



2022 WAITING LIST APPLICATION – PROJECT BASED VOUCHER UNIT
PLEASE PRINT CLEARLY



Head of Household

Name (Last, First): _____ SS #: _____ / _____ / _____ Age: _____ Date of Birth: _____

Phone Number: _____ Alternative Phone Number: _____

Email Address: _____ # in Household: _____

Sex:
 Male Female Other Do not wish to disclose

Demographic information for statistical purpose only (optional):
 Race (Circle one): White Black/African American Asian Hawaiian/Other Pacific Isla. Amer. Indian/Alaska Native Other

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Veteran? YES NO **Disabled?** YES NO **If yes, do you need an ADA Accessible Unit?** YES NO

Additional Household Members

	Last Name	First Name	MI	Relationship	Sex	DOB	Elderly?	Disabled?	Veteran?
1									
2									
3									
4									
5									
6									

Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (if different than above): _____ City: _____ State: _____ Zip Code: _____

(please complete back side of application and sign)

Office Use Only Entered: _____ Priority: _____
Received Stamp: _____

Are you currently homeless? YES NO

What is your preferred method of contact? Phone Email Other: _____

Are you currently working with another organization or case worker? YES NO

How'd you hear about us? _____

Please List all Income and Asset amounts and sources for everyone in the household

Income (list ALL income or items in lieu of support/income, SSI, TANF, and/or pension received by all household members, including children)

Source:	Received By:	Monthly Gross Amount:

Assets (list ALL assets including but not limited to checking account, savings account, life insurance policy, retirement account, bonds/stocks, other)

THE LONGMONT HOUSING AUTHORITY DOES NOT DISCRIMINATED BASED ON RACE, COLOR, RELIGION, GENDER, MARTIAL STATUS, AGE, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, SEXUAL ORIENTATION, VETERANS, RESERVE AND NATIONAL GUARD STATUS OR CHARACTERISTICS PROTECTED BY LAW IN ITS FEDERALLY ASSISTED PROGRAMS OR ACTIVITIES. 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 LOTTERY ENTRY INFORMATION AND ADVISE THE LONGMONT HOUSING AUTHORITY (IN WRITING) OF ANY ADDRESS CHANGE.

Signature

Date



Office Use Only Entered: _____ Priority: _____
Received Stamp: _____

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Received Stamp: _____