

Attached find the application that DOH has developed for this project.

In addition to the application, the applicant will need to provide documentation for the following items:

- Identity: I need copies of current ID card, Social Security Card – for all household members.
- Income: Applicant will need to provide documentation from income provider (social security, TANF, VA, etc) showing income amount. If they work, have them fill out the employer information on the attached form, sign it, and return to me for submission to employer.
- If somebody else helps them pay for bills (pays their phone, provides monthly cash) we will need that person to sign a verification form. (attached)
- If applicant has a bank account, they will need to sign a bank verification form (attached). If they have a “pay card” for benefits, they need to provide a printout of the current balance and a verification form (attached).

If forms do not apply to the applicant, they do not need to be included, (i.e. they don't have a bank account, don't include the bank verification form, or if they don't work, don't include the employer verification form, etc.).

When I get the completed application, I will review it, enter it into our computer system for verification and approval, and if approved, forward to DOH for section 8 processing.

If I need additional documentation on an applicant, I'll let you know. Please make sure I have your contact information as well.

If an applicant is denied, I will contact the applicant and the case worker for additional information. Applicant has 14 days to appeal the denial.

Applications can be delivered in person to John Pettigrew at the Springs Rescue Mission until May 20. After May 21, applications can be delivered to John Pettigrew at Greenway Flats.

I will contact approved applicants the schedule move in dates and provide additional information. I will let the case workers know as well.

Applications may be e-mailed to john.pettigrew@ross-management.com

If you send me an e-mail, I can email you the application forms as well.

Thank you!



John Pettigrew
Community Manager, Greenway Flats
Ross Management Group
303-913-8521
john.pettigrew@ross-management.com

Greenway Flats
Resident Selection Plan

DRAFT: for informational purposes
only

The policy of Greenway Flats is of Equal Housing Opportunity for prospective applicants regardless of race, color, religion, sex, handicap, familial status, national origin, age, creed, sexual orientation, gender identity, marital status, and status with regard to public assistance. In addition, Greenway Flats must comply with local fair housing and civil rights laws. Greenway Flats **provides** reasonable accommodations to applicants if they or any family member has a disability or handicap. The purpose of this document is to describe the policies and practices of Greenway Flats in the Resident Selection Process.

Greenway Flats will provide 65 efficiency units for homeless individuals using the Permanent Supportive Housing (PSH) Housing First Model, as well as Harm Reduction and Trauma-informed approaches in its Permanent Supportive Housing (PSH) Development. Housing First embraces the idea that people participating in a PSH program should be given housing even if they are struggling with issues of chemical dependency, mental health, and/or other barriers to housing that might render them ineligible under more traditional models of housing. 62 units will be supported by Project Based Vouchers of which 32 will be provided by the Colorado Springs Housing Authority and CDOH under its PSH RFA will provide 30 additional PBV's. The remaining 3 units will provide Springs Rescue Mission flexibility in servicing its current client base and may be supported by TBV, HCV or VASH vouchers.

Core Elements of Housing First Include:

- Acceptance of applicants regardless of their sobriety, any past or current use of substances, any completion of rehabilitation or treatment or participation in any other supportive services.
- Applicants are not rejected solely on the basis of poor credit or financial history, poor or absent rental history, criminal convictions, or any other behaviors that are generally held to indicate a lack of “housing readiness.”
- Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without standardized or predetermined goals, and client choice is key in this approach.
- Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.
- This project is designed for individuals and families who have a history of homelessness and will benefit from supportive services. Generally, these individuals and families have faced multiple barriers to obtaining or maintaining housing due to: chronic and/or persistent mental illness, alcohol and/or substance abuse, health issues, unemployment and/or underemployment.

1. PROJECT ELIGIBILITY REQUIREMENTS

- A. Eligible applicants must either meet HUD’s definition of homeless or be at risk of homelessness and need services in order to remain housed.
- B. Citizenship Requirements – Applicants must be U. S. citizens or eligible non-

citizens. An eligible non-citizen is an individual who has eligible immigration status as determined by the Department of Homeland Security (DHS). Applicants must provide documentation of citizenship (sign a certification of US citizenship and provide a copy of their Social Security card), or provide documentation of their immigration status. Documentation may include an Alien Registration Receipt Card, Temporary Resident Card, Employment Authorization Card, or Form I-94 Arrival-Departure Record. Applicants must sign consent forms permitting the owner/agent to verify their immigration status with DHS. If the applicant is not able to provide citizenship or eligible non-citizen documentation at the time of application, they may continue to be considered for tenancy for 60 days as long as they can document his/her reasonable attempts to obtain such documentation.

- C. Social Security Number Requirements – All household members must disclose and document Social Security numbers. Those who have not been assigned a Social Security number must sign a certification stating that no SSN has been assigned. Documentation of the SSN must be provided once a SSN has been assigned.
- D. Income Limits – An applicant must be at or below current income limits for the Denver services area for HUD Housing Choice Vouchers subsidized units. This property will target tenant households who meet the criteria for extremely low-income as defined by less than or equal to 30% of the area median income for relevant household size.

2. THE WAITING LIST AND REFERRAL PROCESS

32 Colorado Springs Housing Authority Vouchered Units:

- Colorado Springs Housing Authority will maintain the waiting list and administer the voucher
- The household size conforms to the occupancy standards contained in this policy
- The household meets the homeless criteria as defined above
- A preference will be given for people who are referred by Greenway Flats
- Greenway Flats will provide names of people they have pre-screened for eligibility to CSHA
- The apartment is the only residence of the family or single person
- The household's members must be U.S. citizens, or non-citizens eligible for housing assistance who declare their eligibility and provide documentation to prove and permit verification of eligible status;
- The household's members have disclosed and verified their social security numbers (SSN) or where a SSN has not been assigned, have certified that they do not have a SSN;
- Anyone who wishes to be considered for tenancy at Greenway Flats must complete a written application. The same application will be used for all units.

30 Colorado Division of Housing Vouchered Units:

- Aspen Pointe will maintain the waiting list and administer the vouchers.
- The household meets the homeless criteria as defined above
- A preference will be given for people who are referred by One Home (Coordinated Assessment).
- The household size conforms to the occupancy standards contained in this policy:
- The apartment is the only residence of the family or single person
- The household's members must be U.S. citizens, or non-citizens eligible for housing assistance who declare their eligibility and provide documentation to prove and permit verification of eligible status;
- The household's members have disclosed and verified their social security numbers (SSN) or where a SSN has not been assigned, have certified that they do not have a SSN;
- Anyone who wishes to be considered for tenancy at Greenway Flats must complete a written application. The same application will be used for all units.
-

3. APPLICATION PROCEDURE

- A. An applicant must submit a completed application to be considered for residency. Applicable staff will go through a pre-screen process in order to ensure the applicant meets homeless and income requirements. The Case Manager will then assist any applicants who need assistance to complete the application and gather all needed documentation. Once the completed application is received, it will be added to the waiting list.
- B. All completed applications will be added to the initial waitlist. Waitlist position is determined by the date on which all application materials are received at the housing agencies.
- C. Placement on the waiting list does not automatically guarantee eligibility for an apartment. Further screening as described in the applicant screening criteria section will be completed at the time an apartment becomes available and when the applicant comes to the top of the waiting list.
- D. When an apartment becomes available, the applicant at the top of the waiting list and his/her case manager will be contacted by letter. An applicant has 10 days to respond to Ross. The applicant will meet with Ross Management Group (Property Management company for this project; will be referred to as "Ross" hereafter) to sign verification consent forms and update information on the application. Ross will verify screening information and determine if the applicant meets the criteria for placement. If applicant meets the criteria, they will be contacted by telephone and/or mail to be offered the apartment.
- E. An applicant offered an apartment has 48 hours from receipt of the phone call or, if notified by letter, five business days from the date of mailing to notify the site manager of their intention to accept or reject the offered apartment. An applicant will be removed from the waiting list if mail is returned due to incorrect mailing information or if a number is disconnected or incorrect.
- F. Any eligible person who refuses an apartment due to medical necessity will not lose his/her place on the waiting list. Otherwise, any applicant who is offered a unit and refuses two times will be removed from the waiting list. The individual may reapply at any time, however his/her position on the waiting list will be determined by the date of the most recent application.

4. APPLYING PREFERENCES

- A. When a unit with accessible features becomes available, the first person on the waiting list who has indicated a verifiable need for the features of an accessible unit will be contacted for an interview. If the applicant meets the minimum screening criteria, they will be offered the unit before other applicants.
 - B. For the DOH vouchered units preference will be given to people referred by One Home.
 - C. For the CSHA vouchered units preference will be given to people referred by Greenway Flats

5. PERMITTED SCREENING CRITERIA

- A. Applicants must provide the name and address of all landlords from the past two years. If no rental references are available, one personal reference may be submitted which documents living arrangements in the last two years. Lack of rental history will not be a reason for rejection.
- B. Criminal background checks are required for all household applicants 18 and over. Criminal History Considerations for denying admission if any household member:
 - has been evicted from federally-assisted housing in the last 3 years for drug-related criminal activity;
 - has ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine in any location, not just federally assisted housing;
 - is currently registered as a sex offender under any State registration requirement, regardless of whether it is for lifetime or not;
 - has been convicted of felony assault within the past one year;
 - has been convicted of 5 or more assaults of any kind within the past 5 years;
 - has been convicted of arson or homicide within the past 10 years.
 - Any applicant who has been convicted of the illegal manufacture, sale or possession with intent to manufacture, sell or distribute within the last five (5) years.

6. PROCEDURES FOR REJECTING INELIGIBLE APPLICANTS

- A. Each Supportive Service Provider will be responsible for all procedures pertaining to rejecting ineligible applicants for vouchers. Ross will be responsible for all procedures pertaining to rejecting ineligible tax credit applicants.

7. NOTIFICATION OF DENIALS

- A. Once applicant screening has been completed and all materials have been verified and evaluated, any application not meeting the above criteria will be denied.
- B. Ross must give applicant prompt notice of a decision denying assistance. The notice must contain a brief statement of the reason for the denial and must also state that the applicant may request an informal review of the decision.

8. APPEAL PROCESS

- A. The applicant shall have fourteen days from the date of the letter to request, in writing, an informal review of the decision for denial. Requests should be directed to Director of Compliance at Ross.
- B. Director of Compliance must schedule and send written notice of the informal review within 10 business days of the individual or family’s request. The informal review must be conducted by a person other than the one who made or approved the decision under review, or a subordinate of this person. If the individual or family fails to appear for their informal review, the denial of admission will stand and the individual or family will be notified.
- C. Director of Compliance will notify the applicant of the final decision, including a detailed statement explaining the reason(s) for the decision. The notice will be mailed within 10 business days of the informal review to the applicant and his or her representative, if any, along with proof of mailing.
 - 1. Applicant may reapply at any time that a disqualification criterion no longer applies to them
 - 2. If the decision to deny is overturned as a result of the informal review, processing for admission will resume.

9. OCCUPANCY STANDARDS

- A. Residents will be required to meet the following standards for occupancy:

<u>Household Members</u>		
<u>Size</u>	<u>Minimum</u>	<u>Maximum</u>
Studio	1	2

- B. Household members include:
 - (1) all full time members of the household;
 - (2) children who are away at school but live with the family during school recesses;

- (3) children who are subject to a joint custody agreement but live in the unit at least 50% of the time;
 - (4) an unborn child;
 - (5) foster children and foster adults
 - (6) children who custody is being obtained
 - (7) children temporarily in a foster home
 - (8) live-in attendants.
- C. After move-in, if a unit becomes overcrowded or under-utilized because of changes in household composition, the resident will be required to move.

10. UNIT TRANSFER POLICIES

- A. Existing residents residing in a non-accessible apartment and having a verified need for the special features of an accessible apartment will be transferred to accessible unit before applicants on the waiting list that need an accessible unit.
- B. Existing residents may request and be granted another apartment based on reasonable accommodation approval.

11. COMPLIANCE WITH SECTION 504 AND FAIR HOUSING ACT

In accordance with Section 504 of the Rehabilitation Act of 1973, SRM hereby notifies the public that:

- (1) No qualified individual with disabilities shall, solely on the basis of disability, be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination under any federally assisted program or activity managed by Greenway Flats
- (2) SRM shall provide employment opportunities, benefits, access to housing and other appropriate services in a manner that will not subject qualified individuals with disabilities to discrimination solely on the basis of disability;
- (3) SRM will not participate in any contractual or other relationship that has the effect of subjecting qualified individuals with disabilities to discrimination solely on the basis of disability;
- (4) It is the intention of SRM to take reasonable, affirmative steps to increase access and opportunities for persons with disabilities to apply for, and if found eligible, enjoy the housing premises;
- (5) SRM will not discriminate on the basis of race, color, sex, sexual orientation, gender identity, marital status, familial status, lawful source of income, ancestry, religion, age handicap, disability or national origin in the leasing, rental or other disposition of housing or related facilities under its jurisdictions, and shall not on account of any of the foregoing factors:
 - a. Deny any individual or family the opportunity to apply for housing, nor deny to any eligible applicant the opportunity to lease housing suitable to its needs;
 - b. Provide housing which is different than that provided others;
 - c. Subject a person to segregation or disparate treatment;

- d. Restrict a person's access to any benefit enjoyed by others in connection with the housing program;
 - e. Treat a person differently in determining eligibility or other requirements for admission;
 - f. Deny a person access to the same level of services;
 - g. Deny a person the opportunity to participate in a planning or advisory group, which may be an integral part of the housing program.
- (6) It is the policy of SRM to consider all requests by individuals with a disability for "reasonable accommodation" both in policies and procedures, as well as modification of units or premises that assist in providing an equal opportunity to use and enjoy the programs under which the project is funded. It is the policy of SRM to verify that the household making a request for reasonable accommodation due to a disability includes an individual with disabilities as defined by federal law.
- a. If a family is denied acceptance and indicates that the behavior of a family member with a disability is the reason for the proposed denial of assistance, SRM will determine whether the behavior is related to the stated disability. If so, upon the family's request, SRM will determine whether admitting the family as a reasonable accommodation is appropriate. SRM will only consider accommodations that can reasonably be expected to address the behavior that is the basis of the proposed denial of assistance.
 - b. In addition, SRM may perform reasonable structural modifications to housing and non-housing facilities where such modifications would be necessary to afford full access to the housing program for qualified individuals with disabilities. In reaching a reasonable accommodation with, or performing structural modifications for, otherwise qualified individuals with disabilities, SRM is not required to:
 - 1. Make structural alterations that require the removal or altering of a load-bearing structural component;
 - 1. Provide an elevator in any multi-family housing development solely for the purpose of locating accessible units above or below the grade level;
 - 2. Provide support services that are not already part of its housing programs;
 - 3. Take any action that would result in a fundamental alteration in the nature of the program or service;
 - 4. Take any action that would result in an undue financial and administrative burden on the project.
 - c. It is the policy of SRM to protect the privacy of individuals covered by the Federal Privacy Act of 1974, and to ensure the protection of such individuals' verification records maintained at the property. Consistent with the intent of Section 504 of the Rehabilitation Act of 1973, any

information obtained relating to disability status will be treated in a confidential manner. Information may be released to appropriate federal, state and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. Information will not be otherwise disclosed or released unless the individual gives written authorization to do so.

*APPLICATION PACKET WITH
GUIDANCE INSTRUCTIONS*

PBV Application Greenway Flats

This application is for:	
<input type="checkbox"/> DOH	<input type="checkbox"/> CSHA

Part 1: Contact Information

Please provide your current contact telephone numbers: Home: (____) _____ Cell: (____) _____

Street address, P.O. Box or shelter name: _____ City: _____ State: _____ Zip Code _____

Emergency contact name: _____ Emergency Contact Phone Number: _____

Strongly suggest putting case worker's name and phone number as well, so if we cannot reach applicant, we can reach out to case worker for information and help reaching applicant.

Part 2: Household Members

List all individuals living in your unit:

Full Name	Relationship	Disability (check one)	Social Security Number	Date of Birth	Gender (check one)	Ethnicity	Race	Veteran (check one)	U.S. Citizen
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 3: Criminal Activity

Is any member of your household required to register as a sex offender? Yes No If yes, Name: _____



PBV Application

Part 4: APPLICATION SELECTION PREFERENCE:

The Public Housing Authority administering this PBV voucher has established waiting list preferences. Please select the preference(s) below that apply to your situation. You will be required to verify that you meet the selected preference(s).

- CHRONICALLY HOMELESS**
- HOMELESS**
- FAMILIES THAT INCLUDE A PERSON WITH A DISABILITY**
- FAMILIES THAT INCLUDE VICTIMS OF DOMESTIC VIOLENCE**
- NON ELDERLY DISABLED FAMILIES TRANSITIONING FROM NURSING HOMES AND OTHER APPROVED INSTITUTIONAL SETTINGS INTO INDEPENDENT, COMMUNITY-BASED LIVING.**
- FAMILIES THAT ARE CURRENTLY RECEIVING SERVICES THROUGH Colorado Springs Rescue Mission**

Part 5: Income

Check all types of income your household receives:

<input type="checkbox"/> SSDI	<input type="checkbox"/> Wages/Day Labor	<input type="checkbox"/> TANF	<input type="checkbox"/> Child Support
<input type="checkbox"/> SSI	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Income from Assets/Annuity
<input type="checkbox"/> Social Security	<input type="checkbox"/> Commission/Tips	<input type="checkbox"/> OAP	<input type="checkbox"/> Alimony/ Maintenance
<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Workforce Development	<input type="checkbox"/> Retirement/ Pension
<input type="checkbox"/> AND	<input type="checkbox"/> Money from family/friends	<input type="checkbox"/> School financial aid	<input type="checkbox"/> Other _____

please indicate any sources of income. Some count toward rent calculation some do not, but all must be considered when calculating eligibility for the Tax Credit building.

List all types of income each household member receives:

Household Member	Type of Income	Amount
		\$ per hr/wk/mo/yr (circle one)
		\$ per hr/wk/mo/yr (circle one)
		\$ per hr/wk/mo/yr (circle one)

APPLICANT MUST PROVIDE COPIES OF SOCIAL SECURITY AWARD LETTERS, PENSION LETTERS, CHILD SUPPORT VERIFICATION, AND VERIFICATION FOR ALL TYPES OF INCOME. CONTACT GREENWAY FLATS MANAGER FOR HELP WITH THIS IF NECESSARY.



PBV Application

1. Does anyone outside of your household assist you with paying your bills (cell phone payment, utility bills, groceries, etc)? Yes No

If yes, who assists you? _____ How often? _____

if yes answer to this question must fill out "verification of recurring contribution"

2. If a household member receives child support payments and/or maintenance payments, are these payments received through the Family Support Registry?

Yes No If the payments are not received through the Family Support Registry, please provide the following information regarding your payments:

Name of person making payment: _____ Address: _____ Telephone _____

if yes answer to this question must fill out "verification of recurring contribution"

3. Do you or any household members work? Yes No

if yes answer to this question must fill out "verification of employment"

4. Is any member of your household 18 years old or older and a full-time student? Yes No If yes, name: _____

Is any member of your household 18 years old or older and a part-time student? Yes No If yes, name: _____

if yes answer to this question, must fill out "certification of student status"

Name of school attending: _____ Does this person receive student financial aid assistance? Yes No

NOTE: full time students (if they do not meet certain exceptions) do not qualify for Tax Credit (LIHTC) housing under current IRS rules.

Part 6: Assets

Check all types of assets or accounts your household currently has:

<input type="checkbox"/> Savings Account	<input type="checkbox"/> Stocks	<input type="checkbox"/> Certificates of Deposit	<input type="checkbox"/> Payee/escrow account
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Bonds	<input type="checkbox"/> Own a home	<input type="checkbox"/> Other <u>pay card</u>
<input type="checkbox"/> Trust Fund	<input type="checkbox"/> Money Market Funds	<input type="checkbox"/> Cash	<input type="checkbox"/> Other _____

My household does not have any asset accounts

yes answers to asset questions will require independent verification (bank verification, pay card verification)

if an applicant has Social Security, Pension, or TANF income, how do they receive the payments, probably with a pay card.



PBV Application

For each asset account indicated on the previous page, please provide the following information:

Account Holder Name: _____ Bank Name: _____ Account Type: _____ Current Balance: _____ Interest Rate: _____	Account Holder Name: _____ Bank Name: _____ Account Type: _____ Current Balance: _____
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Please provide a current statement including all pages for each account listed above.

Part 7: Allowances

Is anyone in your household paying for childcare for children 12 years of age or younger? Yes No If yes, please provide the following:

Child's Name: _____ Amount paid: \$ _____/mo

Disabled or Elderly Families Only (Head, Co-head or Spouse is 62 years or older or is a person with a disability)

If you (the Head of Household), your spouse, or co-head are at least 62 years old, or a person with a disability, and the medical expenses you pay out-of-pocket each year is more than 3% of your annual income, the Public Housing Authority administering your HCV voucher may be able to lower the amount of rent you pay.

Check all types of out of pocket medical expenses your family pays for:

<input type="checkbox"/> Prescription co-pays	<input type="checkbox"/> Doctor visit co-pays	<input type="checkbox"/> Insurance premiums	<input type="checkbox"/> Eyeglasses/ eye care payments	<input type="checkbox"/> Other
<input type="checkbox"/> Dental payments	<input type="checkbox"/> Hearing Aid payments	<input type="checkbox"/> Hospital payment(s)	<input type="checkbox"/> Prescribed OTC medications	<input type="checkbox"/> Other
<input type="checkbox"/> Transportation to treatment (cab fare, mileage, etc)	<input type="checkbox"/> Service Animal Costs	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

this section, for applicants with income, can help lower the monthly tenant portion of the rent.

Please attach proof of payments (4-month printout, receipts, etc.) for each of the expenses listed above.



PBV Application

Part 7: Certification

I do hereby swear and attest that all of the information provided on this form is true and correct. I understand that all changes in the income of any member of the household as well as any changes in the household members must be reported in WRITING within 10 business days to the agency administering my housing.

My signature below also authorizes the Public Housing Authority administering my PBV voucher to conduct a CBI background check on all adult members of my household, including myself, anytime during the next 15 months.

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of person completing form (If other than the Head of Household)

Date

Phone Number

Reason why Head of Household did not complete form:

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.



Verification of Employment

"dbl-click here to show form"

To: NAME OF EMPLOYER
Attn: CONTACT PERSON AT EMPLOYER
EMPLOYER ADDRESS
EMPLOYER PHONE NUMBER
EMPLOYER FAX NUMBER
EMPLOYER EMAIL

Return Form to: Greenway Flats
59 W LAS VEGAS
Colorado Springs, CO 80903
303-486-7109
720-542-7554
john.pettigrew@ross-management.com

The individual named below is applying to/participating in a housing program that requires verification of income and assets. The individual has signed a release below giving you permission to supply us with the information. The information will remain confidential. Please return the completed form to the address/fax/email above.

Name: NAME OF APPLICANT
SSN: LAST FOUR ONLY

Address: APPLICANT'S ADDRESS

I hereby authorize the above-named to make inquiries regarding my income and assets for the purpose of determining my eligibility for occupancy.

Resident Signature APPLICANT'S SIGNATURE Date / /

Note to Applicant/Resident: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank

THIS SECTION TO BE COMPLETED BY EMPLOYER

Date First Employed: / / If terminated, Last Day of Employment: / /

Current Wages \$ Per Hour Week Month Year Other

Number of regular hours worked per week: Pay Method Cash Check Direct Deposit Other
(If hours vary, please list average anticipated)

Gross Year to Date Pay: \$ From / / Through / /

Overtime Rate: \$ per hour Average number of hours per week: Included in the year to date total? Yes No

Shift Differential Rate: \$ per hour Average number of hours per week: Included in the year to date total? Yes No

Is this a tipped position? Yes No
If yes, \$ tips per Hour Week Month Year Other

Does this employee earn commissions, bonuses, other? Yes No
If yes, \$ Per Hour Week Month Year Other Are they included in the year to date total? Yes No

Are there any anticipated change in the employee's rate of pay within the next 12 months? Yes No
If yes, please indicate: Effective date: / / and amount \$ or % per Hour Week Month Year Other

Is the employee's work seasonal or sporadic? Yes No
If yes, please indicate the layoff period(s):

Does employee participate in a retirement plan (i.e. 401k)? Yes No

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction

employer's signature
Signature of Person Supplying Information
employer's address
Address City, State, Zip

employer's title
Name/Title
employer's phone
Phone

date employer signs form
Date
employer's email
Email



Verification of Recurring Gift Contribution

To: Name of Person Giving Gift
Attn: Address
City, State, Zip
Phone: Phone
Fax: fax (if applicable)
Email: email (if applicable)

Return to: Greenway Flats
Attn: John Pettigrew
59 W Las Vegas
Colorado Springs, CO 80903
Phone: 303-486-7109
Fax: 720-542-7554
Email: john.pettigrew@ross-management.com

The individual named below is applying to/participating in a housing program that requires verification of income and assets. The individual has signed a release below giving you permission to supply us with the information. The information will remain confidential. Please return the completed form to the address/fax/email above.

Name: Name of Applicant
SSN: Last four only

Address: Applicant's Current Address

I hereby authorize the above-named to make inquiries regarding my income and assets for the purpose of determining my eligibility for occupancy.

Resident Signature Applicant's Signature Date / /

Note to Applicant/Resident: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

THIS SECTION TO BE COMPLETED BY THE CONTRIBUTOR

Purpose of Cash Contribution: explain why applicant is given cash gift/contribution
common reasons are monthly expenses and phone bill

Amount anticipated to be contributed **monthly**? \$ how much per month is given

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction

person giving gift/contribution
Contributor's Signature
Contributor's Printed Name
Address

Date

Relationship to Applicant/Resident

Phone Number



Bank Verification

To: name of bank
Attn: _____

Return Form to: Greenway Flats
59 W LAS VEGAS
COLORADO SPRINGS, CO 80903

I don't need more info than the name of the bank, we have contact information

Phone: for all of the major banks.

Phone: 303-486-7109

Fax: _____

Fax: 719-542-7554

Email: _____

Email: JOHN.PETTIGREW@ROSS-MANAGEMENT.COM

The individual named below is applying to/participating in a housing program that requires verification of income and assets. The individual has signed a release below giving you permission to supply us with the information. The information will remain confidential. Please return the completed form to the address/fax/email above.

Name: applicant's name

Address: applicant's current address

SSN: complete SSN

I hereby authorize the above-named to make inquiries regarding my income and assets for the purpose of determining my eligibility for occupancy.

Resident Signature applicant's signature Date / /

Note to Applicant/Resident: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank

THIS SECTION TO BE COMPLETED BY BANK

CHECKING Account Number	Average 6 Month Balance	Interest Rate
<i>the bank fills out this section, applicant should leave it BLANK</i>	\$	%
	\$	%
	\$	%
	\$	%

SAVINGS Account Number	Current Balance	Interest Rate
<i>the bank fills out this section, applicant should leave it BLANK</i>	\$	%
	\$	%
	\$	%
	\$	%

OTHER Accounts (i.e. CD, Money Market, etc.)	Current Balance	Interest Rate	Withdrawal Penalty
<i>the bank fills out this section, applicant should leave it BLANK</i>	\$	%	
	\$	%	
	\$	%	
	\$	%	

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction

BANKER'S SIGNATURE

BANKERS TITLE

DATE SIGNED BY BANKER

Signature of Person Supplying Information

Name/Title

Date

BANKERS ADDRESS

BANKERS PHONE

BANKERS EMAIL

Address City, State, Zip

Phone

Email



Verification of Pay Card

Head of Household name of applicant
 Member Name name of card holder if different than applicant
 Community GREENWAY FLATS
 Unit Number N/A

I certify that I receive the following (*check all that apply*):

- Benefit through Social Security Administration
- Benefit through Health/Human Services (public assistance)
- Benefit through Family Support Registry (alimony/child support)
- Payment through Department of Education (school aid)
- Payment from employment
- Payment/Benefit through another source (pension, etc.)

List: _____

By signing below, I certify that the above benefit is directly deposited onto a pay card issued by the agency and I attest that the last four digits of the card and the balance provided below are accurate.

Benefit Type	Last 4 Digits of Card	Balance	Date Verified	Automated Phone Number

By signing below, I certify that the above benefit is directly deposited onto a pay card issued by the agency and I attest that the last four digits of the card and the balance provided below are accurate.

Resident Signature _____ Date / /

I certify that I verified the above listed partial account number as the digits that appear on the card and the balance verified was received through the automated phone number listed above.

Community Manager _____ Date / /

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction



BLANK APPLICATION PACKET

PBV Application Greenway Flats

This application is for:	
<input type="checkbox"/> DOH	<input type="checkbox"/> CSHA

Part 1: Contact Information

Please provide your current contact telephone numbers: Home: (____) _____ Cell: (____) _____

Street address, P.O. Box or shelter name: _____ City: _____ State: _____ Zip Code _____

Emergency contact name: _____ Emergency Contact Phone Number: _____

Part 2: Household Members

List all individuals living in your unit:

Full Name	Relationship	Disability (check one)	Social Security Number	Date of Birth	Gender (check one)	Ethnicity	Race	Veteran (check one)	U.S. Citizen
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 3: Criminal Activity

Is any member of your household required to register as a sex offender? Yes No If yes, Name: _____



PBV Application

Part 4: APPLICATION SELECTION PREFERENCE:

The Public Housing Authority administering this PBV voucher has established waiting list preferences. Please select the preference(s) below that apply to your situation. You will be required to verify that you meet the selected preference(s).

- CHRONICALLY HOMELESS**
- HOMELESS**
- FAMILIES THAT INCLUDE A PERSON WITH A DISABILITY**
- FAMILIES THAT INCLUDE VICTIMS OF DOMESTIC VIOLENCE**
- NON ELDERLY DISABLED FAMILIES TRANSITIONING FROM NURSING HOMES AND OTHER APPROVED INSTITUTIONAL SETTINGS INTO INDEPENDENT, COMMUNITY-BASED LIVING.**
- FAMILIES THAT ARE CURRENTLY RECEIVING SERVICES THROUGH Colorado Springs Rescue Mission**

Part 5: Income

Check all types of income your household receives:

<input type="checkbox"/> SSDI	<input type="checkbox"/> Wages/Day Labor	<input type="checkbox"/> TANF	<input type="checkbox"/> Child Support
<input type="checkbox"/> SSI	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Income from Assets/Annuity
<input type="checkbox"/> Social Security	<input type="checkbox"/> Commission/Tips	<input type="checkbox"/> OAP	<input type="checkbox"/> Alimony/ Maintenance
<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Workforce Development	<input type="checkbox"/> Retirement/ Pension
<input type="checkbox"/> AND	<input type="checkbox"/> Money from family/friends	<input type="checkbox"/> School financial aid	<input type="checkbox"/> Other _____

List all types of income each household member receives:

Household Member	Type of Income	Amount
		\$ per hr/wk/mo/yr (circle one)
		\$ per hr/wk/mo/yr (circle one)
		\$ per hr/wk/mo/yr (circle one)



PBV Application

1. Does anyone outside of your household assist you with paying your bills (cell phone payment, utility bills, groceries, etc)? Yes No
 If yes, who assists you? _____ How often? _____

2. If a household member receives child support payments and/or maintenance payments, are these payments received through the Family Support Registry?
 Yes No If the payments are not received through the Family Support Registry, please provide the following information regarding your payments:
 Name of person making payment: _____ Address: _____ Telephone _____

3. Do you or any household members work? Yes No

4. Is any member of your household 18 years old or older and a full-time student? Yes No If yes, name: _____
 Is any member of your household 18 years old or older and a part-time student? Yes No If yes, name: _____

Name of school attending: _____ Does this person receive student financial aid assistance? Yes No

Part 6: Assets

Check all types of assets or accounts your household currently has:

<input type="checkbox"/> Savings Account	<input type="checkbox"/> Stocks	<input type="checkbox"/> Certificates of Deposit	<input type="checkbox"/> Payee/escrow account
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Bonds	<input type="checkbox"/> Own a home	<input type="checkbox"/> Other <u>pay card</u>
<input type="checkbox"/> Trust Fund	<input type="checkbox"/> Money Market Funds	<input type="checkbox"/> Cash	<input type="checkbox"/> Other _____

My household does not have any asset accounts



PBV Application

For each asset account indicated on the previous page, please provide the following information:

Account Holder Name: _____ Bank Name: _____ Account Type: _____ Current Balance: _____ Interest Rate: _____	Account Holder Name: _____ Bank Name: _____ Account Type: _____ Current Balance: _____
--	--

Please provide a current statement including all pages for each account listed above.

Part 7: Allowances

Is anyone in your household paying for childcare for children 12 years of age or younger? Yes No If yes, please provide the following:

Child's Name: _____ Amount paid: \$ _____/mo

Disabled or Elderly Families Only (Head, Co-head or Spouse is 62 years or older or is a person with a disability)

If you (the Head of Household), your spouse, or co-head are at least 62 years old, or a person with a disability, and the medical expenses you pay out-of-pocket each year is more than 3% of your annual income, the Public Housing Authority administering your HCV voucher may be able to lower the amount of rent you pay.

Check all types of out of pocket medical expenses your family pays for:

<input type="checkbox"/> Prescription co-pays	<input type="checkbox"/> Doctor visit co-pays	<input type="checkbox"/> Insurance premiums	<input type="checkbox"/> Eyeglasses/ eye care payments	<input type="checkbox"/> Other
<input type="checkbox"/> Dental payments	<input type="checkbox"/> Hearing Aid payments	<input type="checkbox"/> Hospital payment(s)	<input type="checkbox"/> Prescribed OTC medications	<input type="checkbox"/> Other
<input type="checkbox"/> Transportation to treatment (cab fare, mileage, etc)	<input type="checkbox"/> Service Animal Costs	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Please attach proof of payments (4-month printout, receipts, etc.) for each of the expenses listed above.



PBV Application

Part 7: Certification

I do hereby swear and attest that all of the information provided on this form is true and correct. I understand that all changes in the income of any member of the household as well as any changes in the household members must be reported in WRITING within 10 business days to the agency administering my housing.

My signature below also authorizes the Public Housing Authority administering my PBV voucher to conduct a CBI background check on all adult members of my household, including myself, anytime during the next 15 months.

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of person completing form (If other than the Head of Household)

Date

Phone Number

Reason why Head of Household did not complete form:

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.



Verification of Employment

"dbl-click here to show form"

To: _____
Attn: _____

Phone: _____
Fax: _____
Email: _____

Return Form to: Greenway Flats
59 W LAS VEGAS
Colorado Springs, CO 80903
Phone: 303-486-7109
Fax: 720-542-7554
Email: john.pettigrew@ross-management.com

The individual named below is applying to/participating in a housing program that requires verification of income and assets. The individual has signed a release below giving you permission to supply us with the information. The information will remain confidential. Please return the completed form to the address/fax/email above.

Name: _____ Address: _____
SSN: _____

I hereby authorize the above-named to make inquiries regarding my income and assets for the purpose of determining my eligibility for occupancy.

Resident Signature _____ Date ____/____/____

Note to Applicant/Resident: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank

THIS SECTION TO BE COMPLETED BY EMPLOYER

Date First Employed: ____/____/____ If terminated, Last Day of Employment: ____/____/____
Current Wages \$_____ Per Hour Week Month Year Other _____
Number of regular hours worked per week: _____ Pay Method Cash Check Direct Deposit Other _____
(If hours vary, please list average anticipated)

Gross Year to Date Pay: \$_____ From ____/____/____ Through ____/____/____

Overtime Rate: \$_____ per hour Average number of hours per week: _____ Included in the year to date total? Yes No

Shift Differential Rate: \$_____ per hour Average number of hours per week: _____ Included in the year to date total? Yes No

Is this a tipped position? Yes No
If yes, \$_____ tips per Hour Week Month Year Other _____

Does this employee earn commissions, bonuses, other? Yes No
If yes, \$_____ Per Hour Week Month Year Other _____ Are they included in the year to date total? Yes No

Are there any anticipated change in the employee's rate of pay within the next 12 months? Yes No
If yes, please indicate: Effective date: ____/____/____ and amount \$_____ or _____% per Hour Week Month
 Year Other _____

Is the employee's work seasonal or sporadic? Yes No
If yes, please indicate the layoff period(s): _____

Does employee participate in a retirement plan (i.e. 401k)? Yes No

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Signature of Person Supplying Information _____ Name/Title _____ Date _____
Address City, State, Zip _____ Phone _____ Email _____



Verification of Recurring Gift Contribution

To: _____
Attn: _____

Phone: _____
Fax: _____
Email: _____

Return to: Greenway Flats
Attn: John Pettigrew
59 W Las Vegas
Colorado Springs, CO 80903
Phone: 303-486-7109
Fax: 720-542-7554
Email: john.pettigrew@ross-
management.com

The individual named below is applying to/participating in a housing program that requires verification of income and assets. The individual has signed a release below giving you permission to supply us with the information. The information will remain confidential. Please return the completed form to the address/fax/email above.

Name: _____
SSN: _____

Address: _____

I hereby authorize the above-named to make inquiries regarding my income and assets for the purpose of determining my eligibility for occupancy.

Resident Signature _____ Date ____ / ____ / ____

Note to Applicant/Resident: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

THIS SECTION TO BE COMPLETED BY THE CONTRIBUTOR

Purpose of Cash Contribution:

Amount anticipated to be contributed **monthly**? \$ _____

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Contributor's Signature

Date

Contributor's Printed Name

Relationship to Applicant/Resident

Address

Phone Number



Bank Verification

To: _____
Attn: _____

 Phone: _____
 Fax: _____
 Email: _____

Return Form to: Greenway Flats
59 W LAS VEGAS
COLORADO SPRINGS, CO 80903

 Phone: 303-486-7109
 Fax: 719-542-7554
 Email: JOHN.PETTIGREW@ROSS-MANAGEMENT.COM

The individual named below is applying to/participating in a housing program that requires verification of income and assets. The individual has signed a release below giving you permission to supply us with the information. The information will remain confidential. Please return the completed form to the address/fax/email above.

Name: _____ Address: _____
 SSN: _____

I hereby authorize the above-named to make inquiries regarding my income and assets for the purpose of determining my eligibility for occupancy.

Resident Signature _____ Date ____ / ____ / ____

Note to Applicant/Resident: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank

THIS SECTION TO BE COMPLETED BY BANK

CHECKING Account Number	Average 6 Month Balance	Interest Rate
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%

SAVINGS Account Number	Current Balance	Interest Rate
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%

OTHER Accounts (i.e. CD, Money Market, etc.)	Current Balance	Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction

 Signature of Person Supplying Information Name/Title Date

 Address City, State, Zip Phone Email



Verification of Pay Card

Head of Household _____
 Member Name _____
 Community GREENWAY FLATS _____
 Unit Number _____

I certify that I receive the following (*check all that apply*):

- Benefit through Social Security Administration
- Benefit through Health/Human Services (public assistance)
- Benefit through Family Support Registry (alimony/child support)
- Payment through Department of Education (school aid)
- Payment from employment
- Payment/Benefit through another source (pension, etc.)

List: _____

By signing below, I certify that the above benefit is directly deposited onto a pay card issued by the agency and I attest that the last four digits of the card and the balance provided below are accurate.

Benefit Type	Last 4 Digits of Card	Balance	Date Verified	Automated Phone Number

By signing below, I certify that the above benefit is directly deposited onto a pay card issued by the agency and I attest that the last four digits of the card and the balance provided below are accurate.

Resident Signature _____ Date ____ / ____ / ____

I certify that I verified the above listed partial account number as the digits that appear on the card and the balance verified was received through the automated phone number listed above.

Community Manager _____ Date ____ / ____ / ____

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Certification of Student Status

"Dbl-click here to show form"

Head of Household _____
 Community Greenway Flats
 Unit Number _____

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses. Please select **one** option below that describes your **household**:

The household contains **at least one occupant who is not a student** and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (*months need not be consecutive*)

List non-student here: _____

The household contains **all students**, but is qualified because at least one occupant is a **part-time** student. Verification of part-time student status is required.

List part time student here: _____

The household contains **all students who were, are or will be full time students** for five months or more out of the current and/or upcoming calendar year (*months need not be consecutive*).

If yes, you must answer all five questions below:

Yes No

Are the students married and entitled to file a joint tax return? (*Attach an affidavit or tax return*)

Is at least one student a single parent with child(ren), **and** this parent is not a dependent of someone else, **and** the child(ren) is/are not dependent(s) of someone other than the parent(s)?

Is at least one student receiving Temporary Assistance to Needy Families (TANF)?

Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws?

Does the household consist of at least one student who was previously under foster care?

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

Resident Signature _____	Date / / _____
Resident Signature _____	Date / / _____
Resident Signature _____	Date / / _____
Resident Signature _____	Date / / _____

