



LONGMONT HOUSING AUTHORITY
Low Income Tax Credit Property (LIHTC)
2023 – Spring Creek Apartments (55YRS +)



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: _____
 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

| Last Name | First Name | MI | Relation ship | Sex | DOB | Elderly | Disabled | Veteran |
|-----------|------------|----|------------------|-----|-----|---------|----------|---------|
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Income (List ALL income and/or non-wage income i.e., SS/SSI, TANF, OAP, AND, Alimony/Child Support, etc.)

| Household Member First and Last Name | Type of Income | Estimated Monthly GROSS Amount |
|---|----------------|-----------------------------------|
| | | |
| | | |
| | | |
| | | |

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

| Household Member First and Last Name | Type of Asset | Estimate Cash Value |
|---|---------------|---------------------|
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NOTICE OF NONDISCRIMINATION ON THE BASIS OF DISABILITY

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: Lisa Gallinar

Email: lisa.gallinar@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