

AURORA HOUSING AUTHORITY

— Celebrating —
30 Years

Fletcher Gardens

Application

Please read all of the information and print clearly. Answer all questions. Circle yes or no when asked.

Household Composition – List the complete name and information requested for each family member. List the Head of Household first. If your household includes a live-in aide including a relative who is living with you only because you require a live-in aide, please designate that person as such in space labeled “Relationship to Head.” If you expect to add a child in the near future through birth, adoption or court-awarded custody please list that person as an expected household member.

Household Income - Estimate the total gross income for your household. Include all monies earned or received by any household member, adult or child. This includes wages, child support, social security, SSI, TANF, VA Benefits, workers comp, retirement benefits. Also include any income from assets such as rental income, stock dividends, interest on a checking or savings account. If you receive a recurring gift of money from any source, include it below.

1	Name – Last, First, Middle Initial	Birth Date Mo Day Yr / /	Age	Sex	<i>Head of Household</i>	
	Social Security Number	Disabled Yes No	US Citizen Yes No		Race: Black White Asian Native Amer.	Ethnicity Hispanic Non- Hispanic
Source of Income:		Gross Income Per Month:	Source of Income		Gross Income Per Month:	
2	Name – Last, First, Middle Initial	Birth Date Mo Day Yr / /	Age	Sex	Write in Relationship to Head of <u>Household Below</u>	
	Social Security Number	Disabled Yes No	US Citizen Yes No		Race: Black White Asian Native Amer.	Ethnicity Hispanic Non- Hispanic
Source of Income:		Gross Income Per Month:	Source of Income		Gross Income Per Month:	

Current Address and Telephone Number – Include your apartment number and area code. Please, make sure the mailing address is correct and complete. When you reach the top of the waiting list you will be contacted by the address given. The address will be recorded exactly the way it is printed on this application.

Mailing Address	City	State	Zip Code
Your Day Time Telephone Number	Evening or Message Number		
Residents Address if Different from Above	Other Contact – Phone Number		

Unit Referral for Accessibility

Does any family member require a “live-in-aide” due to a verifiable health/medical condition? <i>If yes, please identify which family member:</i>	Yes	No
Does any family member require an accessible unit? <i>If yes, please describe what accommodation is needed, i.e.; wheel chair accessibility, etc.:</i>	Yes	No

Questions for Waiting List Preference

Are either you or your spouse employed or a full time student or a job training/self-sufficiency participant?	Yes	No
Are either you or your spouse at least 62 years old?	Yes	No
Are either you or your spouse a person with a disability?	Yes	No
Do you live in Aurora?	Yes	No
Do either you or your spouse attend school in Aurora or work in Aurora?	Yes	No

Eligibility for Participation in the Program

Acceptance of your application for the waiting list does not guarantee you admission to the program. Program eligibility will be determined when your name reaches the top of the list. Your household must be income-eligible, include a US citizen or eligible immigrant and all adult members must be free of drug-related and violent criminal activity history for the previous 3 years in order for the applications department to forward your application to the Property Manager.

Certification and Authorization for Verification

I certify that the information given to the Aurora Housing Authority on household composition, income and waiting list preference criteria is accurate and complete to the best of my knowledge. I understand that false statements or information are punishable under federal law and shall cause denial of assistance or termination of tenancy. I have no objection to inquiries for the purpose of verification.

Requirement to Report Application Changes in Writing

I understand that any changes in address, income or household composition must be reported immediately, in writing, to the housing authority.

By signing this application, I acknowledge that I understand my obligation to comply with the requirements stated above and the consequences of omitting information, providing false information and/or making false statements on this application.

Applicant Signature	Driver's License/ID Number	Date
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Spouse/Co-Head/Other Adult Signature	Driver's License/ID Number	Date
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Office Use Only - Do Not Write Below This Line

Date Application Received	Time	App No	Entered By
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Number of Bedrooms	Preference Points		Disabled	Elderly	Near Elderly	Other
1-Bedroom Only			Yes	Yes	Yes	