

neighbor to neighbor
opening doors. advancing lives.

fort collins office
1550 blue spruce dr
fort collins, co 80524
970 484 7498

murphy center
242 conifer st
fort collins, co 80524
970 494 9940

loveland office
1511 e 11th st, ste 210
loveland, co 80537
970 663 4163

n2n.org

SECTION 8 / SUBSIDIZED ONLINE APPLICATION

- Please complete the following application and return it to Neighbor to Neighbor via fax (970-495-0256), or by US Mail to the Fort Collins address.

- Please contact Marty DeGrofft, Neighbor to Neighbor's Section 8 Coordinator, at 970-488-2360 or mdegrofft@n2n.org if you have any questions or to report a change in your contact information.

Thank you





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loveland office
565 n cleveland ave
loveland, co 80537
970 663 4163

n2n.org

DOCUMENTS REQUIRED UPON MOVE-IN SECTION 8 SUBSIDIZED HOUSING

In order to complete your application for Section 8 Subsidized Housing with Neighbor to Neighbor you will need to provide the following documents when you are contacted that your name has come to the top of the waiting list:

Documents:

- Original or Certified Copy of a Birth Certificate for each member of the family
- Original Social Security card for each member of the family
- Photo ID for each member of the family over 18 years of age
- Current bank statement
- Character reference letter OR previous landlord contact information
- Income verification:
 - ✓ 4 paystubs for each wage earner over age 18 years of age
 - ✓ Award letter for SSI, SSDI
 - ✓ Child support
 - ✓ TANF

Please notify us of any changes in your contact information.



Section 8 / Subsidized Rental Application

All Heads of Households must be 18 years of age or older at the time of application

Date _____

Name _____ Birth date _____ Social Security # _____
Head of Household

Current address _____
Apt. City State Zip

Phone number _____ Work number _____ E-mail address _____

Are you a part time student? Y ___ N ___ Are you a full time student? Y ___ N ___

Are you or any household member over 18yrs old attending any formal schooling? Y ___ N ___

Are you homeless? Y ___ N ___ Will you be homeless in the next 7 days? Y ___ N ___

How long have you lived at your current address? Years _____ Months _____

When is your lease up? _____ Can you break your lease? Y ___ N ___

Are you currently being evicted? Y ___ N ___ When must you be out by? _____

Are you currently in a subsidized (SEC8, PSS, Voucher, Choice, NCAP, etc.) apt? Y ___ N ___

Do you owe money to a landlord or to any utility company? Y ___ N ___ Who, _____

The Family Summary / Owner Summary of Family

List all persons of any age who will be living in the apartment for which you are applying

For N2N Use Only

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Citizenship status Y/N	Date of Birth	Declaration	Date Verified
Head								
2								
3								
4								
5								
6								
7								
8								

Source of Unearned Income for Head of Household

Income Source	Amount	Income Source	Amount
Social Security	\$ _____	SSI	\$ _____
Unemployment	\$ _____	TANF	\$ _____
Pension	\$ _____	VA	\$ _____
Child Support	\$ _____	Worker's Compensation	\$ _____
Military Compensation	\$ _____		
Other \$ _____	Source _____		

Unearned Incomes Verified by _____ Date _____ and attached.

Source of Unearned Income for other adult in household

Member No. _____ Name: _____

Income Source	Amount	Income Source	Amount
Social Security	\$ _____	SSI	\$ _____
Unemployment	\$ _____	TANF	\$ _____
Pension	\$ _____	VA	\$ _____
Child Support	\$ _____	Worker's Compensation	\$ _____
Military Compensation	\$ _____		
Other \$ _____	Source _____		

Unearned Incomes Verified by _____ Date _____ and attached.

Source of Unearned Income for other adult in household

Member No. _____ Name: _____

Income Source	Amount	Income Source	Amount
Social Security	\$ _____	SSI	\$ _____
Unemployment	\$ _____	TANF	\$ _____
Pension	\$ _____	VA	\$ _____
Child Support	\$ _____	Worker's Compensation	\$ _____
Military Compensation	\$ _____		
Other \$ _____	Source _____		

Unearned Incomes Verified by _____ Date _____ and attached.

Source of Unearned Income for other adult in household

Member No. _____ Name: _____

Income Source	Amount	Income Source	Amount
Social Security	\$ _____	SSI	\$ _____
Unemployment	\$ _____	TANF	\$ _____
Pension	\$ _____	VA	\$ _____
Child Support	\$ _____	Worker's Compensation	\$ _____
Military Compensation	\$ _____		
Other \$ _____	Source _____		

Unearned Incomes Verified by _____ Date _____ and attached.

I/We do not have any assets at this time.

I/We have assets. My/our assets are listed below. [Please note: Certain funds (e.g., retirement, pensions, and trusts) may or may not be fully accessible to you. Include only those amounts which are accessible.]

List of Assets: _____

within the past two years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). These assets are included above and are equal to a total of \$ (the value to include for each asset equals the difference between FMV and the amount actually received for the asset).

I/We have not sold or given away assets (including cash, real estate, etc.) for less than the fair market value during the past two years.

Employment Information for ALL household members

Member No. _____ Name: _____ Birthdate _____

Employer / Company Name: _____ Phone: _____

Direct Supervisor Name: _____ Phone/FAX: _____

Employer / Company Address: _____

Your Title: _____ Rate of pay: _____ Hours per week: _____

Income Verified by _____ Date _____ and attached.

Member No. _____ Name: _____ Birthdate _____

Employer / Company Name: _____ Phone: _____

Direct Supervisor Name: _____ Phone/FAX: _____

Employer / Company Address: _____

Your Title: _____ Rate of pay: _____ Hours per week: _____

Income Verified by _____ Date _____ and attached.

Member No. _____ Name: _____ Birthdate _____

Employer / Company Name: _____ Phone: _____

Direct Supervisor Name: _____ Phone/FAX: _____

Employer / Company Address: _____

Your Title: _____ Rate of pay: _____ Hours per week: _____

Income Verified by _____ Date _____ and attached.

Member No. _____ Name: _____ Birthdate _____

Employer / Company Name: _____ Phone: _____

Direct Supervisor Name: _____ Phone/FAX: _____

Employer / Company Address: _____

Your Title: _____ Rate of pay: _____ Hours per week: _____

Income Verified by _____ Date _____ and attached.

Member No. _____ Name: _____ Birthdate _____

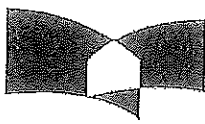
Employer / Company Name: _____ Phone: _____

Direct Supervisor Name: _____ Phone/FAX: _____

Employer / Company Address: _____

Your Title: _____ Rate of pay: _____ Hours per week: _____

Income Verified by _____ Date _____ and attached.



neighbor to neighbor



TENANT DECLARATION FORM

INSTRUCTIONS: Complete this form for each member of the household listed on the Family Summary Sheet. Ask for additional forms if necessary.

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable.
(This is an 11-digit number found on INS Form I-94, Departure Record.)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

SAVE VERIFICATION NO. _____
(To be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1, 2, or 3.

DECLARATION Check one of 1, 2 or 3

I, _____ hereby declare, under

penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature _____

Date _____

Check here if adult signed for a child: _____

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the

attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available; complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence: I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

_____ **3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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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.