

PRELIMINARY APPLICATION

Please Return to:

Brothers Redevelopment Inc.
2250 Eaton, Garden Level B
Edgewater CO 80214
303-202-6340



Check the properties for which you are applying: Circle the number of bedrooms you need

_____ Edgewater Plaza	2250 Eaton St. Edgewater 80214	Senior/Disabled	1	Bdrm
_____ East Bay Senior	3720 West 68 th Ave. Westminster	Senior Only	1	Bdrm
_____ Jefferson Terrace	2400 Decatur St. Denver 80211	Senior/Disabled	1	Bdrm
_____ Sheridan Glen	5350 W. 52 nd Ave. Denver 80212	Senior/Disabled	1	Bdrm
_____ Garfield Apartments	2830 Garfield St. Denver 80205	Senior/Disabled	Buffet, 1	Bdrm
_____ Corona Residence	1445 Corona St. Denver 80218	Senior/Disabled	Buffet 1	Bdrm
_____ Clayton St. Residences	1455 Clayton St., Denver 80206	Low Income	Buffet, 1	Bdrm
_____ Decatur St. Residences	2903 W. 2 nd Ave., Denver 80219	Low Income	1 2	Bdrm
_____ Federal View Apts.	2625 Federal Blvd., Denver 80211	Low Income	1 2	Bdrm
_____ Brook Haven Apts.	1646 S. Federal Blvd., Denver 80219	Low Income	2	Bdrm
_____ La Alma Family	14 th and Lipan Street (Scattered Sites)	Low Income	1 2 3	Bdrm

Instructions for completing this application.

Please fill out this form completely. Print your answers in ink. If you make a mistake, draw a line through the mistake, print the correct answer and initial the correction. **Incomplete applications will be rejected. Live-in aides must also complete an application, and will be accepted or rejected according to the Tenant Selection Plan.**

Applicant _____ Date of Birth _____

Home No. _____ Work No. _____ Message No. _____

Address _____ City _____ State _____ Zip _____

Mbr. No.	Last Name	First Name	Relationship To Applicant	Sex	Age	Approximate Income
1			Self			
2						
3						
4						

1. Have you ever received rental assistance or lived in a subsidized housing unit? If so, where and when?

2. Do you owe money to this or any other housing provider? Yes ___ No ___

3. Has your family's assistance or tenancy in a subsidized housing program ever been terminated?
 Yes ___ No ___ If yes, when and where? _____

4. Have you or a member of your household ever engaged in drug related or violent criminal activity?
 Yes ___ No ___

5. Are you a victim of Domestic Violence? Yes ___ No ___

6. Have you or any other member been convicted of a felony or misdemeanor in the last 5 years?
 Yes ___ No ___ If yes, what? _____

7. Have you ever resided in another State in the last 5 years? If so, where? _____

8. Are you or anyone in the household a student of higher education? Yes ___ No ___ FT ___ PT ___

9. Are you disabled? Yes ___ No ___

10. Do all members of your Household (including infants) have valid Social Security numbers?
 Yes ___ No ___ If No please explain _____

Preliminary Applicant Certification

We certify that all information given in this preliminary application is true, complete, and accurate.

We understand that if any of this information is false, misleading, or incomplete, management will decline our application, or if applicant has moved in, management may terminate our Lease.

We certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management regarding any changes in household address, telephone number, income, and household composition. We understand that if management is unable to contact us that our application will be canceled.

If this preliminary application is accepted we will be placed on the appropriate waiting list until our name comes to the top of the list then we will be contacted to complete the application process.

 Signature of Head of Household

 Date

 Signature of Spouse/Co-Tenant

 Date