


**Housing Resources**  
 Empowering independence one home at a time.
 
 EQUAL HOUSING OPPORTUNITY

I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize Housing Resources of Western Colorado and the State of Colorado to verify and investigate such information with my full cooperation at any time. I am signing this Application and Affidavit by electronically entering my name below or providing

a wet signature.

**PLEASE PROVIDE A COPY OF YOUR DRIVERS LICENSE OR STATE ID, LAST 2 PAY STUBS, SOCIAL SECURITY INCOME,  
OR OTHER INCOME. AND, A BRIEF STATEMENT OF YOUR CURRENT SITUATION.**

Date:

Name:

**SUBMIT FORM**