

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

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

**YOUR HOME:**

<b>Address:</b>  _____ (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 _____
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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#
_____ (Last Name)                      (First)                      (Middle initial)	____/____/____	<b>Relationship:</b> _____  <b>Social Security #:</b> ____-____-____
_____ (Last Name)                      (First)                      (Middle initial)	____/____/____	<b>Relationship:</b> _____  <b>Social Security #:</b> ____-____-____
_____ (Last Name)                      (First)                      (Middle initial)	____/____/____	<b>Relationship:</b> _____  <b>Social Security #:</b> ____-____-____

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



## 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
<b>Gross Income</b>  <b>Wages/Salaries</b> (include overtime, bonuses, commissions, tips, etc. as reported to IRS)  <b>Enter <u>Gross</u> amount</b>				\$ _____ /year
				\$ _____ /year
				\$ _____ /year
<b>Attach copies of two months of recent pay stubs</b>				
<b>Income/Benefits</b> (Soc. Sec. SSI, OAP, pension, retirement, unemployment, workers' comp., etc.)  <b>Enter <u>Gross</u> amount</b>				\$ _____ /year
				\$ _____ /year
				\$ _____ /year
<b>Attach copies of recent benefits letter</b>				
<b>Other income</b> (Welfare, alimony, Child support, etc.)  Or, if self-employed from your business				\$ _____ /year
				\$ _____ /year
				\$ _____ /year
				\$ _____ /year
<b>Asset Income</b> (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
<b>Total Annual Income:</b>				\$ _____ /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 06/01/2021***

2021 CDBG Income Limits - Denver/Aurora/Lakewood								
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
30%	22050	25200	28350	31450	34000	36500	39000	41550
50%	36700	41950	47200	52400	56600	60800	65000	69200
80%	55950	63950	71950	79900	86300	92700	99100	105500



11941 W. 48<sup>th</sup> Avenue  
Wheat Ridge, Colorado 80033  
(303) 403-5423

**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



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

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**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.