



ARAPAHOE COUNTY COLORADO
 Community Resources Department
 Housing & Community Development
 1690 W. Littleton Blvd., Suite 300
 Littleton, CO 80120

Intake Staff _____
Day _____
Time _____
1 st Apt. _____

CLIENT INTAKE

Legal Name: _____ DOB: _____

SSN#: _____ Phone: _____ Email: _____

Address: _____ Apt: _____ Arapahoe County Resident: _____

Apartment Name: _____ Apartment Manager Name: _____

Apartment Manager Phone: _____ Email _____

Race: ___ White
 ___ Black/African American
 ___ Asian
 ___ Native Hawaiian/Pacific Islander
 ___ American Indian/Alaskan Native
 ___ Other

Ethnicity: ___ Hispanic or Latino
 ___ Not Hispanic or Latino

Household Size: _____ Home owner: _____ Renter: _____ Pets: _____

Disabled: Yes___ No___ **Smoker:** _____ **Health Insurance:** Yes___ No___ **Veteran:** Yes___ No___

Family Type: Single person _____ 2 adults/no children _____ Single parent/female _____

Single person/male _____ 2 parent household _____ Other _____

Education Level: 0-8 _____ 9-12/non-graduate _____ H.S. Grad/GED _____

12+ some post-secondary _____ 2 or 4 year college grad _____

Assistance Requested: Rent___ Deposit___ Eviction___ Other _____

Amount Requested: \$ _____

Copy of ID on file: Yes___ No___

Income Verification on file: Yes___ No___

Copy of Lease on file: Yes___ No___

Section 8 Voucher? Yes___ Amount ___ No___

Current circumstances describing why rental assistance is being applied for:



Arapahoe County Community Services Division
ACHAP
1690 West Littleton Blvd., Suite 300
Littleton, CO 80120

2020 Income Form

Please complete the information below and return this form to ACHAP in the envelope provided. Please provide verification of income through copies of bank statements or annual award letters from Social Security or pensions. Thank you for your assistance. Please contact Cameron Shropshire or Linda Haley if you have any questions.

Name: _____ Phone: _____

Address: _____

Other Household members: _____

Monthly Income (fill in as many as apply to you) for the entire household:

Employment _____

Social Security (before Medicare Deduction) _____

SSI/SSDI _____

Interest Income _____

Pension _____

Other _____

Total Monthly Income: _____

Assets:

Savings Account(s) Balance: _____

Stocks/Bonds/Mutual Funds: _____

Money Market Accounts: _____

Retirement Accounts: _____

Do you own your home? _____



ARAPAHOE COUNTY HOUSING ASSISTANCE PROGRAM

Statement of Rights and Responsibilities

I understand that by signing this document I acknowledge that I have received the following information about my rights and responsibilities.

Client Rights

I am an Arapahoe County resident and understand I have the right to apply for assistance from the Arapahoe County Housing Assistance Program and to have my eligibility for such assistance determined without regard to race, color, sex, age, disability, religion, national origin, or political belief.

The information I have given is confidential. In order to provide me with the best possible service, it may be referred to other programs or organizations that meet my specific needs. Information may also be shared with my emergency contacts or medical personal in an emergency situation.

I am only eligible to receive funding from ACHAP one time in any twelve (12) month span.

The information on my application will be verified before funding is administered. I understand that if I provide false information I may forfeit my right to receive services.

I acknowledge that a representative from Arapahoe County will perform a follow-up interview after thirty (30) and ninety (90) days of initial client intake.

I understand that I may contact the Housing, Community Development, and Senior Resources Division Manager regarding any complaints. If a complaint cannot be resolved through a phone call, a meeting may be set up by the Division Manager. The results of this meeting will be provided in writing. If this does not result in a satisfactory solution, the Community Resources Department Director may be contacted within 30 days to review the decision.

AFFIDAVIT

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

_____ I am a United States citizen, or

_____ I am a Permanent Resident of the United States, or

_____ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representations in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

- Please submit one of the following forms of identification:
- Colorado driver's license or identification card
- United States military identification or dependent's identification card
- United States coast guard merchant mariner card
- Native American tribal document

Please see back of this sheet for directions on how to submit the required identification.

Release of Information

In order to provide me with the best possible service, I hereby authorize Arapahoe County to disclose in good faith the information I provided in my application for Housing Assistance to their partnering organizations. This information will only be shared with organizations who directly address housing needs within the community in order to better coordinate housing solutions for me. The information I have provided will remain confidential within Arapahoe County's partnering organizations and will not be made accessible by the public.



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Acknowledgement Form

On the date of _____, I _____ have received copies of the Arapahoe County Housing Assistance Program:

Client Rights:
Affidavit of Citizenship:
Release of Information:

Client Signature: _____ **Date** _____