

mri  
**waitlistcheck**

**Boulder County Housing Authority**

*Please sign in using your Waitlistcheck or Assistance Connect account*

[Forgot Password](#)

[Forgot Username](#)

Log On

Not a User Yet? [Register Now](#)

## Account

In order to access Waitlistcheck, an account must be created first. Please use the fields below to create your account. Passwords must contain at least 12 characters, 1 uppercase letter, 1 lowercase letter and 1 number. Fields marked with an "\*" are required and you must specify either an E-mail Address or Phone Number.

First Name <input type="text"/> *	E-mail <input type="text"/>
Middle Initial <input type="text"/>	<a href="#">Free E-mail Account</a>
Last Name <input type="text"/> *	Confirm E-mail <input type="text"/>
Username <input type="text"/> *	Phone <input type="text"/>
Password <input type="text"/> *	Confirm Phone <input type="text"/>
Confirm Password <input type="text"/> *	

## Security Questions

Use the fields below to select security questions and provide answers that you will remember. This information will be used in the event you forget your username or password.

Question 1 <input type="text"/> * ▼
Answer 1 <input type="text"/> *
Question 2 <input type="text"/> * ▼
Answer 2 <input type="text"/> *
Question 3 <input type="text"/> * ▼
Answer 3 <input type="text"/> *

Question 1



Answer 1

What was your childhood nickname?

What is the middle name of your oldest child?

Question 2

What is the first and last name of your favorite childhood friend?

When is your oldest sibling's birthday? (ex. January 1)

Answer 2

What was your childhood phone number? (xxx-xxx-xxxx)

Question 2



Answer 2

What is the name of the school you attended in the sixth grade?

In what city did your parents meet?

Question 3

In what city was your first job?

In what city was your high school?

Answer 3

What is your paternal grandfather's first name?

Question 3



Answer 3

What street did you live on in third grade?

What is your father's middle name?

What is the first and last name of your oldest cousin?

What is your paternal grandmother's first name?

In what city were you born?



## Boulder County Housing Authority

3460 North Broadway Boulder (Mail: PO BOX 471 Boulder Colorado, 80306-0471 • Tel: 303.441.3929 Fax: 720.564.2283  
[www.bouldercountyhousing.org](http://www.bouldercountyhousing.org)

## Preliminary Applications

The Waiting Lists currently open for this organization will display in the "Open Waiting Lists" section below. If you have submitted any applications to this organization previously, they will be displayed in the "Applications" section.

## Open Waiting Lists

This application must be submitted electronically using this system to create a receipt of application. Paper copies of this form cannot be accepted.

To apply to a list below, click or tap the "New Application" button and the system will guide you through the process:

- Project Based Voucher FSS List - 2 & 3 Bedrooms in Longmont
- Rural Development Prime Haven Nederland - 1 Bedroom Elderly/Disabled
- Rural Development Walter Self Lyons - 1 Bedroom Elderly/Disabled
- Rural Development Casa Esperanza Longmont - 3 & 4 Bedrooms Agricultural Housing
- Project Based Voucher FSS List - 2 Bedrooms in Louisville
- Project Based Voucher FSS List - 2 & 3 Bedrooms in Lafayette

## Applications

Below are preliminary applications you have already submitted for this organization. If you are looking for an application for a different organization, please refer to your Application Receipt for instructions on how to check your status.

No Applications Found

New Application

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Note: Fields marked with an "\*" are required.

### Applicant Details

First Name  \*

Ethnicity  \* ▼

Middle Initial

Race (select all that apply)  \*

Last Name  \*

Full-Time Student

Social Security Number

Disabled  \* ▼

Date of Birth (mm/dd/yyyy)  \*

Note: Ethnicity and Race are collected for statistical purposes only.

Sex  \* ▼

### Contact Information

Home Number

E-mail

Mobile Number

I agree to receive notifications from the Organization via e-mail. You will still receive a confirmation e-mail if unchecked.

Work Number

### Supplemental and Optional Contact Information + Add Contact

You have the right to include as part of your application, contact information for a person or organization that may be able to help you resolve any issues that may arise during your tenancy or to assist in providing any special care or services you may require should you become a tenant. You are not required to provide this contact information, but if you choose to do so, please click the "Add Contact" button.

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In order to set up a Waitlistcheck account you must enter a mailing address and phone number, if you are homeless with no mailing address you may type **HOMELESS** in the street address line and just list your City, State and Zip code. If you have no phone number use all 0's



### Physical Address

Where you currently live

Street Address  \*

Apt/Suite/Other

City  \*

State  \* ▾

ZIP Code  \*

I receive mail at the same address

### Mailing Address

Where you receive mail, if different from your Physical Address

Street Address  \*

Apt/Suite/Other

City  \*

State  \* ▾

ZIP Code  \*

### Household Members + Add Member

List information for adults first, then children under age 18. List relationship of each person to the Head of Household.

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## Additional Information Needed

Based on your responses so far, we just need to get a little more information from you.

### No Alternate Contacts

You did not list any alternate contacts. If you would like to include an alternate contact, please return to the Applicant section. If you do not want to include an Alternate Contact, please check the box below.

I do not want to provide an Alternate Contact.\*

## Select Your Waiting Lists

Below are the waiting lists that are currently open. Select each Waiting List that you would like to apply to. Based on your selection, a set of questions may need to be answered for each list. Your responses will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list.

Project Based Voucher FSS List - 2 & 3  
Bedrooms in Longmont

Rural Development Walter Self Lyons - 1  
Bedroom Elderly/Disabled

Project Based Voucher FSS List - 2  
Bedrooms in Louisville

Rural Development Prime Haven  
Nederland - 1 Bedroom Elderly/Disabled

Rural Development Casa Esperanza  
Longmont - 3 & 4 Bedrooms Agricultural  
Housing

Project Based Voucher FSS List - 2 & 3  
Bedrooms in Lafayette

## Project Based Voucher FSS List - 2 Bedrooms in Louisville Preferences

Housing is contingent upon submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes. All adult members must pass a national criminal background check and all household members regardless of age must not be required to register as a lifetime sex offender.

1. Are you or your spouse elderly (62 or older) \*

Yes  No

2. Are you or your spouse disabled? (receiving disability income such as SSDI, AND) \*

Yes  No

3. Are you or your spouse pregnant? If yes, what is the estimated due date? \*

Yes  No

4. Do you or your spouse currently live in Boulder County? \*

Yes  No

5. Do you or your spouse work at least 20 hours per week within Boulder County? \*

Yes  No

6. Do you or your spouse attend school full-time within Boulder County? \*

Yes  No

7. If you do not live in Boulder County and you or your spouse are elderly (62+) do you have an adult child, parent, or sibling that resides in Boulder County? If yes, who is that person and what is their relationship to you? \*

Yes  No

8. If you do not live in Boulder County but you or your spouse is a disabled individual do you have an adult child, parent, or sibling that resides in Boulder County? If yes, who is that person and what is there relationship to you? \*

Yes  No

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Please review your application below. If the information provided is true and complete to the best of your knowledge and belief, please click or tap the continue button below. You will then be prompted to certify and submit the application.



## Boulder County Housing Authority

3460 North Broadway Boulder (Mail: PO BOX 471 Boulder Colorado, 80306-0471 • Tel: 303.441.3929 Fax: 720.564.2283  
[www.bouldercountyhousing.org](http://www.bouldercountyhousing.org)

### Preliminary Application for the Boulder County Housing Authority

This application must be submitted electronically using this system to create a receipt of application. Paper copies of this form cannot be accepted.

#### Head of Household

First Name: Lester

Middle Initial:

Last Name: Tester

Social Security Number:

Date of Birth (mm/dd/yyyy): 01/01/1980

Sex: Male

Ethnicity: Not Hispanic or Latino

Race (select all that apply): Other

Full-Time Student: Yes

Disabled No

#### Contact Information

Home Number:

Mobile Number: 3031112323

Work Number:

E-mail: lttester@gmail.com

I agree to receive notifications from the Organization via E-mail:

Yes

## Supplemental and Optional Contact Information

You have the right to include as part of your application contact information for a person or organization that may be able to help you resolve any issues that may arise during your tenancy or to assist in providing any special care or services you may require should you become a tenant. You are not required to provide this contact information.

No Alternate Contacts

### Physical Address

Where you currently live  
Street Address: homeless  
Apt/Suite/Other:  
City: Boulder  
State: CO  
ZIP Code: 80306-\_\_\_\_  
I receive mail at the same address: Yes

### Mailing Address

Same as "Physical Address"

## Household Members

Number of People in Household: 2

Number of Dependents: 1

### Lester Tester

Relationship: Dependent  
Social Security Number:  
Date of Birth (mm/dd/yyyy): 10/01/2013  
Sex: Male  
Disabled: No

Ethnicity: Not Hispanic or Latino  
Race (select all that apply): Other  
Full-Time Student: No

## Income

Total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession, or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

### \$ SSI

Family Member: Lester Tester	Income Type: SSI
Street Address:	Frequency: Monthly
Apt/Suite/Other:	Fixed Income: No
City:	Amount: \$771.00
State:	Annual Amount: \$9,252.00
ZIP Code:	

Total Annual Income: \$9,252.00

## Additional Information Needed

Based on your responses, we needed to get a little more information from you.

### No Alternate Contacts

You did not list any alternate contacts. If you would like to include an alternate contact, please return to the Applicant section.

I do not want to provide an Alternate Contact.

## Select Your Waiting Lists

### Project Based Voucher FSS List - 2 Bedrooms in Louisville

Housing is contingent upon submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes. All adult members must pass a national criminal background check and all household members regardless of age must not be required to register as a lifetime sex offender.

Are you or your spouse elderly (62 or older) No

Are you or your spouse disabled? (receiving disability income such as SSDI, AND) No

Are you or your spouse pregnant? If yes, what is the estimated due date? No

Do you or your spouse currently live in Boulder County? Yes

Do you or your spouse work at least 20 hours per week within Boulder County? Yes

Do you or your spouse attend school full-time within Boulder County? Yes

If you do not live in Boulder County and you or your spouse are elderly (62+) do you have an adult child, parent, or sibling that resides in Boulder County? If yes, who is that person and what is their relationship to you?

No

If you do not live in Boulder County but you or your spouse is a disabled individual do you have an adult child, parent, or sibling that resides in Boulder County? If yes, who is that person and what is there relationship to you?

No

## Certification

By submitting this form, I certify that the information provided is true and complete to the best of my knowledge and belief. Warning! Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false statements or misrepresentation to any department or agency of the United States.

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