



Pre-Application INSTRUCTIONS

To apply for the waiting list(s) with Delta Housing Authority (DHA)
Please READ prior to completing your application.

501 14th St., Delta, CO 81416
970-874-7266 1-800-545-1833 TDD
www.deltahousingauthority.org

1. **Head of household (HOH) (required)**

Mailing and Residence Information. We require applicants to identify a single Head of Household (HOH) for each application. We must have your current mailing address to contact you. If we are unable to contact you by mail, you will be removed from all waiting list(s).

2. **Personal Information (HOH Required)**

The HOH's social security number will be used to identify your family.

3. **Telephone Number (HOH Required)**

We need this number in case we have any questions about your application. We will not use it to contact you for an eligibility appointment. **You will be contacted by mail.**

4. **Gender**

Indicate the sex of all household members.

5. **Ethnicity**

Indicated ethnicity for all household members.

6. **Race**

Indicate race for all household members.

7. **Disability or Handicap (Required)**

Please indicate if you or a household member is disabled, it is not necessary to give details about the disability. You must meet HUDS definition of disabled in order to qualify for preference points.

8. **Interpreter**

If you need an interpreter, complete attached form.

9. **Family Members (Required)**

List everyone who will be living with you at the time you will receive your housing assistance, including any unborn children.

REMEMBER to include yourself in the list. If you have more people than the lines listed, please list on a separate piece of paper and attach to this application.

10. **Income (Required)**

List all income for your household. It is important to list all income sources, to include but not limited to: Social Security, wages, self-employed/home based business, family help and any help from the Department of Health & Human Services. Program eligibility is determined by calculating your gross income for the year.

11. **Assets (Required)**

Please describe type of asset and the approximate value of the asset.

12. **Program Selections (Required)**

Housing Choice Voucher Program/S8

Serves families, elderly and disabled. Participants will be issued a Voucher that allows them to find rental units within Delta County. Units are determined by the family size. Units selected must meet HUD regulations for quality housing standards. Rent is approximately 30% of household's adjusted monthly income

Project Based Voucher Program

Available at Creek Vista Seniors, 446 Creek Vista Drive, Paonia, CO. Serving Seniors 62 and older. 1- & 2-bedroom units, all electric paid by tenants. Rent is approximately 30% of household adjusted monthly income.

Public Housing Single Family Homes

Serves families, elderly and disabled persons in single-family homes with 2, 3- and 4-bedrooms. The homes offer private storage, fenced yards W/D hookups, and all kitchen appliances. Electricity, gas, water, sewer and trash are the tenant's responsibility. Rent is approximately 30% of household's adjusted monthly income. Rental deposit is required. Pets allowed with a signed pet policy and pet deposit.

Public Housing Thompson Manor

Serves families, elderly and disabled persons in one-bedroom apartments. The apartments offer private storage, private patios and a community laundry facility. All appliances are included. All utilities are paid by DHA. Rent is approximately 30% of household's adjusted monthly income. Rental deposit is required. Pets allowed with a signed pet policy and pet deposit.

13. **Questions**

Please read and answer both questions.

14. **Certification (Required)**

Please read very carefully. By signing you are certifying your personal information is correct. You must sign the all the forms where indicated to be place on any wait list.

ANY INCOMPLETE APPLICATION WILL BE RETURNED AND YOU WILL NOT BE PLACED ON ANY WAIT LIST.

ONCE YOU'RE COMPLETED APPLICATION HAS BEEN RECEIVED by DHA, WE WILL MAIL YOUR RECEIPT BACK TO YOU FOR YOUR RECORDS AND YOU WILL BE PLACED ON THE WAIT LIST YOU SELECTED.



Pre-Application for Housing Assistance

Delta Housing Authority
 501 14th St. Delta, CO 81416
 970-874-7266 FAX: 970-874-8612 TDD: 1-800-545-1833
 www.deltahousingauthority.org

30% of all applications are dropped from the waiting list due to unreported changes. You **MUST** report **ALL** household, income and address changes *in writing* to the Housing Authority.

DATE & TIME STAMP (office use only)

1 Bedroom Elderly	
1 Bedroom Family	
2 Bedroom Family	
3 Bedroom Family	
4 Bedroom Family	

LIMITED ENGLISH PROFICIENCY SERVICES AVAILABLE
 SERVICIOS LIMITADOS DE DOMINIO DEL INGLÉS AVAILABLE

PLEASE PRINT legibly to help ensure information will be accurately entered into our system

1. Head of Household (HOH)) (Required)			2. Personal Information (required)		3. Telephone Number (Required)	
Last Name _____ First Name _____ Middle Initial _____			_____		Home _____	
Mailing Address _____ Apt# _____ City _____ State _____ Zip _____			Social Security Number _____		Work _____	
Where are you <i>physically</i> living? _____ City _____ State _____			Birth Date _____		Other _____	

Are you currently living in subsidized housing? Yes No

Are you a Veteran? Yes NO

If yes, name of property: _____

Have you ever been in Foster Care? Yes NO

Address of property: _____

4. Sex Optional ____ Male ____ Female	5. Ethnicity Optional ____ Hispanic ____ Non-Hispanic	6. Race (circle one) Optional <input type="radio"/> Native American <input type="radio"/> Asian <input type="radio"/> Pacific Islander <input type="radio"/> Black <input type="radio"/> Alaskan Native <input type="radio"/> White Other _____	7. Disability (Required) Are you or a family member claiming disability? <input type="radio"/> Yes, who? _____ (You must provide verification) <input type="radio"/> No	8. Interpreter (Required) Do you need an interpreter? <input type="radio"/> Yes What type? _____ <input type="radio"/> No
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9. List ALL family members who will reside in the home (Required)

Last Name	First Name	Relation to HOH	Sex	Social Security Number	Date of Birth	Age
		SELF				

10. (a.) Income of ALL Household Members: (Required)
DO not include employment income of children *under* 18.

Adult #1

- Unemployment Income
- SSA/SSI/SSDI/ Survivor (circle one)
- TANF/AND/OAP
- Involved in a work program(*Co Works, Voc Rehab*)
- Veterans Benefit
- Child Support
- Self Employed
- Wages/Employer

Name of Family member receiving income or involved in work program _____

Employer's name and location (Grand Junction, Delta etc.) _____

11. (b) List total income (Required)

Adult #1

- Hourly Wage \$ _____
- Paid Weekly \$ _____
- Paid Monthly \$ _____

11. (c) Hours worked (Required)

Adult #1

Hours worked per week _____

No income source FOR THE HOUSEHOLD

Adult #2

- Unemployment Income
- SSA/SSI/SSDI/ Survivor (circle one)
- TANF/AND/OAP
- Involved in a work program (*Co Works, Voc Rehab.*)
- Veterans Benefit
- Child Support
- Self Employed
- Wages/Employer

Name of Family member receiving income or involved in work program _____

Employer's name and location (Grand Junction, Delta etc.) _____

11. (b) List total income (Required)

Adult #2

- Hourly Wage \$ _____
- Paid Weekly \$ _____
- Paid Monthly \$ _____

11. (c) Hours worked (Required)

Adult #2

Hours worked per week _____

11. Assets (Required) List all bank accounts, investments, and real estate.

Type	Cash Value
	\$
	\$
	\$
	\$
	\$

12. Program Selection (Required) Please check the programs you are interested in receiving assistance for. See program description on instruction page.

- Housing Choice Voucher (Section 8) - Serves Elderly/Disabled, Families and Singles, in Delta County
- Project Based Voucher (PBV) – Serves Elderly 62+ at Creek Vista Apartments, Paonia, Colorado
- Project Based Voucher (PBV) – Serves Elderly 62+ at Residents at Delta, Delta, Colorado
- Public Housing – Serves Elderly/Disabled, Families and Singles; 1-bedroom apartments and 2-3-4-bedroom single-family homes, in Delta

13. QUESTIONS

Have you or anyone in your household ever been arrested or convicted for a felony crime? YES NO

Have you or anyone in your household ever been convicted of the illegal manufacture or distribution of methamphetamine? YES NO

15. Certification of Applicant

I hereby certify that the information I have provided on this pre-application is true and correct to the best of my knowledge. I am aware that Federal law provides for a fine and/or imprisonment for any person who fraudulently receives assistance to which he/she is not entitled. I understand that any misrepresentation or false information will result in my application being denied, or the termination of housing assistance. I understand that at the time of my eligibility interview, I will be required to provide verification of the information I provided in this pre-application, in accordance with Federal Housing regulations and DHA policy. **I accept full responsibility for keeping DHA informed of my current mailing address and I understand that my application will be removed from all wait lists if I fail to do so. I understand that DHA will contact me by mail and if I do not respond in the required time frame, or my mail is returned to DHA, I will be removed from the wait list. DHA is not responsible for mail that is not delivered or delayed by the post office.**

Signature of Head of Household

Date

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Delta Housing Authority
501 14th Street
Delta, CO 81416

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAS that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date	Social Security Number (if any) of Head of Household	Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)



**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This Information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:

Signature

Date

Printed Name

Declaration of U.S. Citizenship Or Non-Citizen with Eligible Immigration Status

In accordance with the Department of Housing and Urban Development (HUD), every application/participant must complete the following for all family household members.

Please print below every person living in the household and designate the citizenship status.

- Citizenship Status: A = United States Citizen(s)
 B = Non-Citizen with Eligible Immigration Status
 C = Non-Citizen without Eligible Immigration Status

Name	Sex	Age	Citizenship Status (A, B, C)*	Signature of Head of Household for each minor
Head of Household:				
Spouse:				
Print Name of Child:				
Print Name of Child:				
Print Name of Child:				
Print Name of Child:				
Print Name of Child:				
Print Name of Child:				
Print Name of Child:				
Print Name of Child:				
Additional Household Member:				
Relationship:				
Additional Household Member:				
Relationship:				

I declare under penalty of perjury that I, or we, are giving true and accurate information on every member of our household concerning whether e/she is a U.S. citizen with eligible immigration status, or non-citizen without eligible immigration status.

 Head of Household

 Date

 Spouse

 Date

 Additional Household Member

 Date

WARNING: Section 1001 of title XVIII of the United States Code makes it a criminal offense to make willful statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.



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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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.

Language/Alternate Format Designation Form

Delta Housing Authority Language/Alternate Format Designation

The Delta Housing Authority (DHA) wants to provide effective communication and services to all its clients. This includes persons with disabilities, and persons who do not speak English.

The purpose of this form is to gather information to help us serve you better.

Kinds of Communication

- I do not need written materials in a different format.
 - I need written materials in the following format:
 - Large Print: **This is 18 point font.**
 - AUDIOTAPE: Text is recorded on an audiocassette tape.
 - Braille: Written text is provided in Braille.
 - Electronic format: Written material saved as "plain text" on a CD-ROM.
 - Spoken: Written material is read aloud by a DHA employee, in person or over the phone.
 - I need a sign language interpreter.
 - Other (please explain)
-

Your Language

- I speak English and read English and do not need help communicating with the DHA
 - I speak English, but I need help filling out paperwork.
 - I do not speak or read English, and I need written materials in:
 - Spanish
 - Other: _____
 - I do not speak or read English, and I need written materials in:
 - Spanish
 - Other: _____
-

I have read this form, or it has been read to me.

Print Name: _____ Date: _____

Signature: _____

"Alternate formats of this form available upon request"



501 14th St. Delta CO 81416
970-874-7266 1-800-545-1833 TDD
www.deltahousingauthority.org

Receipt

Thank you for completing the pre-application for the Delta Housing Authority's waiting list(s). This is your receipt that verifies the date and time that you submitted your application. **Please keep this dated copy for your records.**

The Delta Housing Authority has a limited number of housing units and vouchers. Therefore, we are unable to provide you with immediate assistance. The information that you provide on this form (income, household members, etc.) will be verified at the time of your eligibility interview. **The eligibility interview will take place AFTER you name reaches the top of the waiting list.**

It is your responsibility to report changes IN WRITING to our office. DHA will contact you by mail when your name has reached the top of the waiting list or to seek updated information. If the letter is returned or you do not respond within the set time frame, you will be removed from that waiting list. DHA is not responsible for mail that is lost or not forwarded to you in a timely manner by the post office.

Name: _____

DATE & TIME STAMP (office use only)

Violence Against Women Act (VAWA)

If you are eligible for housing assistance the Housing Authority cannot deny your rental assistance solely because you are the victim of domestic violence, dating violence or stalking. The Delta Housing Authority will provide you with additional information regarding VAWA if requested.

Please keep this Receipt as evidence of submitting a complete application to be placed on the waiting list

