



# Longmont Housing Authority

350 Kimbark Street, Longmont, CO 80501

Phone: (303) 651-8581 | Email: lhainfo@longmontcolorado.gov

TTY service available through Colorado Relay Service at 1-800-659-3656.

## Waitlist – Housing Choice Voucher Program

*Please Print Clearly and read all the information before completing the entry form*

The LHA will use the following local preferences:

1. The LHA will offer a preference to any household that has been terminated from the LHA’s HCV program due to insufficient program funding
2. Families who have been involuntarily displaced due to government actions.
3. Families that reside in the City of Longmont or includes a family member who works or has been notified that they are hired to work in Longmont.

The LHA will first assist families that have been terminated from the HCV program due to insufficient funding, then families being involuntarily displaced due to government actions, and then families that resides and/or work in Longmont.

### **Please select which priority best describes your household:**

Household was terminated from the LHA’s HCV program due to insufficient program funding

Explain: \_\_\_\_\_  
\_\_\_\_\_

Household have been involuntarily displaced due to government actions

Explain: \_\_\_\_\_  
\_\_\_\_\_

Household resides in the City of Longmont or includes a family member who works or has been notified that they are hired to work in Longmont.

Proof residency and/or employment attached:  Yes  No

### **Head of Household**

Name (Last, First): \_\_\_\_\_

SSN: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing (If different from physical): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

*Free interpretation of vital documents, certification and recertification of forms is available from LHA upon request.*

### **Office Use Only**

**Entered:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Priority:**  HUD Funding (1)  Involuntarily Displaced (2)  Live/Work Longmont (3)





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### Demographics:

**Sex:**  Female  Male  Other  Do not wish to disclose

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino

### **Demographic information for statistical purpose only (optional):**

White  Black/African American  Asian  Hawaiian/Other Pacific Isla.

Native Amer./Alaska Native  Other: \_\_\_\_\_

**Veteran?**  Yes  No

**Disabled?**  Yes  No

### **Additional Household Members**

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

### **Income and Assets**

**Income** (List ALL income or non-wage income (i.e., SSI/SSDI, TANF, OAP, Pension, Unemployment, etc.) for all member of the household including minor household members))

Income Type	Household Member Receiving Income	Monthly Gross Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$

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*Assets (List **ALL** assets including but not limited to checking/savings account(s), Life Insurance Policy, Retirement Account(s), Stocks/Bonds, etc.)*

Asset Type	Household Member	Cash Surrender Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$

### **Other information:**

What is your preferred method of contact? USPS Email Phone

Are you currently working with another organization or case work? Yes No

If yes, contact information of organization or case worker: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**I certify that the statements made on this form are true and complete to the best of my knowledge. I understand that it is my responsibility to update my lottery entry information and advise the Longmont Housing Authority (in writing) of any address or contact information change.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***THE LONGMONT HOUSING AUTHORITY DOES NOT DISCRIMINATE BASE ON RACE, COLOR, RELIGION, GENDER, MARITAL 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.***

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