

FORT COLLINS HOUSING AUTHORITY
Programs Currently Offered



- Rent for all following programs is approximately 30% of your income.
- All wait times depend on unit availabilities; we are not offering any emergency / immediate housing options.
- **The Housing-Choice Voucher program waitlist, (formerly known as Section-8), is currently closed to new applicants at Fort Collins Housing Authority.**

Programs Currently Offered:

Fort Collins Public Housing ■ Wait time: 1-3 years

HUD subsidized, low income housing in Fort Collins; various properties that offer one to four bedroom units.

Wellington Public Housing ■ Wait time: 1-3 years

HUD subsidized, low income housing in Wellington; various properties that offer one to four bedroom units located about 15 miles north of Fort Collins. (No bus service.)

Single Room Occupancy ■ Wait time: 8-12 months

▪ *Reserved only for applicants who are sole household members and homeless.*

Very low income, private, shared housing; two sites (Myrtle Street & 1st Street) offer individual rooms with shared bath, living room, and kitchen/dining areas.

Northern Apartments Voucher ■ Wait time: 1-2 years

▪ *Reserved only for tenants whose head of household or spouse is 55 years of age or older.*

Project-Based housing voucher attached to a unit at the historic Northern Hotel in Old Town, which offers one and two-bedroom apartments.

Village Voucher ■ Wait time: 1-6 years

Project-Based housing voucher attached to a unit at one of the various Village properties, which offer one to four bedroom units.

Village Voucher at Matuka ■ Wait time: To Be Determined

▪ *Preference is given to those currently working with **Project Self-Sufficiency**, (970-407-0305).*

Project-Based housing voucher attached to a unit located at Village on Matuka Court, which offers two and three bedroom units.

Village Voucher at Plum ■ Wait time: To Be Determined

▪ *Preference is given to those currently working with **Crossroads Safehouse**, (970-482-3535).*

Project-Based housing voucher attached to a unit located at Village on Plum Street, which offers one to three bedroom units.

The Process:

Applicants are placed on the FCHA waitlist(s) in order by preferences and date and time the **COMPLETED APPLICATION** is received. (*Incomplete applications will be returned by mail.*) Each program has a separate waitlist. Your name will be added to each list for each program you choose. Once you reach the top of a waitlist, you will be contacted **BY MAIL ONLY** to verify eligibility for that program; your eligibility packet will contain a check-list cover letter that states the name of the program in which you are verifying eligibility. (*Keep your address current with us since the post office will not forward our time-sensitive mail. If an eligibility packet is returned to us by the post office, the applicant is removed from that waitlist.*)

After the applicant submits their completed Eligibility Packet (*to the appropriate office, within the time specified*), FCHA will conduct a criminal background check on all adult household members. If members pass the criminal background check, the applicant will be contacted by a housing specialist or property manager for an initial interview and briefing.

If an applicant is found eligible, but has applied for more than one waitlist, the applicant will remain on the other waitlist(s) and will be contacted again when their name reaches the top of the other waitlist(s). (*Please don't forget to update your address on your waitlist file when you move – even if you move into one of the FCHA or Villages units – by filling-out a Waitlist Change Form.*)

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

This form is to be provided to each applicant for Federally Assisted housing.

INSTRUCTIONS: You are not required to provide supplemental contact information; however, **you must fill-out the first three lines, sign, then check the box above your signature** if you choose to opt-out of providing a contact. If you choose to provide a contact, please include the relevant information on this form. 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.

Your Name:	
Your Mailing Address:	
Your Telephone No:	Your Cell Phone No:
Name of <u>Contact Person</u> or <u>Organization</u> :	
Contact Address:	
Contact Telephone No:	Contact Cell Phone No:
Contact E-Mail Address: (if applicable)	
Contact Relationship to You:	
Reason for Contact:	<u>CHECK ALL THAT APPLY</u>
<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.**

↑ 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.
Form HUD- 92006 (05/09)

FORT COLLINS HOUSING AUTHORITY
Waitlist Application for Programs



Please notify the front desk if you need help filling-out this application.

√ ATTACH the following items to this application:

- Declaration of Citizenship Status (Section 214) signed by each household member**
- Clear copies of Photo Identification Cards for every person 18 years and older**
- Clear copies of Social Security Number Cards for every person in the household**

APPLICATION MUST BE COMPLETE ☺ ALL FIELDS ARE REQUIRED

Household - list all members who will be residing in the household:

<u>Legal Name</u> First & Last	<u>Relationship</u> to Head of Household	<u>S</u> <u>e</u> <u>x</u>	<u>Date of Birth</u> MM / DD / YYYY	<u>SSN</u> Social Security Number	<u>Race</u> <small>White Black Asian American Indian Pacific Islander</small>	<u>Ethnicity</u> Hispanic?	<u>Income</u> Yearly Amount	<u>Income Source</u> (example: support, employment, assistance, etc.)
	Head of Household	M F	/ /	- -		Y N	\$	
		M F	/ /	- -		Y N	\$	
		M F	/ /	- -		Y N	\$	
		M F	/ /	- -		Y N	\$	
		M F	/ /	- -		Y N	\$	
		M F	/ /	- -		Y N	\$	

■ Is any member of your household a registered sex offender? YES** NO **Who? _____

Current Information – all correspondence will be mailed to the following address:

Mailing Address _____
Street or Box # City State Zip

Contact Phone _____ Message Phone _____ Email address _____

■ Have you lived in CO for the past 5 years? YES NO If no, where did you live? _____

■ Will you require a special unit or reasonable accommodation for a disability? YES** NO

**If you answered yes, please ask for a Reasonable Accommodation form (available at the front desk), then have your doctor fill-out the form and return it to FCHA.

Programs – choose one or more programs to be added to waitlist(s):

- Fort Collins Public Housing**
- Wellington Public Housing**
- Single Room Occupancy**
- Northern Apartments Voucher**
- Village Voucher**
- Village Voucher at Matuka**
- Village Voucher at Plum**

Preferences - check ALL that apply to your household:

- I was required to move because of government action, (City, State, or Federal).
- My living area was extensively damaged by a recognized Federal Disaster and I have not found adequate, permanent housing since.
- An adult in my household is currently working full-time.
- An adult in my household is currently attending school full-time.
- An adult in my household is currently in an employment training program.
- Head of Household or Spouse is at least age 62.
- Head of Household or Spouse has a disability.
- I currently live in Wellington, Colorado.
- I currently live in Fort Collins Public Housing or Wellington Public Housing and:
 - we have outgrown our unit.
 - our unit is too large for our family size.
 - we need a special unit due to a disability.
- I have lived at an SRO unit for at least six months and I am still living there.
- I am a resident of an SRO that is closing.
- I am a victim of domestic violence, receiving supportive services from Crossroads Safehouse. *(Verifying documentation required at application.)*
- I am in the Project Self-Sufficiency program. *(Verifying documentation required at application.)*

Read and Initial - please read and INITIAL as you understand each statement:

_____ I understand that my name will be placed on the Waitlist. I will be contacted **BY MAIL** at the address I give in writing to the Fort Collins Housing Authority. When I am contacted, all information about my household will be verified. I will respond within the time limit specified, or my name will be removed from the waitlist(s).

_____ I understand that I will need to declare citizenship eligibility or immigration status for all household members.

_____ I understand that a criminal background check will be required of **ALL** adult household members (18 years old and over).

_____ I understand that under Federal law, medical marijuana is considered an illegal drug. Current use of illegal drugs is grounds for denial of assistance.

_____ **I understand that it is my responsibility to inform the Fort Collins Housing Authority of ANY changes of address or family composition. All changes must be submitted by filling-out a Waitlist Change Form. We cannot update your information by phone.**

_____ **I understand that a purge letter may be mailed to me. I must respond within the time specified, or my name will be removed from the waitlist(s).**

The Fort Collins Housing Authority is an Equal Housing Opportunity Agency that does not discriminate on grounds of race, color, sex, familial status, national origin, religion, creed, gender, age, or disability.

I have completed and read this application. I understand and agree to the information and to my responsibilities as an applicant. I verify that all information is true and accurate.

Signature of Head of Household

Date