



Pre-Application INSTRUCTIONS

To apply for the Rural Development waiting list with Delta Housing Authority (DHA)

Please READ prior to completing your application. Thank you

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 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).

Household income cannot exceed the Low-Income Limit of 80% of median income.

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 the Head of Household.

5. **Ethnicity**

DHA collects this information for statistical purpose only.

6. **Race**

DHA collects this information for statistical purpose only.

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

This is a requirement from the United States Department of Agriculture (USDA). It is not necessary to give us details about your disability.

8. **Interpreter (Required)**

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 coming in your household. It is important to list any and all income sources, to include but not limited to: Social Security, wages, self-employed/home based business, family help and any monetary help from the Department of Health & Human Services.

11. **Assets (Required)**

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

12. **Program Selection**

Please mark the program with a check or X.

13. **Question**

Please read and answer the question.

14. **Certification (Required)**

Please read very carefully. By signing you are certifying your personal information. You must sign the form where indicated to be placed on any wait list.

Rural Development Grand Manor Apartments

This property serves elderly and disabled persons only, one- and two-bedroom apartments. All appliances, including washer and dryer are provided by DHA. Electricity, water, sewer and trash are paid by the tenant. Also available is a gazebo for use by tenants. Parking in both the front and rear of the apartment complex. Pet policy and pet deposit applies. Rent is approximately 30% of household's adjusted monthly income.

Basic Program Requirements

DHA must determine eligibility for occupancy based on tenant selection criteria as outlined in Management Plan.

- credit references, criminal background checks, landlord reference, etc.
- Must be legal age to enter into binding contract (most States are 18 years)



Rural Development Grand Manor Apartments

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

El desarrollo rural Grand Manor Apartamentos

De acuerdo con la ley federal de derechos civiles y las regulaciones y políticas de derechos civiles del Departamento de agricultura de los Estados Unidos (USDA), el USDA, sus agencias, oficinas y empleados, e instituciones que participan en o administran programas del USDA están prohibidos de discriminar en función de la raza, el color, el origen nacional, la religión, el sexo, la identidad de género (incluida la expresión de género), la orientación sexual, la discapacidad, la edad, el estado civil, la familia/estado parental, los ingresos derivados de un programa de asistencia pública, políticas creencias, o represalias o represalias por la actividad previa de los derechos civiles, en cualquier programa o actividad llevada a cabo o financiada por el USDA (no todas las bases se aplican a todos los programas). Los remedios y los plazos de presentación de quejas varían según el programa o incidente.

Las personas con discapacidades que requieran medios alternativos de comunicación para la información del programa (p. ej., Braille, letra grande, audio tape, lenguaje de señas americano, etc.) deben comunicarse con la agencia responsable o el centro de TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del servicio federal de retransmisión al (800) 877-8339. Además, la información del programa puede estar disponible en otros idiomas distintos del inglés.

Para presentar una queja por discriminación del programa, complete el formulario de quejas de discriminación del programa del USDA, AD-3027, que se encuentra en línea en [Cómo presentar una queja por discriminación del programa](#) y en cualquier oficina del USDA o escriba una carta dirigida al USDA y proporcione en el carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de queja, llame al (866) 632-9992. Envíe su formulario o carta cumplimentó al USDA por: (1) correo: Departamento de agricultura de los Estados Unidos, oficina del Secretario Adjunto de derechos civiles, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; o (3) correo electrónico: Program.Intake@usda.gov.

USDA es un proveedor de igualdad de oportunidades, empleador y prestamista.



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.)

No income source currently

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

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

11. (b) List total income (Required)

Adult #1

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

11. (b) List total income (Required)

Adult #2

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

11. (c) Hours worked (Required)

Adult #1

Hours worked per week _____

11. (c) Hours worked (Required)

Adult #2

Hours worked per week _____

12. Program Selection (Required) See program description on instruction page.

- USDA / Rural Development – Serves Elderly 62+ and/or Disabled; 1- & 2-bedroom apartments

13. Questions:

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

14. Certification of Applicant

I hereby certify that the information I have provided on this pre-application is true and accurate. 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. I certify that all answers and information given by me are true, correct, and accurate to the best of my knowledge.

Signature of Head of Household

Date



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 USDA/Rural Development waiting list. 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 apartments. 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.

4-22-2015 10:15 AM

Name: _____

DATE 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



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"



Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must immediately report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998

December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

501 14th Street
Delta, CO 81416
www.deltahousingauthority.org



970.874.7266 PHONE
970.874.8612 FAX
1.800.545.1833 TDD

Delta Housing Authority

SUPPLEMENTAL APPLICATION

NAME: _____ LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

PHONE #: _____ DATE OF BIRTH: _____

NEAREST RELATIVES

1. NAME _____ PHONE # _____

ADDRESS _____

2. NAME _____ PHONE # _____

ADDRESS _____

3. NAME _____ PHONE # _____

ADDRESS _____

PRIMARY DOCTOR

DOCTOR'S NAME _____ PHONE # _____

OFFICE _____

EMERGENCY CONTACTS

1. NAME _____ PHONE # _____

RELATIONSHIP _____

2. NAME _____ PHONE # _____

RELATIONSHIP _____

COMMENTS _____

DATE _____ SIGNATURE _____

