



Boulevard One Residences

6756 E. Archer Drive
Denver CO 80230

Instructions for submitting an on-line application.

Download and print the pre-application packet from the website. The packet consists of five pages:

1. Instructions for submitting an on-line application
2. Pre-application for rental housing
3. Combined disclosure notice and authorization regarding background consumer reports (page 1)
4. Combined disclosure notice and authorization regarding background consumer reports (page 2)
5. Annual demographics information form

Fill out all forms completely. If a question does not apply, indicate with an N/A (not applicable). If more than one adult (age 18 or over) is in the household, each must fill out a separate Combined disclosure notice and authorization (item 4 above). This allows us to complete individual background checks.

Make a legible copy of a government issued picture ID (driver's license, state issued ID, military ID, passport) and a copy of the social security card for each adult member. Scan the completed application packet along with the ID and social security information and send it to:

BLVD1@voacolorado.org

Applications will only be accepted between the hours of 10:00AM and 3:00PM Mountain Standard Time on Saturday July 28th or 10:00AM to 3:00PM Mountain Standard Time on Monday July 30th. Applications received outside of this time frame will NOT be accepted and will be returned to the applicant.



Volunteers of America

Please complete and return to:
Boulevard One Residences
6756 Archer Place
Denver, CO 80230

For Office Use Only
Date Received: (mm/dd/yyyy)
Time Received: am/pm (hh:mm)
SOCIAL HOUSING OPPORTUNITY
Large Print

Pre-application for Rental Housing

All fields are required. If you fill this page in by hand, print neatly and use blue or black ink.

1. Name and address of Head of Household
Full Name (Last, First, Middle Initial)
Mailing Address City State Zip
Would you like to receive communications via Email?
If yes, please provide email address:
2. Personal Information of Head of Household
Social Security Number
Birthdate (mm/dd/yy) Student?
Area Code Telephone Number

3. Preference: Homelessness
Do you or your family qualify as homeless?
Homeless is defined as:
(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence; or
(2) An individual or family who has a primary nighttime residence that is:
(3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

4. List all members of the household
Table with columns: Relation, Last Name, First Name, Veteran?, Social Security number, Birthdate, (Optional Disclosure) Disability, Student.

5. Disability (Optional. It is not necessary to answer the questions below about your disability unless you are requesting an accommodation.)
5a. Do you claim a disability?
5b. Do you need an accommodation to help you complete the application process?
5c. Do you need an accommodation in housing features as a result of your disability?
5d. If "yes" to 5b or 5c, what accommodation do you request?

6. Income and assets Provide gross (before any deductions) amounts for all questions
6a. Total monthly income
6b. Value of household assets
6c. Sources of income

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that my having provided any false information will result in the application being canceled or denied or in the termination of my lease agreement.
Signature of Head of Household Date
Signature of Spouse or Co-head of Household Date



Volunteers of America®

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS**

(Important: Please read carefully before signing.)

The Fair Credit Reporting Act requires that we inform you that a background investigation will be conducted as part of our screening process for new residents. This may include an inquiry to obtain information regarding your character, employment history, general reputation, personal characteristics, criminal record, motor vehicle record, and/or mode of living. The primary objective of any investigation will be to verify information as part of the application submitted for tenancy at Volunteers of America. A consumer report and/or an investigative consumer report may be obtained at any time during this process or during your tenancy. Upon timely written request to the management office, and within 5 days of the request, the name(s), address(es) and phone number(s) of the reporting agency(ies) and the nature and scope of the report(s) (if made) will be provided to you. You have the right to request details of the report from the consumer reporting agency(ies).

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided the name(s), address(es) and telephone number(s) of the reporting agency(ies) and a summary of your rights under the Fair Credit Reporting Act as well as additional information on your rights under the law.

The items of information requested on the next page are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner.

ADDITIONAL STATE LAW NOTICES

If you currently live in the State of California, Maine, or New York, please review these additional notices.

CALIFORNIA: You may view the file maintained on you by RealPage, Inc. during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at RealPage, Inc.'s offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. RealPage, Inc. has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from Volunteers of America, within five days of our receipt of your request, the name, address, and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

NEW YORK: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.





Volunteers of America®

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS**

(Important: Please read carefully before signing.)

For residents of California, Minnesota, and Oklahoma only: You will be provided with a free copy of any consumer reports or investigative consumer reports on you if you check the box below.

I wish to receive a free copy of any Background Check Report on me this is requested.

Residential Applicant Last Name _____ **First** _____ **MI** _____

Date of Birth: ____/____/____ **Social Security #** ____ - ____ - ____
(mm dd yyyy) (xxx) (xx) (xxxx)

Identification or Driver License # _____ **State** _____

Other Names Used & Date Changed _____
(Including Maiden Name) (Year changed)

Residence Addresses for the Past 5 Years: (attach additional sheets, if necessary)

<i>Street Address</i>	<i>City, State & Zip Code</i>	<i>County</i>	<i>From Mo./Yr.</i>	<i>To Mo./Yr.</i>

Have you ever been charged with or convicted of a Misdemeanor or Felony crime? Yes ____ No ____
If yes, please explain in some detail, including what county and state, and in what year:

I hereby authorize Volunteers of America and/or its agents, without any reservation, to investigate my background as it pertains to my personal and professional licenses and information contained in public records, including, but not limited to, criminal, credit and motor vehicle data. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. I further authorize ongoing procurement of the types of reports mentioned herein at any time during my status as a Tenant. A photocopy of this document may be substituted for the original.

I have read the Combined Disclosure Notice and Authorization form and understand my rights.

Signature of Applicant _____ Date ____/____/____



ANNUAL DEMOGRAPHICS INFORMATION FORM
(To be completed for all residents)

The information on this form will be provided to Colorado Housing and Finance Authority as part of an annual demographics survey. Completion of this form is voluntary and is not a condition of occupancy.

Date: _____

Unit Number: _____

I do not wish to provide this information.

How many occupants over the age of 62 will be living in the household? _____

Number of Children under the Age of 18 living in the household: _____

Is this a single parent family? (check one) Yes No

If this is a single parent family, is the head of household male or female? Male Female

Indicate the primary source of household income from the following list (check one) :

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Child Support | <input type="checkbox"/> Military Pay | <input type="checkbox"/> None |
| <input type="checkbox"/> Other | <input type="checkbox"/> Pension | <input type="checkbox"/> Refused | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> SSDI/Disability | <input type="checkbox"/> TANF | <input type="checkbox"/> Wages | <input type="checkbox"/> Unemployment |

How many people in the household contribute to the household income? _____

Indicate the occupation of the head of household? (check one)

- | | | | |
|---------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Clerical/Admin | <input type="checkbox"/> Full Time Student | <input type="checkbox"/> Managerial |
| <input type="checkbox"/> Military | <input type="checkbox"/> Paraprofessional/Technical | <input type="checkbox"/> Production/Construction/Maintenance | <input type="checkbox"/> Service |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Refused | <input type="checkbox"/> Retired | |
| <input type="checkbox"/> Technical | <input type="checkbox"/> Transportation | <input type="checkbox"/> Unemployed | |

Does anyone in this household have a disability which requires either modification of the living quarters, or any kind of supportive service assistance? _____

Indicate the primary racial identity of the household: (check one)

- | | | | |
|---|---------------------------------------|---|----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Other (Hispanic) | <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Native American/Inuit | |

Resident Signature _____

Date _____