

**SINGLE-FAMILY, HOMEOWNER OCCUPIED
EMERGENCY HOME REPAIR PROGRAM APPLICATION**

	NAME	DATA
	Applicant (Head of Household) : <div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> (Last Name) (First) (Middle initial) </div> Email Address: _____	Date of Birth: ____/____/____ <input type="checkbox"/> Male or <input type="checkbox"/> Female Social Security #: ____-____-____ PHONE (____) _____
	Co-applicant (Spouse/co-owner of home): <div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> (Last Name) (First) (Middle initial) </div> Email Address: _____	Date of Birth: ____/____/____ <input type="checkbox"/> Male or <input type="checkbox"/> Female Social Security #: ____-____-____ PHONE (____) _____

YOUR HOME:

	Address: <div style="display: flex; justify-content: space-between;"> _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> (Street) </div> <div style="display: flex; justify-content: space-between;"> _____, CO _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> (City) (Zip Code) </div>	4. Have you or anyone in your family ever been on any other programs with Jefferson County Housing: _____ If yes, when _____; which program _____
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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#
	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> (Last Name) (First) (Middle initial) </div>	____/____/____	Relationship: _____ Social Security #: ____-____-____
	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> (Last Name) (First) (Middle initial) </div>	____/____/____	Relationship: _____ Social Security #: ____-____-____
	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> (Last Name) (First) (Middle initial) </div>	____/____/____	Relationship: _____ Social Security #: ____-____-____

Which type of household best describes your situation? Mark all that apply <input type="checkbox"/> Non-elderly: are under 62 years of age, no dependents <input type="checkbox"/> Elderly: household with a person 62 years of age or older <input type="checkbox"/> Related/Single Parent: 1 parent household with dependents under 18 <input type="checkbox"/> Related/Two Parent: 2 parent household with dependents under 18 <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled describe: _____ <input type="checkbox"/> Female Headed Household	7. Race/Ethnicity -- The applicant is: <input type="checkbox"/> White (non-Hispanic) origins of Europe, North Africa, or Middle East <input type="checkbox"/> Black/African American (non- Hispanic) <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific, Islander <input type="checkbox"/> Hispanic (all races)
Is any member of your household disabled or has special needs? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, number of Household member(s) that are disabled? _____ If yes, is special construction needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No	

	Type of dwelling:	<input type="checkbox"/> Single family home <input type="checkbox"/> Duplex, Town Home, Condominium, please indicate amount of HOA fees. \$ _____ <input type="checkbox"/> Manufactured (mobile) home, please indicate amount of space rent. \$ _____
	The house has:	<input type="checkbox"/> attached garage; <input type="checkbox"/> detached garage; <input type="checkbox"/> car port; or <input type="checkbox"/> no garage <input type="checkbox"/> full basement; <input type="checkbox"/> partial basement; or <input type="checkbox"/> 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 1 st 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? <input type="checkbox"/> Yes, or <input type="checkbox"/> 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, bonuses, commissions, tips, etc. as reported to IRS) Enter <u>Gross</u> 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 <u>Gross</u> 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)		<i>Give name of bank or financial institution and account #</i> _____ _____		\$ _____/year
				\$ _____/year
				\$ _____/year
				\$ _____/year
			Total Annual Income:	\$ _____/year (sum 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 (all applicable)*

- *Copy of 2 pay stubs (current and consecutive) for all household members over age 18; current year award letters for Social Security, AFDC, Unemployment*
- *Any other income (child support, alimony, pension, rental, interest earnings, etc.)*

**Assets*

- *Copy of 2 (current and consecutive) bank statements*

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

Income Limits - Effective June 15, 2025

2024-2025 CDBG Income Limits - Denver/Aurora/Lakewood								
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
30%	29,450	33,650	37,850	42,050	45,450	48,800	52,150	55,550
50%	49,050	56,050	63,050	70,050	75,700	81,300	86,900	92,500
60%	58,860	67,260	75,660	84,060	90,840	97,560	104,280	111,000
80%	72,950	83,400	93,800	104,200	112,550	120,900	129,250	137,550



11941 W. 48th Avenue
Wheat Ridge, Colorado 80033
(303) 403-5446

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 Statute 18-8-503 and it shall constitute a separate criminal offense 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 Jefferson County Housing Authority Employee:

SIGNATURE: (Jefferson County Housing Authority Employee not client) DATE

SINGLE-FAMILY, HOMEOWNER OCCUPIED EMERGENCY HOME REPAIR PROGRAM

Homeowner Responsibilities

The intent of Jefferson County Housing Authority'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 the aim is 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 Jefferson County Housing Authority 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 Jefferson County Housing Authority 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 and 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 Jefferson County Housing Authority reserve 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 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

Jefferson County Housing Authority 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. Jefferson County Housing Authority makes reasonable accommodations for disabilities that interfere with full access to any program service, or activity, including the public participation process.