



Dear Applicant,

Attached is the application for Rifle Housing Authority. We have 60 elderly/disabled HUD assisted Section 8 apartments. Pets are allowed in the HUD assisted units. We also have a privately owned project. In all, there are 106 apartments. The apartments are all one bedroom, approximately 550 square feet. To be eligible for tenancy applicants must be at least 62 years old or disabled. **All apartments, commons and laundry areas are non-smoking. Rifle Housing Authority is a smoke free property.**

Please fill out the application and return to our office at 250 Ute Avenue, Rifle, CO 81650. You may also fax 970-665-9238 or email hudhouse@riflecolo.net the application back to us.

We must have a copy of your social security card and your birth certificate to process the application and put your name on the waiting list. Other identification such as a United States Military Card or Native American Tribal document may be acceptable substitutes for the birth certificate.

This application is used to place your name on our waiting list and does not guarantee tenancy at this time. We are required to run a prior landlord check, background check and credit check on every applicant. **You must check back with Rifle Housing Authority every six months to let us know you are still interested in renting a unit. Failure to do this will result in your name being removed from the waiting list.** Currently, the wait time is approximately 18 months.

When your name reaches the top of the waiting list you will be contacted for an interview and you will need to provide further documentation of your income at that time which will be used to determine your rent amount.

Please feel free to contact Natalie Bowman, Executive Director, at 970-625-3974 if you have questions about the application. Office hours are Monday through Friday 7am to 4pm, with lunch normally 12pm to 1pm.

Please keep this page for your records.

Name of applicant

Date

(over)

CERTIFICATION CHECK LIST



1. **Any and ALL verifications of income, including Social Security, pensions, earned income, Disability Income or any other type of Income. This is what we need for now and can be documented on the 2nd page of the application.**

THE ITEMS BELOW WILL BE NEEDED BEFORE MOVE IN

2. _____ Six consecutive months statements: Checking and Savings, and one statement for any CDs, Time Deposits, Investment Accounts, Bonds or any other funds you have.
3. _____ Proof of purchased medicine or co-pays. If it's covered by Medicare or Insurance and you have co-pays, bring proof of those payments. *You can contact your pharmacy for a print out of the prior year. Make sure the pharmacy signs and dates the summary printout.*
4. _____ Proof of Insurance payments you make that are in anyway tied to your health. If you have a Whole Life policy that earns interest, please bring proof of that too. Provide any supplemental insurance policies whether for Doctor or Medicines.
5. _____ Doctor, Dentist, Optical or Hearing payments or aids for impairments including walkers, mobile chairs or wheel chairs, hearing aids, batteries for any of the aids, dentist work, dentures, or any medical related issues.
6. _____ Over the counter medicines: If your doctor has you on any OTC medicines, you may deduct those as well, with a proof of purchase, so keep your receipts. You must have a doctor's note or prescription that these OTC medicines have been prescribed. *Without a note or prescription the over the counter meds will not count.*

If you have any question, please feel free to call me and if you're in doubt, bring in the paperwork and we'll see what we can do for you. I'm here to assist you and will do all I can to help you out within the guidelines we are bound to.

Sincerely,

Natalie Bowman
Executive Director
970-625-3974