



Administered by the Housing Authority of the City of Loveland
375 West 37th Street, Suite 200, Loveland, CO 80538
970-635-5931 – Fax 970-278-9904 – TDD 970-667-3293

EMERGENCY FUNDING APPLICATION

*Rental property is not eligible for assistance
Reimbursement is not eligible*

Owners Name: _____ Age: _____ SS # _____

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Property Address: _____

City State zip

Phone #: _____ / _____ Email: _____

Type of Emergency : _____

Type of Structure: _____ Single Family Dwelling _____ Mobile Home _____ Other _____

Family Size: _____ **Disabled:** _____ Yes _____ No

Mortgage Payments Current? _____ Yes _____ No
Property Insured? _____ Yes _____ No Amount \$ _____

Checking Account Bank: _____ Balance: \$ _____
Assets _____ Yes _____ No Value _____

OCCUPANTS OF THE HOME: List all occupants & their age; include persons completing this application.

Name _____ Age _____ Income _____

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Other Income Sources (see below for list of sources):

_____ Amount: \$ _____

_____ Amount: \$ _____

_____ Amount: \$ _____

Do you rent out any portion of the home? _____ Yes _____ No Rent received \$ _____

Combined household gross income per year: \$ _____

*Gross income is the combined household income which includes, but is not limited to: job earnings, social security income, income (for you or your child/children) from social services, AFDC, VA benefits, unemployment benefits, military pay, workers' compensation payments, alimony, income from pensions or retirement plans or income from securities, stocks, bonds, etc. If an adult child (over age 18) or other adult is living in the home that income must be reported also.

Ethnic Background: (This information is optional and is not required to receive program funding)
___Caucasian ___African-American ___Hispanic ___Asian/Pacific Island ___ American Indian

In order for you to receive emergency home repair assistance, you must provide copies of the documentation checked below. Without the requested documentation no work will be started. You must be able to prove ownership and listed as owner by County records, Deed, Title or other legal form.

- Copy of Driver's License or Valid ID
- IRS Income Tax Return (Most Recent)
- Income Verification - all working adults: Social Security, Paycheck Stub, Disability, SSI, AFDC, Unemployment Award Letter, Workers' Compensation, Retirement, Pension, Child Support, Rental Income, Etc.
- Death Certificate (if anyone listed on title of property is deceased)
- If Unemployed, A Letter From Owner Explaining Why He/She Has No Income
- If you are currently purchasing a mobile home that you are seeking assistance for and the home is not listed on county records in your name please provide copy of purchase contract.

APPLICANTS CERTIFICATION	
<p>The Applicant certifies that all information in this application, and the information furnished in support of this application, is given for the purpose of obtaining assistance through the Larimer Home Improvement Program's Emergency Funding, and is true, complete, and correct to the best of his/her knowledge and belief.</p> <p>PENALTY FOR FALSE OR FRADULENT STATEMENT, U.S.C. Title 18, Sec. 1001 provides: "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."</p> <p>This information is being obtained for the purpose of receiving assistance through the Larimer Home Improvement Program's Emergency Funding. I agree to be available between the hours of 8:00 a.m. and 3:00 p.m. to sign a certification of work when the work is completed. If I do not comply with this process, I understand I will be responsible for the payment to the contractor(s).</p>	
Signature: _____	_____
	Date
Signature: _____	_____
	Date

PRIVACY ACT NOTICE STATEMENT-This information is to be used by the agency collecting it in determining whether you qualify as a prospective mortgagor for insurance or guaranty or as a borrower for a rehabilitation loan under the agency's program. It will not be disclosed outside the agency without your consent except to financial institutions for verification of your deposits as required and permitted by law. You do not have to give us this information, but if you do not, your application for approval as a prospective mortgagor or for mortgage insurance or guaranty or as a borrower for a rehabilitation loan may be delayed or rejected. This information request is authorized by Title 38, U.S.C. Chapter 37 (if VA); by 12 U.S.C. Section 1701 et seq., (if HUD/FHA); and by 42 U.S.C., Section 145b (if HUD/CPD).

All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap or national origin in compliance with the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973. The Housing Authority of the City of Loveland does not discriminate on the basis of handicapped status in the admission or access to its facilities, or treatment of or employment in its federally assisted programs.



include Photo ID

DECLARATION OF RESIDENCY

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance must be lawfully within the United States. Please read this Declaration carefully. Please feel free to consult with an immigration lawyer or other expert of your choosing.

I, _____, swear or affirm under penalty of perjury that (check one):

I am a United States citizen, or

I am a non-citizen national of the United States, or

I have an immigration status that makes me a "qualified alien"

I hereby agree to provide any documentation which may be required pursuant to Federal law, Interim Guidelines published by the United States Department of Justice (62 FR 61344) or, if applicable, Colorado laws and regulations, if the Colorado laws are not inconsistent with Federal law.

I acknowledge that making a false, fictitious, or fraudulent statement or representation in this Declaration is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Name (please print)

Include Photo ID

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