



Application for Housing Rehabilitation Program Assistance



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

Program Requested: Architectural Barrier Removal Emergency Repair 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 For Housing Rehabilitation Loan *ONLY*

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

Gross Monthly Income from ALL Sources

For each household member 18 and older

Wages & Salaries 3 months of paystubs required	Household Members (Names)			
	1.	2.	3.	4.
Wages/Salary	\$	\$	\$	\$
Overtime pay	\$	\$	\$	\$
Commissions	\$	\$	\$	\$
Fee	\$	\$	\$	\$
Tips	\$	\$	\$	\$
Bonuses	\$	\$	\$	\$

Business Income (Self Employment) MUST provide 2 years of tax returns & current year's Income Statement	Household Members (Names)			
	1.	2.	3.	4.
Average Monthly Net Income	\$	\$	\$	\$

Benefit Payments Provide statement	Household Members (Names)			
	1.	2.	3.	4.
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 (payments in lieu of earnings) Provide statement	Household Members (Names)			
	1.	2.	3.	4.
Unemployment	\$	\$	\$	\$
Disability Compensation	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$

Assets

For each household member 18 and older

Income from Assets Provide a statement	Household Members (Names)			
	1.	2.	3.	4.
Interest	\$	\$	\$	\$
Dividends	\$	\$	\$	\$
Investment Assets	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Other set income from real or personal property	\$	\$	\$	\$

Assets Provide a statement	Household Members (Names)			
	1.	2.	3.	4.
Savings accounts (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)	\$	\$	\$	\$
Victim's restitution	\$	\$	\$	\$
Value of other real property	\$	\$	\$	\$

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) **Architectural Barrier Removal ONLY:** If applicable, all payments on my existing mortgage(s), property taxes, and property insurance are current. This home is not listed for sale.

____ (Initial) **Emergency Repair Program ONLY:** 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.

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

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:

- Verification of Disability form signed by a medical doctor
- If owner**, current mortgage statement required
- If a tenant**,
 - Barrier Removal Program Authorization form signed by property owner/landlord.
 - Copy of 1 year 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

FOR OFFICE USE ONLY

Application Intake Processed by _____ **File #** _____

DATA ENTRY

Area _____ Census Tract _____ Block _____ Year Built _____ # of Units _____ # of Bedrooms _____

Range % of Median Income: 0 – 30% 31 – 50% 51 – 80%

Current Value \$ _____ Based on: Tax value Appraised Estimated

After Rehab Value \$ _____ Based on: Tax value Appraised Estimated

Maximum allowable income for a household of _____ is \$ _____

ACTION

Rehabilitation Specialist _____

Application is APPROVED. Fund Source: CDBG HOME Other _____

Contract	\$	_____
Contingency	\$	_____
LBP	\$	_____
Other	\$	_____
Total	\$	_____

Application is DENIED. Reason: _____

Signed by Rehabilitation Specialist (Review Committee NOT required)

_____ Date _____

Signed by Review Committee

_____ Date _____

CITY OF COLORADO SPRINGS - HOUSING DEVELOPMENT DIVISION

702 East Boulder Street, Colorado Springs, CO 80903

Office: 719-385-5912 - Fax: 719-632-0791 - Hearing Impaired Device: 719-385-5499

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.



EQUAL HOUSING OPPORTUNITY