

PBV Application Freedom Springs

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: _____



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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)



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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 _____
<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



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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

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



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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.

