



**CITY AND COUNTY OF BROOMFIELD  
APPLICATION  
HOUSING REHABILITATION PROGRAM  
MOBILE HOME REPAIR PROGRAM**

**Complete all items that apply:**

Application Date \_\_\_\_\_ Application Number (office use only) \_\_\_\_\_

Have you previously received HUD/CDBG Housing Rehab Financial Assistance?  yes  no

Which program are you applying for?

Home Rehabilitation Program

Mobile Home Repair Program

**HOME OWNER INFORMATION**

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Property Address  
(If different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Other Phone \_\_\_\_\_

Email \_\_\_\_\_

Year Home Built \_\_\_\_\_ How long have you lived in your home \_\_\_\_\_

**Complete the following information about each person living in the home including applicant:**

NAME	RELATIONSHIP	SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	STUDENT	DISABLED	RACE* (SEE BELOW)	ETHNICITY** (SEE BELOW)
	Applicant				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		

**\*Enter one of the following numbers for RACE:**

1. American Indian or Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or other Pacific Islander
5. White
6. Hispanic

**\*\*Enter one of the following letters for ETHNICITY:**

- A. Hispanic or Latino (all races)
- B. Not Hispanic or Latino (all races)

**The information above shall be kept confidential and shall be used for statistical reporting and not for the purpose of determining assistance. The City and County of Broomfield does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the provision of services.**

**HOUSEHOLD INCOME DATA - INCOME FROM ALL RESIDENTS**

SOURCE OF INCOME	NAME OF HOUSEHOLD MEMBER RECEIVING INCOME	INCOME FROM: NAME OF EMPLOYER WITH CONTACT PHONE #; OR NAME OF INCOME SOURCE SUCH AS : Soc. Sec, SSI, child support, etc; or type of business if self employed	RATE OF INCOME \$ per hour, or week, etc.	PROJECTED ANNUAL INCOME (current rate times next 12 months)
<b>Gross income from <u>Wages/Salaries</u></b> (include overtime, bonuses, commissions, tips, etc. as reported to IRS)				
<b><u>Periodic Payments/Benefits</u></b> (Soc. Sec., SSI, OAP, pension, retirement, IRA, unemployment, workers' comp., etc)				
<b><u>Other Income</u></b> (welfare, alimony, child support, etc)  Or, if self-employed income from business				
<b><u>Income from Assets</u></b> (Interest or dividends from saving/bank accounts, CD's, investments, or rental property owned)				
		<b>TOTAL ANNUAL INCOME</b>		<b>\$ _____</b>

**PLEASE GIVE A BRIEF DESCRIPTION OF THE CRITICAL REHABILITATION PROBLEMS, HEALTH AND SAFETY REPAIRS, ACCESSABILITY, ENERGY EFFICIENCY, OR NON-LUXURY IMPROVEMENTS YOU NEED ASSISTANCE WITH:** (may include electrical, plumbing, furnace, water heater, accessibility work, mitigation of lead-based paint, roof and gutters, foundation, insulation, doors and windows, flooring, wall repair and painting, exterior siding repair, fencing repair, etc.)

**PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH THE APPLICATION**

- Copy of hazard insurance policy "Declarations Page" (not needed for Mobile Homes) or have your insurance agent fax a copy to us at 303-438-6297.
- Copy of latest Federal and State tax returns along with W-2s.
- Completed request for Verification of Employment forms.
- Copies of last 2 months of pay stubs. (If self-employed, a year to date profit/loss statement and 2 years of federal income tax returns)
- Last 2 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 information provided is confidential and will be used only to determine eligibility.**

**Please read the following carefully before signing:**

Each of the undersigned specifically represents to the City and County of Broomfield (City and County) and its potential agents, processors, insurers, successors and assigns and agrees to and acknowledges that: (1) The Applicant/Co-Applicant undersigned does hereby certify ownership and occupancy of the above property; (2) the City and County, its successors or assigns may retain the original and/or an electronic record of this application, whether or not the application is approved; (3) the City and County and its agents, brokers, insurers, servicers, successors, and assigns may rely on the information contained in the application and Applicant/Co-Applicant is obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing; (4) The undersigned authorizes the City and County to verify and make independent investigations to determine ownership, income and financial standing; all holders of any such information are hereby authorized to release any and all such information they may have concerning the undersigned; (5) The undersigned hereby indemnifies the City and County, its representatives, employees, agents, consultant(s) and any firm or person supplying the City and County with information from any liability whatsoever concerning the release or use of information obtained on this application; (6) my transmission of this application may be an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws, or my/our facsimile transmission of this application

containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

I/We agree to allow the City and County, consultant, subcontractors and construction contractors to enter my home as needed to perform assessment, rehabilitation inspection(s) and construction services. I also agree that the City and County employees, consultant and subcontractors 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 the City and County, consultant, subcontractors, and applicable City and County inspection agencies to inspect said work, and;

I/We as the applicant/co-applicant authorize the staff of the City and County 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, and;

I/We as the applicant/co-applicant certify that the statements made by me are true and correct to the best of applicant/co-applicant knowledge and belief. Intentional misrepresentation made by applicant/co-applicant regarding information contained in the application including attachments may subject applicant/co-applicant to disqualification and/or legal prosecution. Deliberate falsification and/or perjury will require full restitution from the applicant/co-applicant to the City and County of Broomfield.

Contractor performing construction services will provide a one year warranty on workmanship. Manufacturer or product warranties are separate from Contractor warranty and shall be supplied to applicant/co-applicant upon completion of construction services.

**Acknowledgement.** Each of the undersigned hereby acknowledges that any owner of the Loan, its servicers, successors and assigns, may verify or re-verify any information contained in this application or obtain any information or data relating to the Loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date