BOULDER COUNTY HOUSING AUTHORITY
HOUSING REHABILITATION PROGRAMS

720-864-6401
Fax 720-864-6419

Complete ALL items.
If you need assistance completing the application please call our office.
Si necesita ayuda con está forma en Español, llame al 720-864-6401

1. Application Date _____ Application Number (office use only) _____

2. Have you ever received HUD/CDBG Housing Rehab Financial Assistance? ☐ No ☐ Yes (when) _____

3. Which Program are you applying for? (Check only one):

☐ Boulder **County** General Rehab Loan

☐ Boulder **County** Flood Rehab

☐ **City of Boulder** Mobile Home Grant

☐ **City of Boulder** General Rehab Loan

☐ **City of Boulder** Barrier Removal Grant

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4. Name of Applicant _____
First M.I. Last

5. Mailing Address _____

City State Zip _____

6. Property Address _____

City State Zip _____

7. Home Phone _____ 8. Work Phone _____ 9. Cell _____

9. Email _____

10. Year Built _____ 11. Years of residency in this home _____

12. Complete the following information about each person living in the home (add separate sheet if needed):

Name	Relationship	Age	Sex	Student	Disabled	Race*	Ethnicity**
	Applicant						

*Enter one of the following for Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

**Enter one of the following for Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Office use only

Weatherized Y ☐ N ☐ Year _____

Annual Income _____ % AMI _____

Avail. Funds if not full _____

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13. Complete the following employment information for each employed person living in the household:

Name	Occupation	Employer Name/Phone	Gross Monthly Salary

14. The following table lists income sources. Complete the table for each person in the household receiving income. You do not need to send pay stubs from a teenager's job.

Source	Recipient Name	Amount received per month	Forms Required
Employment			Verification of Employment
Employment			Verification of Employment
Social Security			SSI/SSDI form
Social Security			SSI/SSDI form
Rental Property			Documentation of Income
TANF			Documentation of Income
Unemployment			Documentation of Income
Child Support			Documentation of Income
Alimony/maintenance			Documentation of Income
Interest income			Verification of Accounts
Dividend income			Documentation of Income
IRA income			Documentation of Income
Pension			Documentation of Income
Other			Documentation of Income
Other			Documentation of Income

15. Check the following boxes to show the repair work needed on your home:

- ☐ Roof
- ☐ Electrical
- ☐ Plumbing
- ☐ Heating
- ☐ Flooring
- ☐ Ramp Installation
- ☐ Doorway widening
- ☐ Bathroom improvements
- ☐ Kitchen improvements
- ☐ Grab bars
- ☐ Septic System improvements
- ☐ Energy Conservation improvements

☐ Other _____
(please specify)

☐ Other _____
(please specify)

All information is confidential and will only be used to determine eligibility. All information MUST be completed. If an item does not apply please indicate N/A. Do not leave items blank. Please attach additional pages as needed.

Banking Information

Name of Bank: _____

Savings: ☐ Yes ☐ No Amount: _____

Checking: ☐ Yes ☐ No Amount: _____

Monthly Housing Expenses

	Monthly Payments	Balance Due	Name of Company
Current Mortgage Provide copy			
Hazard Insurance Provide copy			
Flood Insurance If Applicable provide copy			
Property Taxes Provide copy of paid receipt			
Utilities (Heat, water, sewer, etc.)			

Total Monthly Housing expenses _____

Auto Loans

Vehicle 1
Year _____ Make _____ Lien Holder _____

Cost _____ Balance Owed _____ Monthly Payment _____

Vehicle 2
Year _____ Make _____ Lien Holder _____

Cost _____ Balance Owed _____ Monthly Payment _____

Total Auto Loans Balance Due _____ **Monthly Payments** _____

Other Monthly Expenses

Debts (Credit cards, charge accounts, personal loans, etc.)

Name & Address of Company	Monthly Payment	Balance Due

Total Other Monthly Expenses _____

Monthly Living Expenses

Medical/prescriptions		Travel/gas		Phone	
Dental/vision		Car Insurance		Education	
Health Insurance		Life Insurance		Day Care	
Groceries		Clothing		Other	

Total Living Expenses _____

Other relevant financial information

_____

_____

_____

_____

_____

_____

16. Please submit the following documentation with the application:
- ❑ Copy of hazard insurance policy "Declarations Page" (Mobiles don't need). Or have your insurance agent fax a copy to us at 720-864-6419.
- ❑ Copy of latest Federal and State tax returns along with W-2.
- ❑ Completed Request for Verification of Employment forms.
- ❑ Copies of last 6 months of pay stubs. (If self employed, a year to date profit/loss statement and 3 years of federal income tax returns).
- ❑ Last 6 months of bank statements.
- ❑ Proof of Social Security Income.
- ❑ Documentation of all other sources of income.
- ❑ Documentation of all other assets valued at over $5,000 including rental or vacation properties, stocks etc., excluding vehicles.
- ❑ If mobile home, copy of title or tax certificate (persons applying are the only ones that should be listed as owners).
- ❑ Sign legal residency affidavit and send a copy of a photo ID. (All members of HH must prove residency).
- ❑ Copy of paid property tax receipt.
- ❑ **Proof of attendance at Housing Counseling meeting (Loan Programs Only) call 720-564-2279 for an appointment.**

All information provided is confidential and will be used only to determine eligibility.

17. Please read the following carefully:

My/our signature below indicates that I have read, understood, and agree to all statements on this application. I agree to allow Boulder County Housing Authority (BCHA) staff and its subcontractors enter my home as needed to perform rehabilitation inspections and work. I also agree, on behalf of all who stand in my stead, that the City of Boulder, the County of Boulder, the Board of County Commissioners, Boulder County Housing Authority, the State of Colorado, and Longs Peak Energy Conservation will not be held liable for any injury or expense incurred by me while participating in this program. Upon completion of the work, I will permit Boulder County Housing Authority, its subcontractors, and the applicable city or county inspection agencies to inspect said work. Workmanship inspections will be based upon the "Residential & Light Commercial Construction Standards" as published by RSMeans©. Items not addressed in the 'standards' will be determined at the sole discretion of BCHA. I understand that there is a warranty of not more than one year on workmanship from the date of the final inspection and that materials are covered by applicable manufacturer's warranties. All grievances are subject to the program grievance policies on file with BCHA and available for review upon request.

I/We will accept the contactor(s) that submit the lowest qualified responsive bid for the work to be performed on my property if this is a loan program or the contractor(s) assigned by BCHA to perform the work if this is a grant program.

I/We accept the services of BCHA and authorize BCHA to act as a technical assistant and advisor in connection with repair, remodeling, or rehabilitation services on my/our property. I/We further agree to hold harmless the employees, members, officers, and director of BCHA in connection with acts performed by them which would be associated with consultation, technical advice, financial counseling, loan processing, property inspection, and other related activities.

I/We authorize the staff of BCHA to obtain specific reports, such as personal income reports, property title and tax searches, inspection reports, repair specifications, cost estimates, contractor bids, and such other reports which said staff deems necessary to perform its functions.

I/We hereby certify that the statements made by me are true and correct to the best of my knowledge and belief and that the home for which rehab is applied for is my/our primary residence. Intentional misrepresentation made by me regarding information contained in the application including attachments may subject me to disqualification and/or legal prosecution. Deliberate falsification and/or perjury will require full restitution to the appropriate cities and counties.

_____ _____

Signature Date

_____ _____

Signature Date

DECLARATION (WRA)

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance must be lawfully within the United States. Please read this Declaration carefully. Please feel free to consult with an immigration lawyer or other expert of your choosing.

I, _____, swear or affirm under penalty of perjury that (check one):

☐ I am a United States citizen, or

☐ I am a non-citizen national of the United States, or

☐ I have an immigration status that makes me a "qualified alien"

I hereby agree to provide any documentation which may be required pursuant to Federal law, Interim Guidelines published by the United States Department of Justice (62 FR 61344) or, if applicable, Colorado laws and regulations, if the Colorado laws are not inconsistent with Federal law.

I acknowledge that making a false, fictitious, or fraudulent statement or representation in this Declaration is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and shall constitute a separate criminal offense each time a public benefit is fraudulently received.

_____ _____

Signature Date

_____

Name (please print)