



**LONGMONT HOUSING AUTHORITY**  
**2024 – Project-Based Voucher (PBV)**



**Instructions:** Please print clearly; please read all the information before completing the entry form

**Head of Household**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
**Veteran Status:** \_\_\_\_\_ **Homeless:** Yes No **Elderly:** Yes No **Disabled:** Yes No

**Household Information**

# in Household: \_\_\_\_\_ # of bedrooms requesting to lease: 2 3 4  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*Mailing:* \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Alternative Phone No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Demographic Information for statistical purpose only (Optional)**

*Race:* White Black/African American Asian Hawaiian/Other Pacific Isla Other: \_\_\_\_\_  
*Ethnicity:* Hispanic or Latino Not Hispanic or Latino

**Other Family Members Living in Unit**

Last Name	First Name	MI	Relation ship	Sex	DOB	Elderly	Disabled	Veteran

**Income** (List ALL income and/or non-wage income i.e., SS/SSI, TANF, OAP, AND, Alimony/Child Support, etc.)

Household Member <i>First and Last Name</i>	Type of Income	Monthly GROSS Amount

**Assets** (List ALL assets including but not limited to checking account, savings, retirement, etc.)

Household Member <i>First and Last Name</i>	Type of Asset	Estimate Cash Value

**NOTICE OF NONDISCRIMINATION ON THE BASIS OF DISABILITY**

350 Kimbark Street, Longmont, CO 80501  
 Phone: (303) 651-8581 | Email: [lhainfo@longmontcolorado.gov](mailto:lhainfo@longmontcolorado.gov)  
 TTY service available through Colorado Relay Service at 1-800-659-3656.



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As required by Section 504 of the Rehabilitation Act (as amended) and the Americans with Disabilities Act (ADA), the Longmont Housing Authority (LHA) has adopted a policy regarding “Nondiscrimination on the Basis of Disability.”

Longmont Housing Authority does not discriminate on the basis of disability in the admission to, access to, or operations of programs, services, or activities.

Qualified individuals who need accessible communication aids and services or other accommodations to participate in programs and activities are invited to make your needs and preferences known to the 504/ADA coordinator. Please give us at least three to five day’s advance notice so we can adequately meet your needs.

An internal grievance procedure is available to resolve complaints. Questions, concerns, or requests for additional information regarding 504/ADA should be forwarded to:

**504/ADA Coordinator’s Name:** Lauren Cely

**Email:** [lauren.cely@longmontcolorado.gov](mailto:lauren.cely@longmontcolorado.gov)

**Days and Hours Available:** Monday – Friday; 8:00 AM to 5:00 PM

**Address:** 350 Kimbark Street, Longmont, CO 80501

**Phone Number:** 303-651-8581 **TDD:** 711

Upon request, this notice and other materials may be made available in alternative formats (for example, large print or audio tape) from the 504/ADA coordinator.

**I CERTIFY THAT THE STATEMENTS MADE ON THIS FORM ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO UPDATE MY APPLICATION ENTRY INFORMATION AND ADVISE THE LONGMONT HOUSING AUTHORITY (IN WRITING) OF ANY ADDRESS CHANGE.**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date