

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

NAME	DATA
Applicant (Head of Household) : _____ <small>(Last Name) (First) (Middle initial)</small> Email Address: _____	Date of Birth: ____/____/____ <input type="checkbox"/> Male or <input type="checkbox"/> Female Social Security #: ____-____-____ PHONE (____) ____-____
Co-applicant (Spouse/co-owner of home): _____ <small>(Last Name) (First) (Middle initial)</small> Email Address: _____	Date of Birth: ____/____/____ <input type="checkbox"/> Male or <input type="checkbox"/> Female Social Security #: ____-____-____ PHONE (____) ____-____

YOUR HOME:

Address: _____ <small>(Street)</small> _____, CO _____ <small>(City) (Zip Code)</small>	<p>4. Have you or anyone in your family ever been on any other programs with Jefferson County Housing: _____</p> <p>If yes, when _____; which program _____</p>
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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#
_____ <small>(Last Name) (First) (Middle initial)</small>	____/____/____	Relationship: _____ Social Security #: ____-____-____
_____ <small>(Last Name) (First) (Middle initial)</small>	____/____/____	Relationship: _____ Social Security #: ____-____-____
_____ <small>(Last Name) (First) (Middle initial)</small>	____/____/____	Relationship: _____ Social Security #: ____-____-____

<p>Which type of household best describes your situation? Mark all that apply</p> <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	<p>7. Race/Ethnicity -- The applicant is:</p> <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)
<p>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</p>	

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
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 05/2022

2023-2024 CDBG Income Limits - Denver/Aurora/Lakewood								
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
30%	26,070	29,790	33,510	37,230	40,230	43,200	46,170	49,170
50%	43,450	49,650	55,850	62,050	67,050	72,000	76,950	81,950
80%	69,520	79,440	89,360	99,280	107,280	115,200	123,120	131,120



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 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 Jefferson County Housing Authority Employee:

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

