

# APPLICATION/RECERTIFICATION QUESTIONNAIRE- COLORADO

For Office Use Only: Staff Initials \_\_\_\_\_

Date Received \_\_\_\_\_ Time \_\_\_\_\_

Thank you for your interest in our community. In order for us to determine your eligibility or continued eligibility, you must provide all information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for an Affordable Housing Program. **Providing false information may result in your application begin denied and loss of subsidy and/or housing if applicable.**

**\*\*Anyone 18 years of age or older- including an adult child or spouse must complete their own application.\*\***

Bedroom Size: ☐ Studio ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom ☐ 4 Bedroom ☐ 5 Bedroom ☐ 6 Bedroom

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

## HOUSEHOLD COMPOSITION

List all persons that will occupy the unit during the next 12 months. Include household members that are temporarily away from home, including but not limited to: dependents away at school and military persons stationed away from home who have a spouse or dependent(s) in the home.

Form

Full Name	Relationship to Head of Household	Date of Birth	Social Security Number (If you do not have a Social Security Number, please write "None".)
	Head		

GO101- 1 per minor

- Please choose your marital status: ☐ never married ☐ married ☐ separated ☐ divorced ☐ widowed
- Please choose your gender: ☐ male ☐ female ☐ other \_\_\_\_\_ ☐ prefer not to disclose
- Does anyone not listed above plan to live with you in the next 12 months? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_ GO103

- Does an adult in this household have primary physical custody of every child listed on this application? ☐ Yes ☐ No
- To ensure we comply with Colorado law, please indicate your primary language: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Form

6. Does anyone in the household require a Reasonable Accommodation/Modification? ☐ Yes ☐ No

If yes, what is needed? \_\_\_\_\_ RAM

7. Will anyone in the household be receiving Section 8 or any other rental assistance? ☐ Yes ☐ No

If yes, which Housing Authority or entity will provide the assistance? \_\_\_\_\_

8. Do you own any pets? ☐ Yes ☐ No

If yes- Number of pets \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

9. Do you have a vehicle? ☐ Yes ☐ No

If yes, please specify- Make/Model \_\_\_\_\_ License Plate # \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_

10. Emergency contact(s)- (In case of emergency, please notify...)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**STUDENT INFORMATION**

11. Are you currently a student? ☐ Yes ☐ No

If yes, are you- ☐ part-time ☐ full-time Name of School: \_\_\_\_\_ GO210

Do you currently receive financial aid? (grants, scholarships, etc.) ☐ Yes ☐ No

12. Do you plan to become a student within the next 12 months, but have not enrolled yet? ☐ Yes ☐ No

**INCOME INFORMATION****Yes No**☐ ☐

13. I am self-employed. This includes, but is not limited to: 1099- contractors, rideshare companies (e.g. Uber, Lyft), app-based delivery services (e.g. Doordash, Grubhub, etc.), other gig economy jobs, multi-level marketing companies (e.g. Mary Kay, Avon, etc.), social media income (e.g. YouTube, TikTok, etc.), etc.

List type(s) and month/year started:

**Monthly Gross Income Form**

CO312

*(Use net income from business)*

1) \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_

☐ ☐

14. I have a job and receive one or more of the following types of pay: wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation.

CO300

Name of Employer(s) and month/year started:

1) \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_

*If not employed or self-employed, use Form CO313*



PREVIOUS EMPLOYMENT

Form

- ☐ ☐ 15. I had a job which **ended within the last three months**. If yes, please list:

Name of Employer and month/year employment ended:

1) \_\_\_\_\_ / \_\_\_\_\_

- ☐ ☐ 16. Do your family, friends, or any other person or organization outside your household help you meet needs by giving you cash assistance?

CO314

Name of Person(s) Providing Contribution:

1) \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ \$ \_\_\_\_\_

- ☐ ☐ 17. Do your family, friends, or any other person or organization outside your household help you pay a bill or expense, such as utilities, car, gas, insurance, cable/internet, diapers, etc.?

CO314

Name of Person(s) Providing Contribution:

1) \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ \$ \_\_\_\_\_

- ☐ ☐ 18. I receive unemployment benefits.

\$ \_\_\_\_\_

- ☐ ☐ 19. I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.

\$ \_\_\_\_\_

- ☐ ☐ 20. I receive periodic retirement benefits from Social Security.

\$ \_\_\_\_\_

- ☐ ☐ 21. I receive periodic Supplemental Social Security Income (SSI), Social Security Disability Insurance (SSDI) payments, or State SSI payments.

\$ \_\_\_\_\_

- ☐ ☐ 22. The household receives unearned income from family members aged 17 or under (e.g. Social Security, Trust Fund disbursements, etc.)

\$ \_\_\_\_\_

If yes, list name and source(s):

1) \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ \$ \_\_\_\_\_

- ☐ ☐ 23. I receive disability or death benefits other than Social Security.

\$ \_\_\_\_\_

- ☐ ☐ 24. I/We receive public assistance income (e.g. TANF/W-2).  
DO NOT INCLUDE FOOD STAMPS.

\$ \_\_\_\_\_

CO322

- ☐ ☐ 25. I receive child support payments through court order or other agreement.

\$ \_\_\_\_\_

If yes, from how many persons do you receive support? \_\_\_\_\_ (amount received)

- ☐ ☐ 26. I receive alimony/spousal maintenance payments.

\$ \_\_\_\_\_

(amount received)

- ☐ ☐ 27. I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or similar periodic payments or disbursements.

If yes, list sources:

1) \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ \$ \_\_\_\_\_

- ☐ ☐ 28. I receive income from real or personal property.

\$ \_\_\_\_\_

(use net earned income)



☐ ☐ 29. I have income from another source not listed above.  
If yes, please list: \_\_\_\_\_ \$ \_\_\_\_\_

☐ ☐ 30. I do not have income from any sources above. I am claiming zero income. CO328

*\*Use Form CO400 with all apps.*

*Use additional forms listed when asset verification is required.*

#### ASSET INFORMATION

Yes	No		Cash Value	*Form
<input type="checkbox"/>	<input type="checkbox"/>	31. I have a checking account(s). If yes, list bank(s): 1) _____ 2) _____	(current balance) \$ _____ \$ _____	CO429
<input type="checkbox"/>	<input type="checkbox"/>	32. I have a savings account(s). If yes, list bank(s): 1) _____ 2) _____	(current balance) \$ _____ \$ _____	CO429
<input type="checkbox"/>	<input type="checkbox"/>	33. I have a digital wallet service(s). (e.g. Apple Pay/Apple Cash, Cash App, PayPal, Venmo, etc.) If yes, list service(s): 1) _____ 2) _____	(current balance) \$ _____ \$ _____	GO431
<input type="checkbox"/>	<input type="checkbox"/>	34. I am the owner, organizer, or beneficiary of an account through crowdfunding platform(s). (e.g. GoFundMe, etc.)	\$ _____	GO431
<input type="checkbox"/>	<input type="checkbox"/>	35. I have a pay card for direct deposit or benefits or prepaid debit card(s). (Do not include SNAP balance.) If yes, list card(s): 1) _____ 2) _____	(current balance) \$ _____ \$ _____	GO431
<input type="checkbox"/>	<input type="checkbox"/>	36. I have a revocable trust. If yes, list bank: _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	37. I own real estate. If yes, list address: _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	38. I own stocks, bonds, or Treasury Bills.	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	39. I hold cryptocurrency/digital currency (e.g. Bitcoin, etc.)	\$ _____	GO431
<input type="checkbox"/>	<input type="checkbox"/>	40. I have Certificates of Deposit (CD) or Money Market Account(s).	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	41. I have a <u>whole</u> life insurance policy. If yes, name of company: _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	42. I/We keep cash savings on hand or in a safety deposit box.	\$ _____	



☐ ☐

43. I have disposed of assets (i.e. given away money/assets) for less than the fair market value in the past two years.

If yes, list item(s) and date disposed:

1) \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ \$ \_\_\_\_\_

☐ ☐

44. I have other non-necessary personal property, including but not limited to, recreational vehicles or boats, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, or items such as gems/precious metals, antiques, artwork, etc.

If yes, list type(s):

1) \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ \$ \_\_\_\_\_

☐ ☐

45. I received a federal tax refund or refundable tax credit in the past 12 months.

\$ \_\_\_\_\_

(amount received)

☐ ☐

46. A minor/minors in my household have one or more of the above assets.

If yes, list name and type(s):

1) \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ \$ \_\_\_\_\_

3) \_\_\_\_\_ \$ \_\_\_\_\_

#### BED BUG INFORMATION

Yes No

☐ ☐

47. Are you aware of any facts or circumstances that you, your personal property, or your current or previous residences were exposed to bed bugs?

If YES, Applicant makes the following disclosures regarding Applicant's exposure to bed bugs:  
(if more room is necessary, attach additional sheet)

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48. If you have been exposed to bed bugs within the last two years, please answer the following:

1) Do you represent and warrant that all of your personal property has been inspected, professionally treated if warranted, and that no bed bugs are present in your personal property?

☐ Yes☐ No

2) Do you authorize Landlord to obtain for review documentation regarding such exposure, and will you upon Landlord's request make all of your personal property available for inspection to confirm the absence of bed bugs?

☐ Yes☐ No

☐ Does not apply

*PLEASE NOTE- If you have been exposed to bed bugs, and are unwilling to give the above representations, warranties, and authorizations, your application could be denied.*



## HOUSEHOLD CERTIFICATION

I hereby certify that I do/will not maintain a separate rental unit in another location. I further certify that this will be my/our permanent residence. I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my/our eligibility for housing will be based on applicable income limits and by the property's selection criteria. I further understand and agree that the owner/management agent will use this information to investigate my/our credit worthiness through credit bureau, criminal checks, and landlord verification. Exceptions to credit screening will apply for applicants receiving a housing subsidy as defined by § 38-12-902(1.7), C.R.S. I also understand that I may provide a PTSR (See Move-In Attachment #2) in lieu of a credit and/or criminal check. I certify that all information in this application is true and correct to the best of my knowledge. I understand that giving false statements or information is punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I was given a copy of the property's acceptance criteria. Under penalty of perjury, I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.

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

\_\_\_\_\_  
Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**In keeping with the Fair Housing Act, and Colorado Civil Rights Law, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion, National Origin, Ancestry, Sexual Orientation, Gender Identity, Gender Expression, Creed, Marital Status, Source of Income, nor Veteran/Military Status. For questions or concerns, please reach out to Gorman & Company, 200 N Main St., Oregon, WI 53575. Phone: 608-835-3900 TTY: 711**





## AUTHORIZATION FOR RELEASE OF INFORMATION

**Purpose:**

This form enables Gorman & Company to comply with federal regulations requiring verification of all sources of income and assets of household members residing in federally financed housing.

**Conditions:**

The consent granted by this form may be used as a basis to collect housing references, income verification, asset verification, verification of student status, and verification of tuition, loans, and any other financial aid verification which is confidential and protected by the Federal Privacy Act. Such information will be used by Gorman & Company to determine eligibility to reside in federally financed housing. Such information will not be disclosed or released outside of Gorman & Company and its managing companies, except to appropriate Federal, State and local agencies monitoring Gorman & Company's compliance with federal regulations.

**Authorization:**

I hereby authorize release of any information requested by Gorman & Company regarding my income, assets, student status, tuition, loans, and any other financial aid. I agree that photocopies of this authorization may be used for the purpose stated above.

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

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Applicant Printed Name

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Applicant Signature

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Social Security Number

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Date



## MOVE IN APPLICATION- ATTACHMENT #1

**RENTAL HISTORY-** Please provide the last 2 years - or - last 2 residences.

Current Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

☐ Own ☐ Rent ☐ Staying with friend/family ☐ Other: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

☐ Own ☐ Rent ☐ Staying with friend/family ☐ Other: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### ADDITIONAL INFORMATION

Yes No

☐ ☐ 1) Have you or any household member ever been convicted of a felony?  
If yes, please describe: \_\_\_\_\_

☐ ☐ 2) Have you ever been evicted? If yes, reason: \_\_\_\_\_

☐ ☐ 3) Are you a registered sex offender?

4) List all states you have lived in: \_\_\_\_\_

☐ ☐ 5) Do you wish to receive a written explanation of a denial of tenancy?

☐ ☐ 6) Are you or anyone in the household disabled?

If yes, please list the household member's name: \_\_\_\_\_

☐ ☐ 7) Are you or anyone in the household a military veteran?

If yes, please list the household member's name: \_\_\_\_\_

☐ ☐ 8) Are you or anyone in the household currently experiencing any of the following types of homelessness?

If yes, please choose which best describes you:

- ☐ Living in a space not meant for human habitation, in an emergency shelter, in transitional housing, or exiting an institution in which you resided
- ☐ Losing your primary nighttime residence
- ☐ Family with child(ren) or unaccompanied youth that is unstably housed and likely to remain so
- ☐ Fleeing, or attempting to flee, domestic violence and have no other residence and lack the resources or support networks to obtain other permanent housing



## MOVE IN APPLICATION- ATTACHMENT #2

### LANDLORD DISCLOSURES AND REQUIREMENTS

Applicant acknowledges that they have been advised of the following:

1. Applicant has been provided the opportunity to review copies of the proposed lease and rules and regulations for inspection.
2. Applicant has been provided with the name and address of the person authorized to receive rent, manage, and maintain the premises who can readily be contacted; and an owner or agent with an address within the state who is authorized to receive notices and demands, and at which service of process can be made in person.
3. Applicant has the right to inspect the apartment and notify the landlord of any damage or defect that exists within seven (7) days of beginning their tenancy.
4. Applicant has the right to request in writing a list of the physical damages and defects for which the landlord deducted money from the previous tenant's security deposit.
5. Utility Charges not included in rent:

Utility Type:	Electricity	Gas	Heat	Air Conditioning	Water/Sewer	Hot Water	Trash	Other
Landlord								
Tenant								

6. Any uncorrected building or housing code violations (see attached list- if applicable).
7. The premises contain the following conditions adversely affecting habitability:

Adverse Condition:	Does Not Exist
No hot and/or cold running water	X
Plumbing facilities not in good operating condition	X
Sewage disposal facilities not in good operating condition	X
Unsafe heating facilities incapable of maintaining a temperature of 67° F	X
Electrical wiring, outlets, fixtures not in safe operating condition	X

8. Applicant was advised of structural or other conditions in the apartment unit or premises that present a substantial health or safety hazard or create an unreasonable risk of personal injury.
9. Applicant has received copies of HUD VAWA forms 5380 and 5382. \_\_\_\_\_ **please initial**
10. Landlord promises to repair, clean, or improve the premises as follows by the completion dates noted:

\_\_\_\_\_

Security deposits may be withheld only for tenant damages, waste, or neglect of the premises; the non-payment of rent, utility services, or mobile home parking fees for which the Landlord becomes liable; and other reasons specifically and separately negotiated and agreed to by the tenant in writing in a Non-Standard Rental Provision Agreement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## 11. Portable Tenant Screening Reports (PTSR):

1) You have the right to provide Landlord with a PTSR that is not more than 30 days old, as defined in § 38-12-902(2.5), Colorado Revised Statutes; and 2) if you provide Landlord with a PTSR, the Landlord is prohibited from: a) charging you a rental application fee; or b) charging you a fee for Landlord to access or use the PTSR.

Colorado Revised Statute, C.R.S. § 38-12-902(2.5) defines a portable Screening Report (PTSR), and any PTSR submitted by you, must meet the following definition.

(2.5) “Portable tenant screening report” or “screening report” means a consumer report prepared at the request of a prospective tenant that includes information provided by a consumer reporting agency, in which such report includes the following information about a prospective tenant and the date through which the information contained in the report is current:

- a) Name;
  - b) Contact information;
  - c) Verification of employment and income;
  - d) Last-known address;
  - e) For each jurisdiction indicated in the consumer report as a prior residence of the prospective tenant, regardless of whether the residence is reported by the prospective tenant or by the consumer reporting agency preparing the consumer report.
- (I) A rental and credit history report for the prospective tenant that complies with section 38\*12\*904(1)(a) concerning a landlord’s consideration of a prospective tenant’s rental history;
  - (II) A criminal history record check for all federal, state, and local convictions of the prospective tenant that complies with section 38-12-904(1)(b) concerning a landlord’s consideration of a prospective tenant’s arrest records.

Further, pursuant to C.R.S. §38-12-904(1.5)(b), landlords may require:

- (I) That the screening report was completed within the previous thirty days;
- (II) That the screening report is made directly available to the landlord by the consumer reporting agency for use in the rental application process or provided through a third-party website that regularly engages in the business of providing consumer reports and complies with all state and federal laws pertaining to use and disclosure of information contained in a consumer report by a consumer reporting agency;
- (III) That the screening report is made available to the landlord at no cost to access or use in the rental application process; and
- (IV) A statement from the prospective tenant that there has not been a material change in the information in the screening report, including the prospective tenant’s name, address, bankruptcy status, criminal history, or eviction history, since the report was generated.

Pursuant to Landlord’s Rights, Landlord insists that any PTSR provided by you meets these additional requirements.

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Signature of Applicant

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Date



## INCOME AND RESIDENT SELECTION CRITERIA

- I. **Statement of Non-Discrimination:** Gorman Property Management USA, LLC supports Equal Housing Opportunity and utilizes all Fair Housing Laws and all other state and federal regulations when giving preferences to special persons. The Project provides low-cost housing on an equal opportunity basis. We do not discriminate against applicants on basis of race, color, religion, sex, national origin, family status, disability or handicap.
- II. **Notice to all applicants regarding options for applicants with disabilities and handicaps:** We provide “reasonable accommodations” and/or “reasonable modifications” to applicants if they are otherwise eligible and qualified for admission and if they or any of their family members have a disability or handicap. Applicants who have a family member with a disability must still be able to meet all obligations under the rental agreement – i.e. pay rent, keep the apartment clean, comply with occupancy restrictions, etc. – but there is no requirement they be able to do these things without assistance. A “reasonable accommodation” and/or “reasonable modifications” is a change that we can make to the policies or procedures that will assist an otherwise eligible and qualified applicant with a disability or handicap to enjoy more suitable housing conditions. If an applicant or a member of an applicant’s family has a disability or handicap, the applicant may request, in writing, a reasonable accommodation and/or reasonable modification at any time in the application process or after admission. If an applicant would prefer not to discuss the disability or handicap, that is the applicant’s right.
- III. **Applications:** We take applications from anyone who wishes to apply. All applicants must be of legal age (18 years of age or older or legally emancipated minors). The application fee is \$20.00 per application. Applications are received and filed on a first come first served basis. We are prepared to assist any applicant who has trouble completing the application. Unless there are compelling reasons for not being able to do so, all applications and accompanying questionnaires and certifications must be signed on site by the applicant’s head of household, the spouse of the head of household, if any, and each additional adult who will live in the apartment, all of whom are considered co-applicants. Any additional adult who desires to live in an apartment after a family or resident has moved in will not be admitted (and shall be considered an unauthorized occupant) unless he or she (1) successfully completes the application process, (2) is determined to be both eligible and qualified, (3) the income and occupancy standards per unit are still under maximum limits.
- IV. **Availability:** After you have completed your application, you may return it to us by mail, or make an appointment and bring it into the office in person. You will be placed on the waiting list as soon as we have received your completed application. It is your obligation to renew your application every six (6) months via mail or your application will be removed from the waiting list. You can be notified up to ninety (90) days prior to an anticipated vacancy in order to begin the screening process although it is likely that notification could be thirty (30) days or less. Please note, waiting lists are subject to closure based on the number of applicants.
- V. **Pets:** Unless otherwise provided under federal, state, or local law, no animals (including mammals, reptiles, birds, fish, rodents, and insects) are allowed, even temporarily, anywhere in the apartment or apartment community unless we’ve so authorized in writing. If we allow an animal as a pet, you must execute a separate animal addendum which may require additional deposits, and rents. An animal deposit is considered a general security deposit. The animal deposit is \$300.00 per apartment and monthly pet rent is \$35.00 per month per apartment. We will authorize an assistance animal for a disabled person. When allowed by applicable laws, before we authorize an assistance animal, if the disability is not readily apparent, we may require

a written statement from a qualified professional verifying the disability-related need for the assistance animal. If we authorize an assistance animal, we may require you to execute a separate animal and/or assistance animal addendum. Animal deposits, additional rents, fees or other charges will not be required for an assistance animal needed due to disability, including an emotional support or service animal, as authorized under federal, state, or local law. Aquariums more than 30 gallons will not be accepted. We accept cats and dogs. Only two pets per apartment are permitted. All pets must be spayed/neutered and current on all vaccinations. The following breeds are not permitted: Doberman Pinschers, Rottweilers, Pit Bull, Presa Canario, Great Dane, Cane Corso, Canary-Italian- Bull Mastiff, Chow-Chow, Wolf Hybrid, German Shepard, Akita, Alaskan Malamute, or any mix with the listed breeds. Breed restrictions do not apply to assistance animals per applicable laws.

## **VI. Selection Criteria:**

1. Residency history that includes prior evictions within the last seven (7) years, multiple late payments, returned checks, poor housekeeping, conduct disturbing the rights and comforts of other residents, unauthorized occupants, property damage or failure to adhere to the policies and regulations of the landlord or management company will result in automatic denial of the application.
2. Neutral references, no response from a former landlord(s) to a rental reference request, or a landlord reference indicating the landlord would not re-let to the applicant due to lease violation is grounds for automatic denial of the application.
3. Criminal History Criteria
  - I. A criminal record verification will be made on all persons 18 years of age or older. All applicants will be required to provide information regarding the city and state that they lived in, for up to 5 proceeding years. Locations provided will be compared/verified with credit report addresses and all applicable statewide criminal records will be requested.
  - II. Criminal Offenses: Any applicant with felony or misdemeanor conviction of manufacturing or distributing a controlled substance, Homicide (any count), Manslaughter (any count) , Sex Crimes Against a Person, Stalking, Sex Crimes Against a Child, or lifetime registry on any sex offender registry will always result in automatic denial regardless of the disposition date.
  - III. Felony Offenses: Any application will be denied if the applicant has been convicted or released from custody within the last five (5) years for the following felony crimes: felony involving Arson, Assault and Battery, Bad Checks, Burglary, Crimes Against Animals, Crimes Against Children, Crimes Against Gov't, Cyber Crimes, Destruction of Property, Disturbance of Peace, Domestic Crimes, Drug Offenses - other, Embezzlement, Fraud, Harassment, Kidnapping, Organized Crime, Petit Theft, Purposely Obstructs the Law, Robbery, Sex Crimes – Other, Theft/Larceny, Trespassing, Weapons Related, or any other felony not herein enumerated.
  - IV. Misdemeanor Offenses: Any application with a conviction of a misdemeanor for the following charges may result in in a denial based on a five (5) year look back period for the following felony crimes: Assault and Battery II, Drug Offenses, Weapons Related. The look back period includes the applicant's conviction date, release from incarceration, parole or probation or whichever latest date is available to criminal screening vendor. Any application with a conviction of a misdemeanor for the following charges may result in in a denial based on a three (3) year look back period: Assault and Battery I, Burglary I, II, Crimes Against Animals, Crimes Against Children, Domestic Crimes, Kidnapping I, II, Robbery, Crimes – Other, Trespassing, Any Offense Not Listed. The look back period

includes the applicant's conviction date, release from incarceration, parole or probation or whichever latest date is available to criminal screening vendor.

- V. If you or someone you are applying with as part of a joint lease has pending charges, that if convicted, would result in a denial of your application, we will not be able to determine your eligibility until after the case has been resolved. Court documents will need to be provided.

4. Each application is screened for completeness and legibility. All information on the application must be complete and correct. False, incomplete or misleading information will cause an applicant to be rejected or evicted if the false, incomplete or misleading information involves current criminal activity, criminal convictions and/or prior evictions regardless of when the false, incomplete or misleading information is discovered.
5. Must provide verifiable proof of income and assets. Applicants must meet program requirements for any Affordable Housing Programs that may apply.
6. Additional Grounds for Denial Will Result from the Following on All Applicants:
  - I. Falsification of rental application;
  - II. Aggressive, rude, or hostile behavior with onsite team;
  - III. Altercation with the onsite team or another resident that results in the onsite team or resident fearing for their safety; and/or
  - IV. Applicant demonstrates ongoing dissatisfaction with the community or staff despite efforts to satisfy the applicant.

**VII. Portable Tenant Screening Report (PTSR)**

1. Applicant has the right to provide us with a PTSR that is not more than 30 days old, as defined in § 38-12-902(2.5), Colorado Revised Statutes; and 2) if Applicant provides us with a PTSR, we are prohibited from: a) charging Applicant a rental application fee; or b) charging Applicant a fee for us to access or use the PTSR.
2. If Applicant provides us with a PTSR: a) the PTSR must be available to us by a consumer reporting agency/third-party website that regularly engages in the business of providing consumer reports; b) the PTSR must comply with all state and federal laws pertaining to use and disclosure of information contained in a consumer report by a consumer reporting agency; and c) Applicant certifies that there has not been a material change in the information in the PTSR, including the Applicant's name, address, bankruptcy status, criminal history, or eviction history, since the PTSR was generated.

**VIII. Notice Regarding Government Assistance/Subsidies Inquiry**

To ensure that we comply with Colorado law, please check the corresponding box if you receive any of the following:

- ☐ Supplemental Security Income
- ☐ Social Security Disability Insurance under Title II of the Federal "Social Security Act", 42 U.S.C. Sec. 401 et seq., as amended
- ☐ Cash Assistance through the Colorado Works Program Created in Part 7 of Article 2 of Title 26
- ☐ A housing subsidy whereby any or all of your rental payment would be paid by a public or private assistance, grant, or loan program.

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If, after the screening process is complete, you are found to be ineligible, you will be notified by mail or email at the address listed on your application. Rejected applicants have ten days to furnish the management company with additional information to resolve items in question. If such information is furnished and verifiable and is sufficient to address the times in question the applicant will then be approved or return to the head of the waiting list.

### **Occupancy Limits**

<b>Apartment Type</b>	<b>Maximum Persons</b>
Studio	Two
1 Bedroom	Two
2 Bedroom	Four
3 Bedroom	Six
4 Bedroom	Eight

By signature below, applicant acknowledges that they have reviewed the qualification criteria, which includes reasons why the application may be denied. The applicant understands that if they do not meet the qualification criteria or fails to answer any question or gives false information, we may reject the application, retain fees allowed by statute and terminate any right of occupancy.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_