



Application for Housing Rehabilitation Program Assistance



HOUSING DEVELOPMENT DIVISION

702 East Boulder Street, Colorado Springs, CO 80903

Office ♦ 719-385-5912 Fax ♦ 719-632-0791 Hearing Impaired Device ♦ 1-800-659-2656

www.springsgov.com/housing

The City of Colorado Springs supports Fair Housing and does not discriminate against any person because of Race, Creed, Color, Religion, National Origin, Ancestry, Sex, Marital Status, Disability, or Familial Status, Sexual Orientation or Gender Identity.

Property Address _____ **City** _____ **Zip** _____

Program Requested: Architectural Barrier Removal Lights & Locks Housing Rehabilitation Loan

Work Requested _____

Applicant's Name _____ **Date of Birth** _____

Home # _____ **Work or Cell #** _____ **E-mail** _____

in Home _____ **Ages** _____

Gender: Male Female **Marital Status:** Single Married Widowed

Female head of household (must support dependent): Yes No **Veteran:** Yes No **Disabled:** Yes No

Race & Ethnicity: Asian Black Hispanic White Other _____

Employment: Full-time Part-time Unemployed Self-employed Retired Student

Homeowner – length of residency _____ Renting – length of residency _____ \$ _____ rent per month

If renting list the Property Owner's/ Landlord's Information:

Name _____

Address _____ **City, State,** _____

Home # _____ **Work or Cell #** _____

Co-Applicant's Name _____ **Date of Birth** _____

Home # _____ **Work or Cell #** _____ **E-mail** _____

Mortgage Information: Housing Rehabilitation Loan *ONLY*

Mortgage (include line of credit and/or 2 nd mortgage)	Monthly Payment (PITI)	Unpaid Balance

Income

Please complete the table and provide required documentation

Wages & Salaries: 3 months of paystubs required

Include overtime pay, commissions, fees, tips, bonuses

Business Income (Self Employment): 2 years of tax returns and current year's income statement required

Benefit Payments: Statement required

Social Security, Social Security Disability, Annuities, Pensions, Insurance Policies, Retirement Funds, Death Benefit, Welfare Assistance, Alimony, Child Support, Military Basic Allowance for Housing (BAH), Earned Tax Credit (in excess of income tax liability)

Compensation Pay: Statement required

Unemployment, Disability Compensation, Workers Compensation, Severance Pay

Gross Annual Income From All Sources					
For each household member 18 and older					
Household Members	Wages/ Salaries	Benefits/ Pensions	Public Assistance	Compensation Pay	Other Income
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Totals	\$	\$	\$	\$	\$

Assets

Please complete the table and provide the required documentation

Income from Assets: Statement required

Interest, dividends, investment assets, rental income, other set income from real or personal property

Assets: Statement required

Savings account (current value), checking account (average over 6 months), safe deposit box, cash value of revocable trust, equity in rental property, stocks/bonds value, treasury bill value, certificate of deposit value, mutual fund value, money market, value, IRA value, 401K value, Keogh accounts value, pension funds, cash value of whole/universal life insurance, personal property (coins, jewelry, antique cars, etc) victim's restitution, value of other real property

Assets			
For each household member 18 and older			
Household Members	Asset Description	Current Cash Value of Assets	Income from Assets
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Application Checklist

ALL PROGRAMS

- Application Form** – Completed and signed by applicant and co-applicant
- Gross Monthly Income Verification** – 3 months of pay stubs (for every member of the household who is 18 or older), proof of periodic payments for pension, unemployment, disability, Social Security, social services, child support, spousal maintenance, Supplemental Security Income (SSI), etc.
- Copy of Picture ID** – Driver’s License, ID card (issued by a government agency), Passport, Military ID

ARCHITECTURAL BARRIER REMOVAL – Additional Documents:

- Disability Verification form
- If owner**, current mortgage statement required
- If a tenant**,
 - Barrier Removal Program Authorization form signed by property owner/landlord.
 - Copy of lease agreement

LIGHTS & LOCKS – Additional Documents:

- Crime Prevention Through Environmental Design (CPTED) inspection report from the Colorado Springs Police Department
- If a tenant**, Program Authorization form signed by property owner/landlord

Certifications

____ **(Initial)** I have received a copy of the *Privacy Policy Disclosure*.

____ **(Initial) Owners/Tenants of homes built before 1978:** I have received a copy of the pamphlet *Renovate Right* informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

____ **(Initial)** I authorize the City of Colorado Springs to share the information provided in this application with the Energy Resource Center solely for the purpose of qualifying my household for weatherization programs.

____ **(Initial) If applicable**, all payments on my existing mortgage(s), property taxes, and property insurance are current. This home is not listed for sale.

____ **(Initial) If applicable**, I certify that I own this property and it is my principal residence.

I swear or affirm under the penalty of the laws of the State of Colorado that: 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. This sworn statement is required by law because I have applied for a public benefit. 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 sworn 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 offense each time a public benefit is received.

U.S.C. TITLE 18, SECTION 1001 PROVIDES: “Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies or makes any false, fictitious or fraudulent statement of entry, shall be fined not more than \$10,000, or imprisoned not more than five years, or both. In addition, any fraudulent, fictitious or false statement on this application will result in calling in of any note, deferred grant or other financial help in full.”

I authorize the City of Colorado Springs Housing Development Division to process my application and to obtain written or verbal verification or re-verification from any source named in my application.

I certify that all information provided on this application or in support of this application is true and complete to the best of my knowledge and belief.

Applicant’s Signature

Date

Co-Applicant’s Signature

Date