

**PERSONAL AFFORDABLE LIVING, INC. (PAL)**

Application for Rental Apartments

303-422-5345

**Financially Responsible Party (FRP) Information**

Name of Parent(s) or other Responsible Adult: \_\_\_\_\_

Parent's or other Responsible Adult's Contact Information:

Home: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email address: \_\_\_\_\_

**Applicant Information**

Name of Applicant: \_\_\_\_\_

Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Identify as: \_\_\_\_\_ Age: \_\_\_\_\_

Does the Applicant have a *Developmental* Disability? No \_\_\_\_\_ Yes \_\_\_\_\_

[Note – Learning Disabilities, Mental Illness and Behavioral Disorders do not qualify as Developmental Disabilities for our grant-funded program.](#)

[You will need to submit a copy of the psychological evaluation or a doctor's letter at the time of intake paperwork to prove the Developmental Disability.](#)

What SPECIFICALLY is the Disability/Diagnosis: \_\_\_\_\_

What is the applicant's IQ: \_\_\_\_\_

**Preferred Geographical Area of Apartment**

Arvada \_\_\_\_\_ Lakewood \_\_\_\_\_ Littleton \_\_\_\_\_ Other \_\_\_\_\_

PAL does not have units in other cities at this time.

[Note - PAL does not provide transportation or emergency service, including for lost keys. It is imperative that family or another responsible party is relatively close.](#)

**Previous Rental History**

Does the Applicant have a previous rental history? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide the following information:

Name of Previous Landlord: \_\_\_\_\_

Name of Previous Community or Complex: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of Years renting: \_\_\_\_\_ May we contact: \_\_\_\_\_

If no, why not? \_\_\_\_\_

If more than 1 previous rental residence, please attach a piece of paper and provide the above info for each place of residence.

**Community Services Information**

What Community Centered Board (CCB) is the Applicant receiving services through? *DDRC* \_\_\_\_\_ *North Metro* \_\_\_\_\_

*Developmental Pathways* \_\_\_\_\_ *Denver Options* \_\_\_\_\_ *Other* \_\_\_\_\_

What Supported Living Services agency (SLS) is the Applicant receiving support services through, or is on the waiting list to receive services from? \_\_\_\_\_ Number: \_\_\_\_\_

Support Provider's name? \_\_\_\_\_

Support Provider's phone number: \_\_\_\_\_

Do you understand that you will need to contract with a support services agency to provide a minimum of 1-hour of support services per week? And do you understand that you will need to work with such provider and willingly accept assistance from them?

If so, **both of you need to initial here:** \_\_\_\_\_ **FRP** \_\_\_\_\_ **Applicant**

**Employment Information**

Is the Applicant employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Where: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

May we contact this person to verify employment? \_\_\_\_\_

Sometimes tenants want to keep their job even if they do not live close to their place of employment. Tenants will need to be able to drive or use the bus, Access-A-Ride, or have some other source of transportation. Sometimes, an employer can relocate the tenant to a store closer to their apartment. Sometimes the tenant will choose to get a new job closer to their apartment. Will you be able to address this issue? Spend some time talking about it with your Applicant. They might feel differently about this than you.

**Amount of total Annual Income**

Due to our non-profit status and our tax-exemption status, we are required to house tenants with annual incomes below a certain amount set by the State. You will be required to annually submit a copy of your Applicant's tax return to PAL for the filing of the annual Owner Occupancy Report, required by the State of Colorado – including the year after you move out of the program.

Applicant's Annual Wages: \_\_\_\_\_

Applicant's Monthly or Annual SS Income: \_\_\_\_\_

Applicant's Trusts: \_\_\_\_\_

Other income: \_\_\_\_\_

**Basic Living Skills**

Is the Applicant able to live without regular supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

Can the Applicant accomplish the following without assistance?

	Yes	No		Yes	No
Take medication on their own	_____	_____	Stay home alone comfortably	_____	_____
Call/use 911 correctly	_____	_____	Practice street safety	_____	_____
Personal Grooming Skills	_____	_____	Safely store food	_____	_____
Communicate that they are ill	_____	_____	Get up and go to work on time	_____	_____
Find/use a phone if lost	_____	_____	Use stove, oven, cleaners,		
Use household appliances	_____	_____	smoke detectors, etc... safety	_____	_____
Cooperate with support staff			Cooperate with a roommate		
including following directions	_____	_____	and their family/support staff	_____	_____

Are there any physical limitations that we would need to address in our unit to accommodate the Applicant?

\_\_\_\_\_

Note – Our units are in older buildings that are not wheelchair accessible and do not have elevators. We cannot compromise the structural integrity of the building by moving walls/widening doors to accommodate a wheelchair. We apologize for this.

**Rules and Regulations**

I/We understand that there are no pets allowed in the PAL Program without specific written consent of the PAL Board.

**Both of you need to initial here:** \_\_\_\_\_ FRP \_\_\_\_\_ Applicant

I/We understand that there is no smoking of cigarettes, cigars, e-cigarettes, and/or cannabis/marijuana of any kind allowed in the PAL Program, even if for medicinal use. (Tenant's do not have universal right to smoke in their rentals. There is no law, either State or Federal, that provides people with the freedom to smoke when and where they want. Nor are bans on smoking discriminatory.)

**Both of you need to initial here:** \_\_\_\_\_ FRP \_\_\_\_\_ Applicant

I/We understand that there are no firearms, weapons, illegal drugs/substances of any kind allowed in the PAL Program.

**Both of you need to initial here:** \_\_\_\_\_ FRP \_\_\_\_\_ Applicant

I/We agree not to engage in activities which are violent, damaging, and/or abusive to any person or any property.

**Both of you need to initial here:** \_\_\_\_\_ FRP \_\_\_\_\_ Applicant

I/We agree not to engage in the hoarding of trash, garbage, refuse, waste, rubbish, and/or recyclable items, and tenant/FRP agree to keep the unit clean and not allow excessive buildup of waste and items.

**Both of you need to initial here:** \_\_\_\_\_ FRP \_\_\_\_\_ Applicant

**Roommate Relational & Behavioral Issues**

Does the Applicant ever display any physical aggression to others or cause injury to him/herself or others <OR> has the Applicant ever displayed any physical aggression to others or cause injury to him/herself or others? Yes \_\_\_\_ No \_\_\_\_ If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the Applicant have a criminal history? Yes \_\_\_\_ No \_\_\_\_ If yes, explain and provide City and State of occurrence/adjudication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the Applicant have any behavioral problems or disorders <OR> have a history of behavioral problems or disorders? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the Applicant have any <OR> have they been exposed to any communicable diseases? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does the Applicant have a tendency to hoard <OR> has the Applicant hoarded in the past? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is the Applicant willing and able to live cooperatively with a roommate, keeping in mind he/she needs to respect a roommate’s property, privacy, right to peace, and be able to have mutual respect in the event that he/she does not get along with their roommate? Yes \_\_\_\_ No \_\_\_\_

From time to time, as our tenants age or have behavioral or health issues arise, they are no longer able to safely live independently in the PAL Program. The most important rule in our program is that our tenants can safely live on their own with a roommate. Should PAL and its agents determine that a tenant no longer qualifies to remain in the program due to unsafe behavior, the Lease will either be terminated early with no penalty to the FRP, or the Lease will not be renewed. Do you understand this guideline?

**Both of you need to initial here: \_\_\_\_\_ FRP \_\_\_\_\_ Applicant**

Any other information you would like to share with us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We understand that there is a non-refundable Participation Fee of \$500 upon entering the PAL Program and that if the Applicant is accepted into the program, we agree to the Participation Agreement outlining rules/behavioral guidelines that must be adhered to in the PAL Program for the safety and well-being of all tenants. I/We understand that should I/We choose to leave the Program or are evicted from the Program, the Participation Fee is non-refundable.

**Both of you need to initial here: \_\_\_\_\_ FRP \_\_\_\_\_ Applicant**

By signing below, I/We certify that the above information is true and correct to the best of my knowledge and I/We understand that *any false information will result in the disqualification from the program application process.*

\_\_\_\_\_  
Date Applicant

\_\_\_\_\_  
Date FRP

You may return this application either by postal service (Mail to: PAL, Inc. PO BOX 98, Golden, CO 80402-0098), or scan it and email it to [personalaffordableliving@yahoo.com](mailto:personalaffordableliving@yahoo.com).

*Thank you for your interest in the PAL program. We will process your application and get back to you.*