



# Application for Housing Rehabilitation Program Assistance

## HOUSING AND COMMUNITY INITIATIVES DIVISION

30 South Nevada Avenue, Ste. 604, Colorado Springs, CO 80903

Office ♦ 719-385-5912 Fax ♦ 719-385-5475 Hearing Impaired Device ♦ 1-800-659-2656

www.coloradosprings.gov/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.

**Applicant's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Property Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**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 \_\_\_\_\_

**Brief Description of Work Requested:**

**Have you received any type of housing rehabilitation assistance in the past? If so, what type?**

### Support Documents

**Photo ID:** For all household members 18 years or older, including yourself:

\_\_\_\_\_ A current form of photo identification.

**Assets:** For all household members 18 years or older, including yourself:

\_\_\_\_\_ A current bank statement for every checking, savings, retirement, or investment account.

\_\_\_\_\_ Completed Verification of Deposits forms for all accounts.

**Income:** For all household members 18 years or older, including yourself:

\_\_\_\_\_ A current paystub showing year to date total earned.

\_\_\_\_\_ Military personnel must provide documentation of any allowances in addition to base pay.

\_\_\_\_\_ A current benefit statement for any type of government assistance received other than Food Stamps or a qualified loan for college tuition.

\_\_\_\_\_ Documentation of alimony or child support payments

\_\_\_\_\_ If you are self-employed, a copy of the first 2 pages of your most recent Federal tax return, along with a copy of the related schedules for your business.

**Utilities:** \_\_\_\_\_ A copy of your most recent utility bill.

**Property Owners:**

- \_\_\_\_\_ A current Mortgage Statement, if applicable
- \_\_\_\_\_ A copy of the Declarations Page from your homeowner’s insurance policy

**Tenants:**

- \_\_\_\_\_ Attach a copy of your lease

**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:** I certify that I own this property, it is my principal residence, and all payments on my existing mortgage(s), property taxes, and property insurance are current. This home is not listed for sale.

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 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. By signing this application, I authorize the City of Colorado Springs Housing and Community Initiatives Division to independently verify any of the information provided.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Signature

\_\_\_\_\_  
Date



# CITY OF COLORADO SPRINGS

## Housing Rehabilitation Programs

### Verification of Deposits

The City of Colorado Springs operates a federally funded program that provides loans and/or grants to income qualified households to conduct home repairs. Income from assets are considered in determining the income eligibility of each applicant. Please assist the City in determining the income eligibility of the following person(s) by providing the requested information.

**Name of Account Holder:** \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, I hereby authorize the release of my account information.

**THE FOLLOWING TO BE COMPLETED BY THE FINANCIAL INSTITUTION**

Name of financial institution	
Average previous 6 month checking account balance	\$
Current savings account balance	\$
Other average 6 month account balances if applicable	\$
	\$

\_\_\_\_\_  
Printed name of authorized bank representative Title

I hereby certify on behalf of the above listed financial institution that the above represents an accurate accounting of fund account balances as of the date listed.

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**When completed, please return to:**

City of Colorado Springs  
Housing and Community Initiatives Division  
P.O. Box 1575 MC 640  
Colorado Springs, CO 80901-1575  
Fax: 719-385-5475



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City of Colorado Springs  
Housing Development Division  
P.O. Box 1575 MC 640  
Colorado Springs, CO 80901-1575  
Fax: 719-385-5475



## **PRIVACY POLICY DISCLOSURE**

Respecting and protecting customer privacy is a vital component of our operations. The City of Colorado Springs, Housing and Community Initiatives Division has set forth this Privacy Policy, made in connection with our Housing Rehabilitation Program, to help customers understand how their personal (non-public) information is handled, collected and disclosed.

### **Protecting the confidentiality of customer information:**

Housing and Community Initiatives takes its responsibility to protect the privacy and confidentiality of customer information very seriously. Housing and Community Initiatives has implemented various safeguards, which comply with federal standards to store and secure information about our customers. We control access to customer information by authorized individuals only who need access to do their work, and by authorized procedures, which maximize our efforts to safeguard customer information.

### **Who is covered by the Privacy Policy:**

The Housing and Community Initiatives Privacy Policy covers current and former customers who have a relationship with Housing and Community Initiatives through its Housing Rehabilitation Program.

### **How information is gathered:**

In connection with the Housing and Community Initiatives Housing Rehabilitation Program, information about our customers is obtained from various sources:

- Applications, forms, and other information you provide to us, whether in writing, in person, by telephone, electronically, or by any other means. This information may include your name, address, employment information, income, and credit references.
- Your transaction with us and your other financial sources and lenders. This information may include your account balances, payment history, other loan data, and account usage.
- Consumer reporting agencies. This information may include account information and information about your credit worthiness.
- Public sources. This information may include real estate records, employment records, telephone numbers and the like.

### **Information we share:**

Housing and Community Initiatives may disclose information about you as permitted by law. Under these parameters, Housing and Community Initiatives may be required to disclose information about you to third parties without your consent, or may voluntarily disclose such information to third parties without your consent, as follows:

- to regulatory agencies and law enforcement officials
- to protect against or prevent actual or potential fraud, unauthorized transactions, claims, or other liability
- to report account activity to credit bureaus
- to consumer reporting agencies
- to respond to a subpoena or court order, judicial process or regulatory authorities

In addition, we may provide information about you to service providers used to help us process your application or service your accounts. Our service providers may include billing service providers, loan payment accounting and/or recordkeeping, interest calculation data, lenders, title and escrow companies, appraisal companies, and the like.

We do not provide non-public information about you to any company whose products and services are being marketed, nor does Housing and Community Initiatives sell or provide our customers lists to telemarketing or independent direct mail companies. We pledge to continue to protect your financial privacy.

If you have any questions regarding this Privacy Policy, please call or write us.

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