

# Casa de la Esperanza

## Requirements to live at Casa de la Esperanza

- A minimum of one adult household member must be an Agricultural worker, and must earn a minimum of \$4,778.00 per year in qualified Agricultural work;
- Must be a minimum of 3 household family members and a maximum of 8 household family members to reside in the household;
- No smokers, No pets allowed;
- Must be qualified based on income and assets – Ask Manager for details

## Documents Required with Rental Application:

- **Proof of income for each person who works (ANY of the following):**
  - Copies of the last **3 months'** paycheck stubs, or
  - A completed "Verification of Earnings" Form (Attached to back of application)
  - Copies of the most recent W-2, or
  - A letter from your employer, on company letterhead with the name, address and telephone number of the company – the letter should contain the following:
    1. Name of Employee
    2. Date of Hire
    3. How many hours employee works per week
    4. How much employee earns per hour/week/month
    5. If employment is temporary or seasonal – should state amount of time employee is not working
- **For each adult over 18 years of age: Original Social Security Card and Copies of Identification (ANY of the following):**
  - State issued Colorado Driver's License
  - State issued Colorado Identification Card
  - Green Card (Green Card requires a signed affidavit and will be verified through the appropriate agency)
  - U.S. Passport
- **For each minor child under 18 years of age:**
  - Birth Certificate
  - Social Security Card (if applicable)
- **Copies of the most recent 3 months' bank statements for each family member's bank account(s) – Checking, Savings, Money Market, CD's, etc.**



Boulder County Department of Housing and Human Services  
2525 13<sup>th</sup> Street, Suite 204  
Boulder, CO 80304  
Phone (303) 441-3929 Fax (720) 564-2283  
TDD: Colorado Relay 1-800-659-2656

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## **APPLICATION PROCESS**

The attached rental application must be filled out completely, signed and dated.

Boulder County Department of Housing and Human Services Management office will screen all applicants over the age of 18 for criminal background records with the Colorado Bureau of Investigation. Applications will be considered complete and will be date stamped when they are completely filled out, signed and all documents required are remitted.

Boulder County Department of Housing and Human Services Management Office will review the CBI report and check landlord references.

For some sites, Boulder County Department of Housing and Human Services Management Office must verify all sources of the applicant(s) income and assets to determine eligibility.

Please provide copies of income and asset verification with this application.

- Income Verification Required.
- Income Verification Not Required.

NOTE: Boulder County Department of Housing and Human Services Management Office reserves the right to reject an applicant for any of the following reasons:

- Unacceptable criminal record
- Unacceptable landlord references
- No landlord references
- Annual household income higher than the applicable limit
- Inability to meet financial obligations, including rent

Which property are you interested in? \_\_\_\_\_

Victoria Collins Property Manager 720-564-2275	Edna Guillen Property Manager 720-564-2281 SE HABLA ESPAÑOL	Ramona Acosta Property Manager  303-678-6221 SE HABLA ESPAÑOL
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**AUTHORIZATION for the  
Release of Information**

**Boulder County Housing and Human Services**

**Organization requesting release of information**

Boulder County Housing and Human Services  
Property Management  
P.O. Box 471  
Boulder, CO 80306  
(720) 564-2284; FAX (720) 564-2283

This Form cannot be used to request a copy of a tax return. Instead, use IRS form 4506, Request for a copy of Tax Form.

**Individuals or Organizations That May  
Release Information:**

**Purpose**

The Boulder County Department of Housing and Human Services may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

**Authorization**

I authorize the release of any information (including documentation and other materials) Pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Public Housing
- Rental Assistance Program (RAP)
- Section 8 Housing Assistance Program

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs and to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

**Information Covered Inquiries may be made about:**

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions, Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Providers of:
  - Alimony
  - Child Care
  - Child Support
  - Credit
  - Handicapped Assistance
  - Medical Care
  - Pensions/Annuities
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

**Computer Matching Notice & Consent**

I agree that a Public Housing Agency or Indian Housing Authority may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies.

The match will be used to verify information supplied by the family.

**Conditions**

I agree that photocopies of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Authority and will stay in effect for a year and one month from the date signed.

If I do not sign this authorization, I also understand that my housing assistance can be denied or terminated

**SIGNATURES**

Head of Household	/ /	/ /
	Date of Birth	Date
Spouse	/ /	/ /
	Date of Birth	Date
Adult Member	/ /	/ /
	Date of Birth	Date
Adult Member	/ /	/ /
	Date of Birth	Date

**RENTAL APPLICATION – PAGE 1**

**ADDRESS OF RENTAL YOU ARE INTERESTED IN:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_ **BEST WAY TO REACH YOU:** \_\_\_\_\_  
(E.G. PHONE NUMBER OR E-MAIL)

**HOW MANY BEDROOMS DO YOU NEED – PLEASE CIRCLE?**                      **EFFICIENCY**      **1-BR**      **2-BR**      **3-BR**      **4-BR**

**HEAD OF HOUSEHOLD: FULL NAME** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_

**SSN** \_\_\_\_\_ **CURRENT ADDRESS** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_ **E:MAIL:** \_\_\_\_\_ **DRIVERS LICENSE #:** \_\_\_\_\_

**DO YOU RENT** \_\_\_\_\_ **OWN** \_\_\_\_\_ **MONTHLY RENT/MORTGAGE?** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**MARITAL STATUS:**      **SINGLE** \_ **MARRIED** \_\_\_\_\_ **WIDOWED** \_\_\_\_\_ **DIVORCED** \_ **SEPARATED** \_\_\_\_\_

**NO. OF PERSONS WHO WILL LIVE IN THE UNIT** \_\_\_\_\_ **DOES ANYONE SMOKE?** \_\_\_\_\_

**DO YOU HAVE ANY PETS** **YES** \_\_\_ **NO** \_\_\_\_\_; **TYPE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**HEAD OF HOUSEHOLD EMPLOYMENT INFORMATION:**

**NAME OF EMPLOYER:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**EMPLOYER'S ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CHECK ALL THAT APPLY:** **FULL-TIME** \_\_\_\_\_ **PART-TIME** \_\_\_\_\_ **TEMP** \_\_\_\_\_

**MONTH/YEAR OF HIRE:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_ **MONTHLY GROSS INCOME:** \$ \_\_\_\_\_

**FOR EACH ADULT AGED 18 OR OLDER WHO WILL RESIDE IN HOUSEHOLD (IN ADDITION TO HEAD OF HOUSEHOLD ABOVE):**

**ADULT #1: FULL NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_ **SSN** \_\_\_\_\_

**RELATIONSHIP TO HEAD OF HOUSEHOLD** \_\_\_\_\_ **FULL-TIME STUDENT? YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**IS THIS MEMBER EMPLOYED? YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **IF YES, MONTHY GROSS INCOME? \$** \_\_\_\_\_

**NAME OF EMPLOYER:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**EMPLOYER'S ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CHECK ALL THAT APPLY:** **FULL-TIME** \_\_\_\_\_ **PART-TIME** \_\_\_\_\_ **TEMP** \_\_\_\_\_ **AGRICULTURAL WORK?** \_\_\_\_\_

**MONTH/YEAR OF HIRE:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_ **DRIVER'S LICENSE #:** \_\_\_\_\_

**ADULT #2: FULL NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_ **SSN** \_\_\_\_\_

**RELATIONSHIP TO HEAD OF HOUSEHOLD** \_\_\_\_\_ **FULL-TIME STUDENT? YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**IS THIS MEMBER EMPLOYED? YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **IF YES, MONTHY GROSS INCOME? \$** \_\_\_\_\_

**NAME OF EMPLOYER:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**EMPLOYER'S ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CHECK ALL THAT APPLY:** **FULL-TIME** \_\_\_\_\_ **PART-TIME** \_\_\_\_\_ **TEMP** \_\_\_\_\_ **AGRICULTURAL WORK?** \_\_\_\_\_

**MONTH/YEAR OF HIRE:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_ **DRIVER'S LICENSE #:** \_\_\_\_\_

**FOR EACH CHILD UNDER THE AGE OF 18 WHO WILL RESIDE IN HOUSEHOLD:**

**CHILD #1: FULL NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_ **SSN** \_\_\_\_\_

**RELATIONSHIP TO HEAD OF HOUSEHOLD** \_\_\_\_\_ **FULL-TIME STUDENT? YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**CHILD #2: FULL NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_ **SSN** \_\_\_\_\_

**RELATIONSHIP TO HEAD OF HOUSEHOLD** \_\_\_\_\_ **FULL-TIME STUDENT? YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**CHILD #3: FULL NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_ **SSN** \_\_\_\_\_

**RELATIONSHIP TO HEAD OF HOUSEHOLD** \_\_\_\_\_ **FULL-TIME STUDENT? YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**RENTAL APPLICATION – PAGE 2**

HOW MANY VEHICLES IN THE HOUSEHOLD? \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

**RENTAL HISTORY – WE MUST HAVE 2 YEARS OF VERIFIABLE RENTAL HISTORY:**

CURRENT OR MOST RECENT RENTAL ADDRESS: \_\_\_\_\_

PROPERTY MANAGER’S NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

MONTH/YEAR MOVED IN: \_\_\_\_\_ MONTH/YEAR MOVED OUT: \_\_\_\_\_

MONTHLY RENT AMOUNT: \$ \_\_\_\_\_ WHAT UTILITIES DO/DID YOU PAY? \_\_\_\_\_

REASON FOR MOVING: \_\_\_\_\_

ARE YOU BEING OR WERE YOU EVICTED OR ASKED TO VACATE? \_\_\_\_\_ WHY? \_\_\_\_\_

**IF LESS THAN 2 YEARS AT ABOVE ADDRESS, PLEASE PROVIDE A PRIOR RENTAL REFERENCE:**

PRIOR RENTAL ADDRESS: \_\_\_\_\_

PROPERTY MANAGER’S NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

MONTH/YEAR MOVED IN: \_\_\_\_\_ MONTH/YEAR MOVED OUT: \_\_\_\_\_

MONTHLY RENT AMOUNT: \$ \_\_\_\_\_ WHAT UTILITIES DID YOU PAY? \_\_\_\_\_

REASON FOR MOVING: \_\_\_\_\_

WERE YOU EVICTED OR ASKED TO VACATE? \_\_\_\_\_ WHY? \_\_\_\_\_

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN CONVICTED OF A CRIME? \_\_\_\_\_

IF YES DESCRIBE: \_\_\_\_\_

**I/WE UNDERSTAND AND AGREE THAT ALL PROPERTIES OWNED BY THE BOULDER COUNTY DEPARTMENT OF HOUSING AND HUMAN SERVICES (BCDHHS) ARE UNDER THE “SMOKE-FREE HOUSING” RULES, AND SMOKING IS PROHIBITED ANYWHERE ON ANY HOUSING PROPERTY WITHIN 25 FEET OF THE PROPERTY, EXCEPT IN DESIGNATED AREAS. SMOKING IS PROHIBITED INSIDE ALL RENTAL UNITS AS WELL.**

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE. I GIVE PERMISSION FOR THE BOULDER COUNTY DEPARTMENT OF HOUSING AND HUMAN SERVICES TO CONTACT ANY EMPLOYMENT OR LANDLORD REFERENCES. I UNDERSTAND THAT THE BOULDER COUNTY DEPARTMENT OF HOUSING AND HUMAN SERVICES WITH COLORADO BUREAU OF INVESTIGATION (C.B.I.).

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD                      DATE                      SIGNATURE OF OTHER ADULT                      DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT                      DATE

# Boulder County Housing Authority - Verification of Employment

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
RE: \_\_\_\_\_  
Applicant/Resident Name

The above Applicant/Resident is applying to/participating in a housing program that requires verification of income. The individual has signed a release below giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form to the address/fax below – **PLEASE DO NOT RETURN THIS TO THE EMPLOYEE, MUST BE RETURNED TO OWNER/AGENT.**

\_\_\_\_\_  
Name of Owner/Agent  
**Property Manager**  
Title  
Date

**P.O. Box 471 Boulder, CO 80306-0471 Attn:** \_\_\_\_\_  
Owner/Agent's Address  
**720-564-2283 Attn:** \_\_\_\_\_  
Owner/Agent's Fax Number

**Consent to Release Information:** My signature below authorizes verification of my employment information:

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

## **Employer: Please fill out the information below as completely as possible**

Date of Hire: \_\_\_\_\_ Position: \_\_\_\_\_ Last Day of Work (if applicable) \_\_\_\_\_

Base Pay: \$ \_\_\_\_\_ per (check one) Year Month Week Hour Other: \_\_\_\_\_

If hourly, hours worked per week: \_\_\_\_\_ Year-to-date Earnings: \$ \_\_\_\_\_ thru / / \_\_\_\_\_

Gross Earnings for past **12 months**: \$ \_\_\_\_\_ Overtime Hrs per week: \_\_\_\_\_ Overtime pay rate: \$ \_\_\_\_\_

Average No. of Shift Differential Hours per week: \_\_\_\_\_ Shift Differential Rate per Hour: \$ \_\_\_\_\_

Does this employee receive (check all that apply): Bonuses Tips Commission None

Average Bonus/Tips/Commission: \$ \_\_\_\_\_ per (check one) Year Month Week Hour

Are Bonus/Commissions Guaranteed? Yes No, Explain: \_\_\_\_\_

Date of next pay increase (if known): \_\_\_\_\_ Amount of next pay increase (if known): \$ \_\_\_\_\_

If employment is seasonal/periodic, please specify layoff periods: \_\_\_\_\_

Employer Comments: \_\_\_\_\_

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.**

\_\_\_\_\_  
Signature of Employer Representative  
Title  
Date

\_\_\_\_\_  
Contact e-mail or phone number