



**Household Information:** How many in your household:  ( Please include yourself )

Please complete this part with information about all family members who will be living with you. If you are pregnant, please include child as "unborn child" and the estimated due date.

Full Legal Name of household members	Sex (M/F)	Relationship to head	Date of birth	Disabled (Yes/No)
1.		Self		
2.				
3.				

**Household Income/Asset Information:** (Total for all household members):

**Total Gross Monthly Earned income and benefit amount (before taxes) from all sources:** (Example: wages, employment and benefits sources: Unemployment, SS, SSI, TANF, OAP, AND, Pension, Trust Funds dispersal, child support, etc.

Name of household member	Source	Gross Monthly Income/Benefits

**Demographic Information: (Optional):** \*Note: Questions pertaining to ethnicity or race are **optional** and have no bearing on your eligibility. The Department of HUD has requested this information for statistical purposes only.

Is the Head of Household (Race):  White  African American  American Indian/Alaskan Native  
 Asian  Hawaiian/Pacific Islander

Is the Head of Household (Ethnicity):  Hispanic  Non-Hispanic

**Declaration of Understanding:**

I/We understand that we must inform Boulder Housing Partners in writing of our correct address at all times and that BHP is not responsible for non-received mail due to the US Postal Service. If you have any changes that affect your family size, income or housing options you will need to contact the office immediately with a **written request** for the change to be made to your application. I/We certify that the information provided on household composition, and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal and State law. I/We also understand that false statements or information are grounds for denial of my/our application or termination of housing assistance, if housing has been approved.

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

\_\_\_\_\_  
**Date**

**Application is valid beginning December 15, 2009 until wait list is closed.**

