



**WAITING LIST APPLICATION – VILLAGE PLACE SENIOR
APARTMENTS (62+)**
PLEASE PRINT CLEARLY

PLEASE READ INFORMATION PAGE BEFORE COMPLETING ENTRY FORM

Head of Household

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

Phone Number: _____ Email Address: _____

in Household: _____ # of Bedrooms: _____ Expected Month/Year for move in : _____

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 (Circle one): Hispanic or Latino Not Hispanic or Latino

Veteran Status: _____ Elderly: _____ Disabled: _____

Other Family Members

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

Address: _____ City: _____ ST: _____ Zip Code: _____

Mailing Address: _____ City: _____ ST: _____ Zip Code: _____

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

RECEIVED BY: _____ WHERE FROM: _____ MONTHLY GROSS AMOUNT: _____

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

Please submit completed application to LHAInfo@longmontcolorado.gov or by mail or in person to 350 Kimbark Street, Longmont, CO 80501

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.

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