CO-Applicant Name (Please type or Print)

Social Security Number

---

Signature

Date