FOOTHILLS Regional Housing

EQUAL HOUSING OPPORTUNITY

11941 W 48th Ave
Wheat Ridge, Colorado 80033
(303) 422-8600

SINGLE-FAMILY, HOMEOWNER OCCUPIED EMERGENCY HOME REPAIR PROGRAM APPLICATION

	NAME	DATA
	Applicant (Head of Household) : _____ _____ _____ (Last Name) (First) (Middle initial) Email Address: _____	**Date of Birth:** ____/____/_____ ☐ **Male** or ☐ **Female** **Social Security #:** _____-____-_____ **PHONE** (_____) _____-_____
	Co-applicant (Spouse/co-owner of home): _____ _____ _____ (Last Name) (First) (Middle initial) Email Address: _____	**Date of Birth:** ____/____/_____ ☐ **Male** or ☐ **Female** **Social Security #:** _____-____-_____ **PHONE** (_____) _____-_____

YOUR HOME:

	Address: _____, (Street) _____, CO _____, (City) (Zip Code)	4. Have you or anyone in your family ever been on any other programs with Jefferson County Housing: _____ If yes, when _____; which program _____

OTHER MEMBERS OF YOUR HOUSEHOLD (Children, dependents, etc., who list your home as primary residence, other than applicant or co-applicant):

	NAME	Date of Birth	Relationship to Head of Household & SS#
	_____ _____ _____ (Last Name) (First) (Middle initial)	____/____/_____	**Relationship:** _____ **Social Security #:**_____-____-_____
	_____ _____ _____ (Last Name) (First) (Middle initial)	____/____/_____	**Relationship:** _____ **Social Security #:**_____-____-_____
	_____ _____ _____ (Last Name) (First) (Middle initial)	____/____/_____	**Relationship:** _____ **Social Security #:**_____-____-_____

Which type of household best describes your situation? Mark all that apply	7. **Race/Ethnicity -- The applicant is:**
☐ **Non-elderly**: are under 62 years of age, no dependents ☐ **Elderly:** household with a person 62 years of age or older ☐ **Related/Single Parent:** 1 parent household with dependents under 18 ☐ **Related/Two Parent:** 2 parent household with dependents under 18 ☐ **Veteran** ☐ **Disabled Veteran** ☐ **Disabled** describe:_____ ☐ **Female Headed Household**	☐ **White** (non-Hispanic) origins of Europe, North Africa, or Middle East ☐ **Black/African American** (non- Hispanic) ☐ **Native American** ☐ **Asian/Pacific, Islander** ☐ **Hispanic** (all races)

Is any member of your household disabled or has special needs? ☐ **Yes or** ☐ **No**
If yes, number of Household member(s) that are disabled? _____ If yes, is special construction needed? ☐ Yes or ☐ No

	Type of dwelling:	☐ Single family home ☐ Duplex, Town Home, Condominium, **please indicate amount of HOA fees**. $_____ ☐ Manufactured (mobile) home, **please indicate amount of space rent**. **$_____**
	The house has:	☐ attached garage; ☐ detached garage; ☐ car port; or ☐ no garage ☐ full basement; ☐ partial basement; or ☐ no basement Number of bedrooms:____; Number of baths:____; Number of stories: _____
	Ownership data:	I have lived in my home for _____ years I purchased the home in _____ (month)____(year); purchase price: $_____ The house was built in _____ (year-approximately) I estimate the property is currently worth: $_____
	Mortgages/Loans on the house: Do you have a 1st mortgage? _____ Do you have a 2nd mortgage? _____ Do you have a reverse mortgage or any other liens against the home? _____	My 1st mortgage is with(name of lender): _____ Address:_____ loan account #:_____*(attach copy of your monthly statement))* Monthly payments (PITI.) are: $_____/mo.; balance owed: $_____ My 2nd mortgage is with(name of lender): _____ Address:_____ loan account #:_____*(attach copy of your monthly statement))* Monthly payments (PITI.) are: $_____/mo.; balance owed: $_____ Monthly Utilities: $_____(gas, electric, water, sewer and trash) **(Attach Xcel Statement)** Property Tax:$_____ Property Insurance:$_____**(Attach Insurance Declaration Page)**
	Is there anyone on the title of the property who does not live there? ☐ Yes, or ☐ No. **If Yes, please give name, explain:** _____	
	This rehab work may include but not limited to: **EMERGENT AND URGENT WORK ONLY** Electrical Plumbing Furnace Water heater Accessibility Mitigation of lead-based paint hazards Roof/gutters Insulation and energy saving work Doors and windows Flooring repairs Wall repairs Repairs for health and safety	Brief Description of Repairs needed:

Attach proof of all income with this application

	Name	Income Source: Name of Employer, Social Security, SSI, child support, etc.; or type of business if self-employed	Rate of Income $ per hour, or week, etc.	Annual Income
Gross Income **Wages/Salaries** (include overtime, bnuses, commissions, tips, etc. as reported to IRS) **Enter Gross amount**				_____ /year
				_____ /year
				_____ /year
	Attach copies of two months of recent pay stubs			
Income/Benefits Soc. Sec. SSI, OAP, pension, retirement, unemployment, workers' comp., etc.) **Enter Gross amount**				_____ /year
				_____ /year
				_____ /year
	Attach copies of recent benefits letter			
Other income (Welfare, alimony, Child support, etc.) Or, if self-employed from your business				_____ /year
				_____ /year
				$ _____ /year
				$ _____ /year
Asset Income (Interest or dividends from savings /bank accounts, CD's, investments, or rental property owned)		***Give name of bank or financial institution and account #*** _____ _____		_____ /year
				_____ /year
				_____ /year
			Total Annual Income:	_____/year um of above income)

Has an insurance claim been filed for the requested repairs in the last 12 months ☐ Yes or ☐ No
Is your home obligated on a home loan that resulted in foreclosure? ☐ Yes or ☐ No
Have you ever filed bankruptcy? ☐ Yes or ☐ No. If yes, is this this home included in bankruptcy? _____
Do you intend to move, sell your home, or transfer the title of your home within the next 5 years? ☐ Yes or ☐ No

IMPORTANT - Read before signing: The Applicant/Co-Applicant(s) undersigned does hereby certify ownership and occupancy of the above property and is a legal resident of the State of Colorado and the United States of America and that all information above is true, accurate and complete; and does hereby authorize the Jefferson County Housing Authority to verify and make independent investigations to determine ownership, income and financial standing. The undersigned hereby releases the county, its employees, agents and any firm or person supplying them with information from any liability whatsoever concerning the release or use of the information and will hold them all harmless from any suit or reprisal whatsoever. All holders of any such information are hereby authorized to release any and all such information they may have concerning the undersigned.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature / Other Adult Over 18: _____ **Date:** _____

DOCUMENTATION REQUIRED ALONG WITH THIS COMPLETE APPLICATION (PAGES 1-6)

- Proof of residency and ownership
  - Copy of current mortgage statement(s) or copy of deed if no mortgage
  - Copy of water bill - REQUIRED FOR WESTMINSTER WATER GRANT
  - Copy of electric bill
  - Copy of homeowner's insurance declaration page (if in flood zone, must have flood insurance)
- Identification
  - Current copy of Driver's License or picture ID for all adults 18 and older
  - Birth Certificate for household members under the age of 18
- Proof of Income (for all applicable residents)
  - Copy of two pay stubs (current and consecutive) for all household members over the age of 18; OR current year award letters for Social Security, AFDC, or unemployment
- Assets
  - Copy of two (current and consecutive) bank statements

Failure to provide the requested documents will result in delays to your project.

Income Limits - Effective June 2026

2026-2027 CDBG Income Limits - Denver/Aurora/Lakewood								
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
30%	30,240	34,560	38,880	43,200	46,680	50,130	53,580	57,030
50%	50,400	57,600	64,800	72,000	77,800	83,550	89,300	95,050
60%	60,480	69,120	77,760	86,400	93,360	100,260	107,160	114,060
80%	74,800	85,450	96,150	106,800	115,350	123,900	132,450	141,000

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Emergency Home Repair Program Information:

AFFIDAVIT

(An Affidavit is required for each adult residing in the home)

I,_____swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

☐ I am a United States citizen, or

☐ I am a Permanent Resident of the United States, or

☐ I am lawfully present in the United States pursuant to Federal Law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statue 18-8-503 and it shall constitute a separate criminal offence each time a public benefit is fraudulently received.

_____ _____

SIGNATURE DATE

Please submit a copy of one of the following valid forms of identification:

☐ Colorado driver's license or identification card

☐ United State military identification or dependent's identification card.

☐ United States Coast Guard Merchant Mariner card

☐ Native American Tribal document

☐ United States Passport

Verified by Foothills Regional Housing Employee:

_____ _____

SIGNATURE:(Foothills Regional Housing Employee not client) DATE

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SINGLE-FAMILY, HOMEOWNER OCCUPIED EMERGENCY HOME REPAIR PROGRAM

Homeowner Responsibilities

The intent of Foothills Regional Housing's Emergency Home Repair Program is to help qualified, low-income homeowners make repairs essential to improving or maintaining their in-home safety and mobility. It is FRH's aim to provide a positive experience for residents receiving repairs to their home through this program. As a program participant, homeowners are required to adhere to the following rules to maintain eligibility in the program.

Program participants:

1. Shall treat all contractors and subcontractors performing maintenance and/or repairs and all employees of Foothills Regional Housing with courtesy.

2. Will refrain from conduct that threatens, intimidates, or coerces any contractor or subcontractor performing maintenance and/or repairs through the program.

3. Shall respond to calls and correspondence from Foothills Regional Housing in a timely manner.

4. Will be at home for scheduled appointments with contractors and/or subcontractors.

5. Will not request any contractor and/or subcontractor to perform any maintenance or repair outside the scope of the approved upon work proposal.

6. Secure all pets from the area in which the contractor and/or subcontractor is working within or around the home.

7. Homeowner must agree that the property will be their place of residence for at least 5 years from completion of any repairs made under the Emergency Home Repair Program.

By signing below, the applicant/co-applicant understand(s) that should they fail to follow any of the above responsibilities, any contractor and/or subcontractor-performing work under the Emergency Home Repair Program has the right to vacate the premises at any time. The applicant/co-applicant further agrees that Foothills Regional Housing reserves the right to deny services to a client deemed to have violated the above terms and/or created a hostile work environment, are abusing the intent of the program, or the working environment has been deemed to be unsanitary or unsafe.

Applicant's Signature Date	Co-Applicant Signature/Other Adult Over 18 Date
Other Adult Over 18 Date	Other Adult Over 18 Date

Foothills Regional Housing does not discriminate on the basis of disability in the admission to, access to, or operations of programs, services, or activities, including the public participation process. Foothills Regional Housing makes reasonable accommodations for disabilities that interfere with full access to any program service, or activity, including the public participation process.