



CDBG-DR Flood Recovery Housing Assistance (and Septic Only) Application

INSTRUCTIONS FOR APPLICATION

General Instructions

Please read the instructions for this application.

If you are a City of Longmont Resident, please contact City of Longmont to apply and do not complete this application (City of Longmont: 303-774-4648).

Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly.

All blanks must be completed or have N/A written in.

The Applicant (Head of Household) and if applicable, Co-Applicant must sign and date the application.

Submit application to:

Boulder County Department of Housing and Human Services

3460 Broadway Boulder, CO 80304

Or via email to: floodgrants@bouldercounty.org

Or via fax to: 303-441-1523

For Any Flood Recovery Information call: 720-564-2294

Specific Instructions

- 1. APPLICANT INFORMATION:** Provide your legal name, an address where you receive your mail (may or may not be the damaged property), an e-mail address (if applicable), your date of birth, your marital status and other fields. Please enter all information as completely as possible.
- 2. CO-APPLICANT INFORMATION:** List other members of the household who have as much responsibility for the property as the applicant. This person is often referred to as the co-owner of the property. Attach an additional sheet if there are more than two applicants.
- 3. ALTERNATE CONTACTS INFORMATION:** This information is being collected to help us locate you in the event that you move or are living temporarily in another location. List contacts who are helping you through this process, if applicable.
- 4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** List the current Head of Household (as of today) and all other members of the household. Indicate the relationship of each family member to the Head of Household, as well as each family member's gender, date of birth, and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household (birth of a child, adoption, legal custody ruling resulting in an additional household member, etc.).
- 5. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD:** This information is being collected to ensure compliance with federal Housing and Equal Opportunity regulations.
- 6. ELIGIBILITY INFORMATION:** The information collected here is important to determine eligibility as it relates to disaster damage to your unit, including principal residency and Federal Emergency Management Agency (FEMA) registration information.

(please turn to the next page)

- 7. DAMAGED PROPERTY INFORMATION:** Provide basic information concerning the damaged property (i.e. physical address of damaged property, floodplain information, and other names on the deed). In order to be eligible to receive assistance under this program, the property must have been damaged as a result of the disaster. Provide information on whether you occupied the property during the time of the disaster, whether you are currently living in that structure, and whether you were displaced because of the disaster.
- 8. OTHER ASSISTANCE RECEIVED:** Provide all information concerning property insurance, FEMA, Small Business Administration (SBA), or any other type of assistance related to the disaster.
- 9. INCOME INFORMATION:** Provide information on all household income sources. Income includes the following: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, Temporary Assistance for Needy Families (TANF), Social Security, other benefits, and other income for all household members over age 18. Food benefits (THHSC: SNAP) are NOT considered income.
- 10. ASSET INFORMATION:** Please provide the requested information on any property you may own. Examples of what constitutes assets are listed below:

Typical assets include:

- Cash held in savings, checking accounts, safe deposit boxes, homes, etc.
- Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts
- Individual retirement accounts, 401(k), Keogh accounts, and other similar retirement savings accounts
- Cash value of life insurance policies available to the holder before death
- Personal property that is held for investment purposes
- Equity in real property
- Retirement and pension funds
- Mineral rights
- Mortgage or deeds of trust held by the applicant

Some items of personal property are **NOT** counted as assets for the purposes of determining annual income. Here are some examples:

- Automobiles
- Jewelry
- Term life insurance policies

- 11. APPLICANT CERTIFICATION:** Certify that all information in the application is true to the best of your knowledge. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Boulder County CDBG-DR Flood Recovery Housing Assistance Application

Please answer all questions. Fill out one form for the household.

City of Longmont Residents must apply through City of Longmont and should not complete this application.
(see above instructions)

Today's Date: ____/____/____

APPLICATION SOURCE

How did you hear about the Boulder County CDBG-DR Program and Application?

- Media
 Letter received
 Case Manager Name: _____
 Online
 Newspaper
 Other explain: _____

HEAD OF HOUSEHOLD INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____

Current Mailing Address: _____ City: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Best way to contact you: Phone Email Mail

Alias Name (if applicable): _____

Date of Birth (mm/dd/yyyy): ____/____/____ Social Security #: ____ - ____ - ____

Gender: Male Female Transgender Male to Female Transgender Female to Male

*(Optional) Federal funding agencies require the collection of ethnicity and race data to track Fair Housing performance.
This information will not be used to determine eligibility.*

Ethnicity: Non-Hispanic/Non-Latino Hispanic/Latino

Race: (choose all that apply):

- American Indian/Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
 American Indian/Alaska Native and White Asian and White Black or African American and White
 American Indian or Alaska Native and Black or African American other multiple race

Current Marital Status (choose one):

- Single Married Common Law Domestic Partner Divorced Separated Widowed

HOUSEHOLD MEMBERS—IN ADDITION TO THE HEAD OF HOUSEHOLD

Enter **ALL household member** information here:

Name	Is member Lawfully Present?	Relation to Head of Household	Date of Birth & Age	Gender	Disability/Veteran/Single Parent/Fulltime Student over the age of 18 (Please notate status at time of filing previous year taxes)

How many people were in your household at the time of the September 2013 floods? _____

Were all household members listed above in the home at the time of the September 2013 floods? ____ Yes ____ No

Explain if no: _____

OTHER HOUSEHOLD AND DAMAGED HOME INFORMATION

What is your household's current living arrangement?

- Living in the home I own which was damaged by the September 2013 floods
- Renting due to the fact that the home I own was damaged or destroyed by the September 2013 floods
- Staying in a motel due to the fact that that the home I own was damaged or destroyed by the September 2013 floods
- Staying with Friends/Family due to the fact that the home I own was damaged or destroyed by the September 2013 floods
- Other: _____

Address of the home/property damaged in the September 2013 floods:
 _____ City _____, CO

Please briefly describe the damage to the property:

Please describe the repairs that are needed for the home or describe your needs in reference to flood recovery:

Is this home your primary residence, secondary/vacation home or a rental property? _____
 Is this home currently occupied by yourself or tenants? _____

If this is a rental property, you must notify current and future tenants that you have applied for or received flood recovery assistance, are you prepared and willing to disclose this information to your tenants? ____ Yes ____ No

Please list current tenant information:

Name	Age	Estimated Monthly Gross Income

What type of residence is this property? primary single family home Manufactured home other (if other, please describe: _____)

What year was this home in question built? _____

How many years had you lived at this home prior to the September 2013 flood? _____

Are all state, local and other taxes related to this property paid and up to date? Yes No

Comment: _____

If there are special circumstances regarding ownership (i.e., death of owner, property in trust, etc.) or there are other legal considerations, please describe:

Do you have a deed for the property in question? Yes No

Please list who is on the deed: _____

Do you currently have a mortgage and/or equity line of credit on the damaged property? Yes No

If yes, please provide details: _____

Is your mortgage current? Yes No

What is the current balance(s) on the mortgage? _____

Did you register with FEMA? Yes No _____ FEMA Number

Did you receive FEMA grant money for structural damage to the home? Yes _____ Amount No

Have you received any disaster recovery assistance from the SBA? Yes No

If yes, what is the amount of the loan you received? \$ _____

Loan # _____ Application # _____

If no, did you apply for a SBA loan? Yes No

Did you decline a SBA loan? Yes No

What was the amount of the loan? \$ _____

If you declined the SBA loan, please explain in detail why you did not accept the loan. If accepting the loan would place a financial hardship on the household (i.e. monthly payment too high, household did not want to incur debt, etc.) please explain those circumstances in detail:

Are you currently on a "buy-out" list? Yes No

Do you have to elevate the property? Yes No _____ unknown

Is the residence in the flood plain? Yes No _____ unknown

Is the residence in the flood way? Yes No _____ unknown

TYPE OF ASSISTANCE REQUESTING

Rental Assistance

Were you a renter at the time of the flood? Yes No Amount of monthly rent pre flood \$ _____ Current Rent \$ _____

Rebuilding/Repair

Home Access (bridges and culverts)

Was this road or bridge for personal use or public use? Explain: _____

Well

Septic/Onsite Wastewater Treatment System

Down-Payment Assistance (if requesting only DPA and no other type of assistance, please contact City of Longmont, who is managing the DPA program)

Clearance and Demo

CDBG-DR Buy-Out

Have you made any repairs to the house/property since the September 2013 floods? Yes No

If yes, please list what repairs have been completed and the financial source of the repair (please include volunteer work):

Repair Activity	Cost	Financial Source

INSURANCE INFORMATION

Did you have Homeowners insurance? Yes No Amount Received _____

Did you have National Flood Insurance? Yes No Amount received _____

Is your policy active? Yes No

OTHER ASSISTANCE

Did you receive any other types of assistance for repairs to your home or property (examples include but not limited to: Red Cross, Salvation Army, Community Foundation, Jewish Family Services etc.):

Benefit Information

The Stafford Act directs administrators of federal assistance to ensure that no person, business concern or other entity will receive duplicative assistance. As such, all applicants are required to accurately report all financial assistance received for this property.

Assistance Type	Amount

INCOME & ASSETS (FOR ALL MEMBERS OF THE HOUSEHOLD)

Income and Asset Information and Certification

Each adult member of the household must list all sources of income and assets and certify the information provided is accurate.

Information for Head of Household: _____
 (All Adult Household members must complete the Income and Assets section)

INCOME

Please indicate Yes or No for all items listed

<u>Source</u>	<u>Receiving Source of Income</u>	<u>Monthly Gross Amount</u>
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Self-Employment (includes rental income, home businesses)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security Disability Income (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Veteran's Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Alimony/Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Old Age Pension (OAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Source (Monetary Gifts, royalties, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Total Monthly Gross Income from all Sources		\$

Assets

Please indicate Yes or No for all items

Asset Type	Asset Owned?	Name of Institution	Current Cash Value (as of date)
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
All accounts owned must be listed			\$
			\$
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
All accounts owned must be listed.			\$
			\$
Money Market	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
All accounts owned must be listed			\$
			\$
Stocks and Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
All accounts owned must be listed			\$
			\$
Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
All accounts owned must be listed			\$
			\$
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
All accounts owned must be listed			\$
			\$
Trust Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
All accounts owned must be listed			\$
			\$
Retirement Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
All accounts owned must be listed			\$
			\$
Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
All accounts owned must be listed			\$
			\$
Other Real Property Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
All properties owned must be listed			\$
			\$
Other Assets not listed above	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Description of other assets:			\$
			\$
Total Cash Value of All Assets			\$

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

INCOME & ASSETS (FOR ALL MEMBERS OF THE HOUSEHOLD)

Income and Asset Information and Certification

Each adult member of the household must list all sources of income and assets and certify the information provided is accurate.

Information for Other Adult Household Member: _____

(All Adult Household members must complete the Income and Assets section. Disregard if no other adult household member resides in home.)

INCOME

Please indicate Yes or No for all items listed

<u>Source</u>	<u>Receiving Source of Income</u>		<u>Monthly Gross Amount</u>
Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Self-Employment (includes rental income, home businesses)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Unemployment Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Social Security Disability Income (SSDI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Veteran's Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Alimony/Spousal Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Old Age Pension (OAP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Retirement Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Trust Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other Source (Monetary Gifts, royalties, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
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(All Adult Household members must complete the Income and Assets section. Disregard if no other adult member is residing in the home)

INCOME

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<u>Source</u>	<u>Receiving Source of Income</u>	<u>Monthly Gross Amount</u>
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All accounts owned must be listed			\$
			\$
Trust Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
All accounts owned must be listed			\$
			\$
Retirement Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
All accounts owned must be listed			\$
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Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
All accounts owned must be listed			\$
			\$
Other Real Property Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
All properties owned must be listed			\$
			\$
Other Assets not listed above	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Description of other assets:			\$
			\$
Total Cash Value of All Assets			\$

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CERTIFICATION AND APPLICATION STATEMENT

By signing below, I (we) hereby authorize the investigation of all statements contained in this application and all associated supporting documents submitted by me (us).

Further, I (we) declare, subject to penalties of perjury, that the information contained in this application as well as in any supporting documents, papers, or interviews have been examined and to the best of my (our) knowledge and belief are true and accurate. I (we) understand that the filing of false statements may be prosecuted in civil or criminal proceedings under the State or Federal Law. I (we) further understand that the completion of this application in no way constitutes approval by Boulder County Housing and Human Services or the State of Colorado Department of Housing nor obligates funds in any way.

I, we, certify that I have fully disclosed all of my financial resources and they are true and correct. I understand that any misrepresentation of my financial resources and/or circumstances can result in disqualification from the program.

I (we) attest that to the best of my (our) knowledge and belief all information submitted in connection with this application shall be accurate and complete. I (we) understand that the submission of inaccurate or fraudulent information may be grounds for denial or recapture of a grant and/or loan, and may be punishable by criminal, civil or administrative penalties. I (we) understand that any information I (we) give may be investigated and verified.

I (we) certify that the property for which I am applying for assistance is, or will be once rehabilitation is complete, a primary residence.

I (we) give permission and right of access to Boulder County, the Boulder County Housing Authority, and any of their agents, representatives, or contractors to enter the property to conduct any physical inspections or surveys (including, but not limited to, performing an environmental assessment) required by the program(s) for which I am applying or by Municipal, State, or Federal law.

In addition, each applicant agrees, by signature and submission of this application:

- A) To allow Boulder County Department of Housing and Human Services to share this information with the non-profit organizations, Boulder County Long Term Flood Recovery Group (LTFRG) and agencies associated with LTFRG.
- B) To allow LTFRG and non-profit agencies to share their information with Boulder County Department of Housing and Human Services (DHHS) and its agents.
- C) To allow any federal, state, or local government agency or authority that has or is providing emergency storm recovery funding for damage sustained as a result of the storms to share its information with Boulder County DHHS and its agents.

As part of this application, a waiver is provided to the Federal Emergency Management Agency (FEMA) and the Small Business Administration (SBA) to provide Duplication of Benefits Information to the Colorado Department of Housing to assist in the determination of the cost effectiveness of my participation.

Any information shared with the State pursuant to the foregoing provision will be considered the personal/financial information of the applicant and will be treated as such under Colorado Freedom of Information Act.

This is an equal opportunity program. State or Federal law prohibits discrimination on the basis of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, mental retardation, mental disability or physical disability. Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, etc.) should contact Julia Yager, Human Resources Director, at 303-441-3589 with inquiries for assistance.

Head of Household Signature Date

Date

Other Adult Signature

Date

Colorado Statewide

WRITTEN CONSENT for DR-4145 Flooding

I, _____, date of birth _____
Full Name of Applicant

who resided at _____
Damaged Dwelling - Street address City State Zip

hereby consent to the disclosure of the information collected under my FEMA Registration

Number _____ to the organizations listed below.
if applicable

I specifically consent to have the following information disclosed:

My case file including: inspection report, amount of assistance received, and any other pertinent information needed for my case.

Additionally, I consent to the disclosure of my information to any other organization that is a member in good standing of either the National Voluntary Organizations Active in Disasters (NVOAD) or that is participating in a FEMA or State recognized Long Term Recovery Group (LTRG) for DR-4145-CO.

The purpose of the written consent is to help acquire disaster relief resources for the person named above and to coordinate assistance.

Check here if you wish to have your information given to other government agencies providing disaster assistance.

The above information, as deemed necessary, may be disclosed to the following organizations, individuals and/or other parties listed below:

_____ and any organizations/agencies in the Coordinated Assistance Network

This consent is made pursuant to and consistent with 28 U.S.C. §1746. I declare, under penalty of perjury, that the foregoing is true and correct.

SIGNATURE of applicant

DATE

My phone number is _____ cell _____

Current Address _____

Driver's License Number (or other proof of identity)