



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

SINGLE-FAMILY, HOMEOWNER OCCUPIED EMERGENCY HOME REPAIR PROGRAM APPLICATION

		NAME			DATA
	Applicant (Hea	ad of Household):		Date of Birth:	
	(Last Name)	(First)	(Middle initial)	Social Security	v # :
	Email Address:			PHONE ()
	Co-applicant (Spouse/co-owner of	home):	Date of Birth:	
	(Last Name)	(First)	(Middle initial)	Social Security	/ #:
	Email Address:			PHONE ()
Y	OUR HOME:				
	Address:				yone in your family ever been on any other ferson County Housing:
	(Street)	, CO	,	If yes, when	; which program
	(City)	(Zip C	Code)		
THE	R MEMBERS OF YOU		dependents, etc., who list yo		lence, other than applicant or co-applicant):
		NAME		Date of Birth	Relationship to Head of Household & SS#
	(Last Name)	(First)	(Middle initial)	/	Relationship: Social Security #:
	(Last Name)	(First)	(Middle initial)	/	Relationship: Social Security #:
				, ,	Relationship:
	(Last Name)	(First)	(Middle initial)	/	Social Security #:
Wł	ich type of househo	ld best describes your si	tuation? Mark all that a	pply	7. Race/Ethnicity The applicant is:
=	Non-elderly: are u Elderly: househol	under 62 years of age, no od with a person 62 years of rent: 1 parent household ent: 2 parent household bled Veteran	dependents of age or older	· 18	White (non-Hispanic) origins of Europe, North Africa, or Middle East Black/African American (non-Hispanic) Native American Asian/Pacific, Islander Hispanic (all races)
		our household disabled ousehold member(s) that an			construction needed? Yes or No

Type of dwelling:		ominium, please indicate amount of HOA fees. \$e, please indicate amount of space rent. \$
The house has:	full basement; partial b	ed garage; car port; or no garage asement; or no basement umber of baths: Number of stories:
Ownership data:	I have lived in my home for I purchased the home in The house was built in I estimate the property is current	(month)(year); purchase price: \$ _ (year-approximately)
Mortgages/Loans on the house: Do you have a 1st mortgage? Do you have a 2 nd mortgage?	Address: loan account #: Monthly payments (PITI.) are: My 2nd mortgage is with(name	(attach copy of your monthly statement)) \$(mo.; balance owed: \$ of lender):
Do you have a reverse mortgage or any other liens against the home?	Monthly payments (PITI.) are: Monthly Utilities: \$(g	(attach copy of your monthly statement)) \$/mo.; balance owed: \$ gas, electric, water, sewer and trash) Attach Xcel statement. rty Insurance:\$(Attach Insurance Declaration Page)
Is there anyone on t does not live there? If Yes, please give n		
	y saving work	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)				\$/year
Wages/Salaries (include overtime, bonuses, commissions, tips, etc. as reported to IRS) Enter Gross amount Income/Benefits (Soc. Sec. SSI, OAP, pension, retirement, unemployment, workers' comp., etc.) Enter Gross amount Other income (Welfare, alimony, Child support, etc.) Or, if self-employed from your business Asset Income (Interest or dividends from savings /bank accounts, CD's, investments, or rental property owned) s an insurance claim bee your home obligated on a ve you ever filed bankru you intend to move, sell MPORTANT - Read befe a legal resident of the State of Ce get Jefferson County, its employees, formation and will hold them all formation they may have concern	A ttools	aning of two months of months	- atuba	\$/year
Income/Renefits	Attach	copies of two months of recent pa	y stubs 	1
(Soc. Sec. SSI, OAP,				\$/year
unemployment, workers'				\$/year
				\$/year
	Attach	copies of recent benefits letter		
(Welfare, alimony,				\$/year
` '				\$/year
				\$ /year
				\$ /year
		Give name of bank or financial institution and account #		
savings /bank accounts,				\$/year
				f
				\$/year
				\$/year \$ /year
		Total Ann	ual Income:	(sum of above income)
your home obligated on a ave you ever filed bankrup	home loan to	that resulted in foreclosure? Yes or No sor No. If yes, is this this home included in bor transfer the title of your home within the nex	ankruptcy?	or No
s a legal resident of the State of Co the Jefferson County Housing Auth- releases the county, its employees,	olorado and the ority to verify a agents and any harmless from a	The Applicant/Co-Applicant(s) undersigned does hereby certify United States of America and that all information above is true of make independent investigations to determine ownership, income or person supplying them with information from any liability or reprisal whatsoever. All holders of any such information.	e, accurate and complet come and financial stand lity whatsoever concer	e; and does hereby authorize ling. The undersigned hereby ning the release or use of the
Applicant Signature: _		Date:		
Co-Applicant Signature	/ Other A	dult Over 18:	Da	nte:

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, 2024

	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%	27,400	31,300	35,200	39,100	42,250	45,400	48,500	51,650
50%	45,650	52,200	58,700	65,200	70,450	75,650	80,850	86,100
60%	54,780	62,640	70,440	78,240	84,540	90,780	97,020	103,320
80%	71,900	82,150	92,400	102,650	110,900	119,100	127,300	135,500



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$\begin{array}{c} \textbf{Emergency Home Repair Program Information:} \\ \textbf{AFFIDAVIT} \end{array}$

(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
Colora	ado 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.
that stapublic this af Revise	erstand that this sworn statement is required by law because I have applied for a public benefit. I understand ate law requires me to provide proof that I am lawfully present in the United States prior to receipt of this benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in fidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado ed Statue 18-8-503 and it shall constitute a separate criminal offence each time a public benefit is alently received.
SIGN	ATURE 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
Verific	ed by Jefferson County Housing Authority Employee:
SIGN	ATURE: (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.