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www.innovativehousingconcepts.org

## PORTABILITY CERTIFICATION APPLICATION

Instructions: Please print. Do not leave any blanks. **Answer every question on the front and back of this form.** If an area of this form does not apply to you, please write the word "NONE." Incomplete applications will be returned and may delay your assistance. Please return this form and your verifications back to Innovative Housing Concepts within 10 days of receipt. **You MUST supply all supporting documentation with this form.**

### **Head of Household**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Driver's License or ID # \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Message Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_ Car Make/Model/Yr. \_\_\_\_\_

### **Spouse or Other Adult**

Name \_\_\_\_\_ Driver's License or ID# \_\_\_\_\_  
Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Is any member of your household required to register in any state as a lifetime sex offender?**

Yes \_\_\_ No \_\_\_

**Have you been convicted of a crime in the last 7 years?** Yes \_\_\_ No \_\_\_

**Do you wish to renew your lease with your present landlord?** Yes \_\_\_ No \_\_\_

List all members of your household including yourself. Use a separate piece of paper if you need more lines.

First Name	Last Name	Sex	Relationship	Birth date	Age	Disability (Y/N)
			Self			

If you are requesting to add any new members to your household you must provide a Birth Certificate and Social Security Card for all new members, and Photo ID for adults. Also, provide permission from your landlord.

**Student Status**

Are there any full-time students over 18 years of age in your family? List name and provide school verification.

Name \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

**Child Care**

Do you have day care expenses? Yes \_\_\_\_ No \_\_\_\_ Provide documentation of payments

Name of child (children) in day care:  
\_\_\_\_\_

Name of child care provider \_\_\_\_\_ Phone \_\_\_\_\_

Amount you pay per child \$ \_\_\_\_\_ per \_\_\_\_\_

**Child Support**

Do you receive Child Support? Yes \_\_\_\_ No \_\_\_\_ Provide documentation of payments

Name of children \_\_\_\_\_

Name of payee \_\_\_\_\_

**Income**

List ALL sources and types of income for all members of your household. (**Employment, OAP, Social Security, SSI, AND, TANF, VA Pension, Unemployment, Worker's Comp., Pension, Self-Employment, etc.**).

NAME	SOURCE OF INCOME	AMOUNT	PER

Any others? (i.e. Food Stamps, etc.) \_\_\_\_\_

**NOTE: ALL SOURCES OF INCOME WILL BE VERIFIED BY THE HOUSING AUTHORITY.**

**Assets**

Please list ALL bank accounts. (**Savings, Checking, Stocks, Bonds, IRA's, CD accounts, etc.**) for all household members.

NAME OF BANK	LAST 4 DIGITS OF ACCOUNT NUMBER	INTEREST RATE	CURRENT BALANCE

Do you own any real estate? Yes \_\_\_\_ No \_\_\_\_ Value \_\_\_\_\_

Have you disposed of any assets during the last two years? Yes \_\_\_\_ No \_\_\_\_ What was the value? \_\_\_\_\_

**Medical**

If you are over 62 years of age or disabled, please supply documentation of all medical expenses: Payments, bills, pharmacy printouts, and insurance payments.

**Emergency Contact**

In case of emergency notify: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

**Certification**

I/We (any family member over 18) certify that the information given to the Innovative Housing Concepts on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge. I/We understand that I/We are required to report any changes in household composition, income, net family assets and allowances, and deductions in writing **within 10 days** of their occurrence to the Innovative Housing Concepts. I/We also understand that false statements or information are punishable under federal law as well as grounds for termination of housing assistance of tenancy.

\_\_\_\_\_  
Print Head of Household

Date \_\_\_\_\_

\_\_\_\_\_  
Signature Head of Household

\_\_\_\_\_  
Print Spouse/Other Adult

Date \_\_\_\_\_

\_\_\_\_\_  
Signature Spouse/Other Adult

\_\_\_\_\_  
Print Other Adult

Date \_\_\_\_\_

\_\_\_\_\_  
Signature Other Adult

**Several forms accompany this application. They must all be signed by all household members over 18 years of age.**

**Thank you for your cooperation. Any delay in returning this paperwork could result in termination of your Housing Assistance.**