



8 Foresight Circle, Grand Junction, CO 81505 Phone: (970) 245-0388 Fax: (970) 241-5514 TTY: (800) 842-9710

Apartment Rental Pre-Application

The Grand Junction Housing Authority does not discriminate on the basis of race, color, sex, national origin, family status, age, religion or disability, in compliance with the Fair Housing Act, Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.

What You Need to Know

GJHA owns several rental properties in Grand Junction. Some things are the same from one property to another, like our commitment to respond promptly to repair requests, ensure affordability, and maintain safe and secure communities. Some things are different among our properties. For example, income limitations vary, the availability of units with special features for clients who are mobility impaired "ADA", eligibility rules for full time students, community features, and unit sizes/amenities can all vary. More specific information about our properties can be found at www.gjha.org/our-communities.aspx. Our two newest communities for seniors the Head of Household, Co-Head of Household or Spouse must be age 62 and over, Nellie Bechtel and The Highlands, are currently establishing interest lists for future vacancies. An interest list is not the same as a waiting list. It does not guarantee you priority for housing when a unit becomes available. However, Nellie Bechtel also has a separate waiting list for units with rental assistance that you may apply to (requires separate application form- ask an employee).

What We Need to Know

GJHA will ask you for information about several things, such as: your income, who lives in your household, what you own (savings, other assets), your housing/rental history, permission to review your credit report and inquire into any potential criminal background you may have, etc. It is important that you respond truthfully and completely. If you do not, your application may be denied. You may request a copy of GJHA's tenant screening criteria or contact our Leasing Agent at 970-208-9542 if you have questions.

What to Expect

- 1. Thank you for your interest in our communities!
- 2. A Leasing Agent will review your Pre-Application. Based solely on the information you provide to us, the Leasing Agent will:
 - a) attempt to contact you by telephone and schedule an appointment to review your application with you and request any needed verification/documents, OR;
 - b) notify you via mail that the information you provided indicates you are not qualified for the property/program you requested.
- 3. Complete applications (including all additional documentation requested by Leasing Agent) will be processed by the GJHA on a first come-first served basis.
- 4. After we review your completed application and any requested screening reports or references, if you are approved to rent an apartment at one of our communities you will be contacted by the Property Manager to schedule a move-in date. You will be expected to pay your first month's rent (prorated) and a security deposit at move-in. The Leasing Agent will be able to tell you how much the deposit will be.
- 5. If you are not eligible for rental approval, you will be notified by mail and will be provided the reasons for your denial. If you, or anyone in your household, is subject to sex offender registration requirements in any state, your application will be denied.

SCREENING GUIDELINES

A. Reasons for Denial of Application

- 1. Failure to provide verification of social security numbers or birth certificates for all household or family members.
- 2. Applicant does not meet the criteria of the Tax Credit program (such as Income, Student Eligibility, etc.), if applicable.
- 3. Applicant does not meet screening guidelines (such as criminal background, credit history, rental history, etc.).
- 4. Intentional or material falsification of information supplied on the application by the applicant
- 5. Hostile or unsuitable behavior towards staff, residents or property.

B. Criminal Background Checks

Applicants may be denied if:

- 1. Any household member has been evicted for drug-related criminal activity within the last 7 years.
- 2. Any household member is currently engaging in illegal use of drugs, or there is reasonable cause to believe that a household member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- 3. Any household member's abuse or pattern of abuse of alcohol, as indicated by convictions for alcohol-related offenses within the last 5 years, is determined to have the potential to interfere with the health, safety, or right to peaceful enjoyment of the premises by the other residents.
- 4. Any household member is subject to a registration requirement under the state sex offender registration program.
- 5. Any household member has ever been convicted of criminal activity related to (1) possession of materials to make methamphetamine and amphetamine; or (2) the production, manufacture, sale, distribution or dispensing of any material, compound, mixture, or preparation that contains methamphetamine.
- 6. Any household member is currently, or has within the past five years, been convicted of:
 - a. Drug-related criminal activity
 - b. Violent criminal activity
 - c. Other criminal activity that would interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents
 - d. Other criminal activity that would threaten the health or safety of the owner, agent of the owner, any employee, contractor, or sub-contractor who is involved with the housing operations.
- 7. "Other criminal activity" referred to in 6(c) and 6(d) above includes, but is not limited to:
 - Homicide (may consider homicide or stalking convictions or deferred judgements that occurred any time, even greater than five years ago)

Battery
 Domestic Violence
 Motor Vehicle Theft
 Burglary
 -Larceny
 -Kidnapping

- Robbery -Fraud -Assault - -All sexually based offenses

- Charges directly related to endangerment of children (molestation, pornography, abuse, neglect)
- -Any other felony criminal activity
- 8. An application may be denied if there is a conviction history of habitual criminal activity, including misdemeanors, within the last 5 years.
- 9. GJHA may deny based on the preponderance of the evidence.

B. Landlord Reference

- 1. A satisfactory rental history for the previous 2 years is required. However, rental history for the previous 7 years may be considered.
- 2. "Satisfactory" means applicant has not been evicted for: non-payment of rent, property damages, material noncompliance, or criminal activity within the previous 3 years.
- 3. Any applicant who owes past due funds to a previous landlord for a property they have vacated within the previous 3 years will be rejected until debt has been paid or settled in full.

C. Acceptable Credit

- 1. The credit report of the applicant will be reviewed.
- 2. The application may be rejected if the report reveals negative credit items which occurred within the past 3 years with no effort to address unpaid items. Exception may be made if the negative credit is a result of medically related expenses or involuntary financial hardship.

Apartment Rental Pre-Application

					<u>" " " " " " " " " " </u>		
Do you require an ADA Uni	it?□ D	o you have a Housin	ng Voucher?		GRAND JUNCTION		
Are you on a GJHA waiting	list? Yes □	No ☐ # of bedro	ooms needed		HOUSING AUTHORITY		
Are you a Honorably Discharg	ed Military V	Veteran (includes Wid	ows or Widower	s) Yes \square No \square	8 Foresight Circle Grand Junction, CO 81505		
(Check all desired) Properties Interested in: Line	len Pointe □] Crystal Brook □	Arbor Vista [Phone: (970) 245-0388 Fax: (970) 241-5514		
Village Park □ 2814		The Highl (*Head, Co-	ands Head or Spouse m	ust be 62 or over)			
1. Applicant Informati	on:						
		<u>Applicant</u>		Co-Applicant			
Full Name (First and Last)							
Social Security Number							
Date of Birth							
Contact Phone Number							
Present Address							
resent Address	Street	Apt #		City S	tate Zip		
2. Other Occupants:		•		·	-		
Full Name (First and Last)		Social Security #	Date of Birth	Relation	ıship		
Do you anticipate any chang If yes, please explain:				onths?	Yes□ No□		
3. Household Student S	Status						
Is anyone in the household a	ı full-time st	udent? If	yes, list all full-	time students be	elow.		
Name			Name of Cahoo	lina Instituta			
			Name of Schoo 	g Institute			
I understand that if all occup the year), I may not qualify the Housing Program	for residenc						
DATE STAMP:							

4. Income:

	ide any Wages, SSI, SSDI, Social Security, Self I ion, Public Assistance, AFDC, TANF, Retiremen	
	bb, Pension, Annuities, Veterans Benefits, Severa ighteen (18) receives.	nce Pay, or Recurring Gifts etc. that anyone over
Applicant	Co-Applicant Type of Income	Gross (Pre-Tax) Yearly Amount

Applicant \Box		хррисапт	Type of Income		Gross (Pre-1ax) Year	Gross (Pre-1ax) Yearty Amount			
•			` •	rs) have any checking, nds, Equity in Propert	, savings accounts, IRA, CD, y, etc.?	, Bonds,	Stocks		
Applicant	Co-App	Child	Туре	Value	Interest Rate/ Year	ly Incom	ıe		
		□ _							
Please com	plete the	following	(every question I	MUST be answered):					
Has anyone	e in your h	ousehold	disposed of (i.e. gi	ven away) any assets in t	the past 2 years?	Yes □	No 🗆		
Has anyone	e in your h	ousehold	been convicted of	felony in past 7 years?		Yes □	No □		
Is anyone in	n your hou	sehold su	bject to any sex of	fender registration requir	rements in any state?	Yes □	No □		
Is anyone in	n your hou	sehold cu	rrently or in the las	st year subject to any cri	minal proceedings or charges?	Yes □	No □		
Have you e	ver been e	victed?				Yes □	No □		
If you answ	vered Yes	to any of t	he above question	s please explain briefly _					
· ·	·			D ☐ Lease ends on					
I hereby ce application false infor- cancelled of of the infor- applicable	ertify that a are true, mation proof denied. Colorado	the answe correct, a ovided by I understa have prov Housing	ers, information, and accurate to the me at any time duand that at the time dided on this pre-aand Finance Auth	nd documents I have probest of my knowledge. Bring the application probe of my eligibility interplication, in accordance ority and GJHA policie	rovided in and in connection was I understand that any misrepocess will result in my application, I will be required to procee with Internal Revenue Serves. GJHA reserves the right to ligibility and application.	oresentation bein ovide veri vice Code	on or ng ificatior e and		
Signature Signature				Date Date		EQUAL	HOUSING		
signature	ој Со-Ар	nicani		Duie					

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) Emergency Unable to contact you Termination of rental assistance Eviction from unit Late payment of rent	Assist with Recertification P Change in lease terms Change in house rules Other:	rocess	
Commitment of Housing Authority or Owner: If you are approarise during your tenancy or if you require any services or special issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this for applicant or applicable law.	rm is confidential and will not be discl	osed to anyone except as permitted by the	
Legal Notification: Section 644 of the Housing and Community requires each applicant for federally assisted housing to be offered organization. By accepting the applicant's application, the housing requirements of 24 CFR section 5.105, including the prohibitions programs on the basis of race, color, religion, national origin, sex age discrimination under the Age Discrimination Act of 1975.	d the option of providing information g provider agrees to comply with the on discrimination in admission to or	regarding an additional contact person or non-discrimination and equal opportunity participation in federally assisted housing	
Check this box if you choose not to provide the contact	information.		
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.