

Application for  
**TEMPORARY RENTAL & UTILITY ASSISTANCE (TRUA)**

Please answer all questions. Failure to do so may result in delayed assistance.

**A COMPLETE APPLICATION DOES NOT  
GUARANTEE APPROVAL AND APPROVAL IS  
DETERMINED ON A MONTH-TO-MONTH  
BASIS**

\*You must live in the City AND County of Denver to qualify for this program.

\*Please note the following maximum gross income limits for this program. Gross income is determined based on the information and documentation provided.

2021 Income Limits Per Household Size

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
\$55,950	\$63,950	\$71,950	\$79,900	\$86,300	\$92,700

**ASSISTANCE TYPE**

What are you applying for?

Rental Assistance

I have a received a 10-day and/or eviction notice

I have a court date scheduled

I have been to court

Utility Assistance

Xcel Energy Assistance

Denver Water Assistance

Both Xcel Energy and Denver Water assistance

I have received a utility shut off notice

Have you or anyone in your household previously received assistance from this program?

Yes

No

**APPLICANT INFORMATION**

Name (First, Middle, Last) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant Name (First, Middle, Last) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_  Same as Above

Email \_\_\_\_\_

Preferred Phone # \_\_\_\_\_ Alternate Phone# \_\_\_\_\_

**LANDLORD INFORMATION**

Landlord Name (First and Last) \_\_\_\_\_

Landlord Phone Number \_\_\_\_\_

Landlord Email \_\_\_\_\_

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## ACCOUNT INFORMATION - IF REQUESTING UTILITY ASSISTANCE

Account Holder Name \_\_\_\_\_

If applicable, why is the bill not in your name? \_\_\_\_\_

If you are not the account holder are you listed on the account?  Yes  No

Xcel Energy Account Number (if applying for energy assistance): \_\_\_\_\_

Denver Water Account Number (if applying for water assistance): \_\_\_\_\_

## HOUSEHOLD INFORMATION

**Current Employment Status (at the time of application):**

Full Time  Part Time  Unemployed (Since what date? \_\_\_/\_\_\_/\_\_\_)  Retired  Other

List ALL members of your household and include monthly income before taxes for those 18 years and older. If you are living in a roommate situation and only applying for your portion of the rent, only include your income and asset information.

NAME	RELATIONSHIP	AGE	MONTHLY INCOME	SOURCE OF INCOME
1	SELF		\$	
2			\$	
3			\$	
4			\$	
5			\$	
6			\$	
<b>TOTAL Monthly Income Pre-Tax</b>			\$	

List assets that generate income for all household members 18 years and older who are applying for assistance.  
(This is cash/non-cash that can be converted to cash.)

ASSETS	APPLICANT	CO-APPLICANT	Adult Member #3	Adult Member #4	Adult Member #5
Checking					
Savings					
Cash					

## HOUSING INFORMATION

What type of home do you live in?

House  Apartment  Mobile Home  
 Duplex/Triplex/Fourplex  Townhouse

If you are a renter, do you have a lease?

Yes  No

Monthly Rent Amount \$ \_\_\_\_\_

Total rent owed \$ \_\_\_\_\_

Which month(s) do you owe? \_\_\_\_\_

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## DUPLICATION OF BENEFITS

Duplication of benefits are prohibited. A duplication of benefits occurs when a household receives assistance from multiple sources for the same purpose (eg. rent and/or utility assistance) and the total assistance is greater than the need for that type of assistance. Applicants must disclose other local, state and federal rent and/or utility assistance they have received or have applied to receive. Applicants will be required to repay funds if duplicate benefits are received. Please list all other sources of financial or housing rent and/or utility assistance applied to or received (local, federal, and private sources).

Has anyone in your household applied for, or received any COVID-19 related rent and/or utility assistance from any source (local, state, federal, private) other than the assistance you are applying for under this program?  YES /  NO

If **NO**, please proceed to "STATEMENT OF HARDSHIP" section. If **YES**, please complete the section below:

TYPE OF ASSISTANCE	RECEIVED AMOUNT	APPLIED FOR, BUT HAVE NOT RECEIVED
	<input type="checkbox"/> \$	<input type="checkbox"/>
	<input type="checkbox"/> \$	<input type="checkbox"/>

## STATEMENT OF HARDSHIP

Is your hardship related to Coronavirus (COVID-19)?  YES /  NO

If your hardship is related to Coronavirus (COVID-19), do you attest that you are unable to meet your monthly expenses due to unexpected financial hardship caused by the COVID-10 public health emergency?  YES /  NO

Which best describes your hardship? Please select one:

<input type="checkbox"/>	Income Reduction
<input type="checkbox"/>	Job Loss/Loss of Employment Hours
<input type="checkbox"/>	Medical Hardship
<input type="checkbox"/>	Unexpected Expense
<input type="checkbox"/>	Change/Loss of Public Benefits
<input type="checkbox"/>	Roommate/Income-Earning Household Members Left
<input type="checkbox"/>	Death in the Family
<input type="checkbox"/>	Other:

If your hardship is **NOT** related to COVID-19, please provide a brief statement of hardship (*explain what event led to you falling behind on rent/utility payments*):

*\*REQUIRED\*—YOU MUST DESCRIBE YOUR HARDSHIP IN THIS TEXT BOX. PLEASE KEEP THIS AS BRIEF AS POSSIBLE.*

## STATEMENT OF HOUSEHOLD DEMOGRAPHICS

The City and County of Denver’s funds have been awarded to fund the Temporary Rental & Utility Assistance (TRUA) program. City regulations require the program to provide benefit to low and moderate-income persons. All questions on this document must be completed. The form must be acknowledged and signed.

**1. Household Composition:**

a. Does the Head of Household identify as Female?

YES             NO

b. Are any household members over the age of 62?

YES             NO

c. Do any household members identify as disabled?

(A disability is a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.)

YES             NO

**2. Please answer both Ethnicity and Race for Applicant.**

(Please note that this information is required for reporting purposes).

<b>ETHNICITY</b> (please select only one)	
Hispanic or Latino	
Not Hispanic or Latino	

<b>SINGLE RACE CATEGORY</b>		<b>MULTI-RACE CATEGORY</b>	
White		American Indian/Alaska Native & White	
Black/African American		Asian & White	
Asian		Black/African American & White	
American Indian/Alaska Native		American Indian/Alaska Native & Black/African American	
Native Hawaiian/Other Pacific Islander		Other Multi-race: Please explain ( <i>optional</i> ):	

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## CONSENT AND SIGNATURE

I certify that the information in this application and the supporting documentation is accurate and true to the best of my knowledge. I understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law. By signing this document, I release Brothers Redevelopment, Inc. (BRI), Northeast Denver Housing Center (NDHC), Del Norte Neighborhood Development Corporation, and their partner agencies to obtain and exchange information at the coordinator's discretion with other entities including, but not limited to: utility provider(s), landlord(s), employer(s), lenders, banks and other financial institutions, or any other essential third party in regards to my case that is deemed necessary to obtain resources to meet my needs for assistance.

Any information exchanged with third parties will be done so without discrimination and with respect to my rights. Information obtained will be used solely to provide me with utility assistance and related services. In addition, I consent to be contacted about other programs and services such as housing counseling.

I hereby release Brothers Redevelopment, Inc. (BRI), Northeast Denver Housing Center (NDHC), Del Norte Neighborhood Development Corporation, their partner agencies, officers, directors, employees, agents, and affiliated entities from any liability related to the supplying of the information on this application.

I reserve the right to revoke this authorization at any time and will provide a written notice of my decision to the organization I am working with. Upon receipt of the written request, the organization will discontinue use of my information within 48 business hours and will terminate my pending application and/or services sought through the organization.

X

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

\_\_\_\_\_  
Date

X

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

\_\_\_\_\_  
Date

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## SUPPORTING DOCUMENTATION CHECKLIST

You are required to submit the below supporting documents along with the TRUA Application:

While completing this Checklist, please note that we consider the Applicant and Co-Applicant to be adult household members that are listed on the lease agreement.

If your household is comprised of roommates, all financially independent of one another, we will need to collect Photo ID, Statement of Hardship (page 3 of the TRUA Application), Proof of Income and Bank Statements from each adult who intends to apply for assistance.

\*Complete all 5 pages of this **TRUA Application** (above).

\***Photo ID** for Applicant and Co-Applicant

\***Lease Agreement** (expired leases will be accepted if month-to-month. Will also accept Rent Demands, Ledgers, or Receipts if they contain the Tenant's Name and Address, Landlord Name, and Monthly Rent Amount).

\***Proof of Income**

If you receive any of the following benefits, please provide **proof of the benefit from the previous 30 days** as the only documentation needed for proof of household income.

- |   |   |
|---|---|
| <input type="checkbox"/> Aid to the Blind (AB)              | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Aid to the Needy Disabled (AND)    | <input type="checkbox"/> Temporary AID to Needy Families (TANF)           |
| <input type="checkbox"/> Housing Choice Voucher (Section 8) | <input type="checkbox"/> Women, Infants, and Children (WIC)               |
| <input type="checkbox"/> Old Age Pension (OAP)              | <input type="checkbox"/> Low-Income Energy Assistance Program (LEAP)      |

If you **do not** receive any of the benefits above or do not have proof of the benefit, please provide income verification documentation for the previous 30 days for **all adult household members 18 years and older for all sources of income as listed on the TRUA application**. The documentation must include the adult's name and be dated within 30 days. Income verification documentation may include:

- Pay Stubs
- Unemployment Benefits/Insurance (UI) Verification Letter
- Profit and Loss Statement
- Signed and Dated Letter from Employer Stating Applicant Name, Name of the Income Source, Income Amount and Frequency, and Contact Information for Employer
- Social Security Disability Income (SSDI) Proof of Income Letter
- Supplemental Security Income (SSI) Benefit Verification Letter
- Child Support Payments Received
- Retirement Benefits Letter

\***Most Recent Bank Statements** for Applicant and Co-Applicant. Must be dated within 30 days—screenshots will be accepted if they contain your Name, Date and Available Balance).

\***Most Recent Rent Ledger** - Applicant must obtain this directly from their landlord; this form shows the history of charges and payments towards the applicant's account and allows our staff to confirm the total amount of rent owed.

\***Most Recent Utility Bill** ONLY IF APPLYING FOR UTILITY ASSISTANCE – Xcel Energy and Denver Water only.

\***Xcel Energy Consent to Disclose Utility Customer Data Form** – Only if applying for Xcel Energy Assistance

\* - REQUIRED

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