



Community Development Division  
15151 East Alameda Parkway, Suite 4500  
Aurora, CO 80012  
303-739-7900

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**COMMUNITY DEVELOPMENT DIVISION  
MINOR HOME REPAIR PROGRAM  
15151 East Alameda Parkway, Suite 4500  
Aurora, Colorado 80012  
Phone: 303-739-7900  
PROGRAM APPLICATION**

Applicant: \_\_\_\_\_  
Last Name First Name Middle Initial

Co-Applicant: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**PROPERTY INFORMATION:**

Type of Dwelling:  Single Family House;  Duplex;  Townhouse or Condo

Number of Bedrooms in the home: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Date Home was purchased: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Do you have a mortgage on this property?  Yes  No Mortgage Company: \_\_\_\_\_

Do you have a 2nd Mortgage on this property?  Yes  No Mortgage Company: \_\_\_\_\_

Do you have property insurance?  Yes  No Insurance carrier: \_\_\_\_\_

Is there anyone on the Title to the property who does not live there?  Yes  No  
If yes, please provide the name of person(s) on title and explain: \_\_\_\_\_

What is your estimate of the Current Market Value of your home? \$ \_\_\_\_\_

Have you ever filed Bankruptcy?  Yes  No If yes, when: \_\_\_\_\_

Have you ever received a Community Development Loan, Grant or repair assistance before?  Yes  No, If so, when: \_\_\_\_\_

Have you ever received down payment assistance, 2<sup>nd</sup> mortgage loan from city of Aurora, HOAP (Home Ownership Assistance Program)?  Yes  No If so, When: \_\_\_\_\_

How did you hear about the repair programs? \_\_\_\_\_

Are you or anyone in your household a current employee of the City of Aurora:  Yes  No

If so, please provide their Name and the Department that they work for: \_\_\_\_\_

**REQUESTED SERVICES**

Please elaborate on the type of repairs you wish to have completed under the repair program:

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**OCCUPANT INFORMATION:**

List all persons (children and adults) living in the home, along with their gross annual income. By signing the bottom of this application, you certify, that you are the owner(s) of the property and the current gross annual income of all persons living in the home are listed below.

Name	Relationship	Date of Birth	Gross income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HOUSEHOLD INFORMATION:**

Marital Status:  Single  Married  Widowed  Divorced

Total Number of occupants living in the home: \_\_\_\_\_  
Number of adults (18 years or older): \_\_\_\_\_  
Number of children (under 18 years of age): \_\_\_\_\_

Female Head of Household  Yes  No

What is your gender?  Male  Female  Transgender  Prefer not to say

What is your estimated Gross annual income for the household? \$ \_\_\_\_\_

Are you a:  U.S. Citizen  Permanent Resident  Other: \_\_\_\_\_

Are you a Veteran of the United States Armed Services:  Yes  No

Is any household member disabled?  Yes  No

**Ethnic Categories:**  Hispanic or Latino  Not Hispanic or Latino

**Racial Categories:** (Note: This information is for Federal Data collection reporting only and not for determination for assistance)

- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Asian
- Other
- Prefer not to say

**IMPORTANT – READ BEFORE SIGNING:**

The applicant/co-applicant undersigned does hereby certify ownership and occupancy of the above property and that all information above is true, accurate and complete; and does hereby authorize the City of Aurora to verify and make independent investigations to determine ownership, income and financial standing. The undersigned hereby releases the City, its employees, agents and any firm or person supplying them with information from any liability whatsoever concerning the release or use of the information and will hold them harmless from any suit or reprisal whatsoever. All holders of any such information are hereby authorized to release any such information they may have concerning the undersigned.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date





Housing & Community Services  
Community Development Division  
15151 E. Alameda Pkwy, Suite 4500  
Aurora, Colorado 80012  
303.739.7900

## MINOR HOME REPAIR HOUSING REHABILITATION PROGRAM



Applicant Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Property Address: \_\_\_\_\_



Which household type below best describes your household composition?

- Single / Non-Elderly: one-person household who is under 62 years of age
- Elderly: one or two-person household with a person 62 years of age or older
- Related/Single Parent: one parent household with dependents under 18 years old
- Related/Two Parent: two parent household with dependents under 18 years old
- Related Two-person household with no dependents under 18 years old
- Related Two-person household with dependents 18 years old and older
- Other than above, please describe: \_\_\_\_\_

Are there any children in the household 6 years of age or younger?     Yes     No  
If yes, please identify number of children 6 years of age or younger: \_\_\_\_\_

Total amount presently owed on the home (includes 1<sup>st</sup> Mortgage, 2<sup>nd</sup> Mortgage, Home equity loans, Home Ownership Assistance Program/down payment assistance loans, etc.)  
\$ \_\_\_\_\_  
\_\_\_\_\_

Do you pay monthly Homeowner's Association dues?                       Yes     No  
If Yes, who's the HOA Management Company: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Please complete the employment information below for all members of the household age 18 years and older

Name of Employee: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number of Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number of Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number of Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Are you currently ordered to pay Child Support?     Yes     No

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Applicant Signature

Date

\_\_\_\_\_

Co-Applicant Signature

Date



**City of Aurora, Community Development Division**

**Supplemental Income Questions**

Date: \_\_\_\_\_

Program:    Housing Rehabilitation Loan     Minor Home Repair     Emergency

**The above will be determined upon the home inspection results performed by the Rehabilitation Program Specialist.**

Applicant Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

**1. Does the household income include any of the following?**

a. Wages and Salaries:  Yes     No  
Name of Member(s) of Household: \_\_\_\_\_

b. Bonuses:  Yes     No  
Name of Member(s) of Household: \_\_\_\_\_

c. Commissions:  Yes     No  
Name of Member(s) of Household: \_\_\_\_\_

d. Overtime:  Yes     No  
Name of Member(s) of Household: \_\_\_\_\_

e. Tips (includes cash tips);  Yes     No  
Name of Member(s) of Household: \_\_\_\_\_

f. Other type of income, please explain  Yes     No  
Name of Member(s) of Household: \_\_\_\_\_

**This section requires an answer and explanation.**

**Do you expect an increase in any of these areas?**  Yes     No  
If Yes, how much expected and when? \_\_\_\_\_

If No, explain: \_\_\_\_\_

**2. Does the household income include any of the following?**

g. Social Security Benefits:  Yes     No  
Name of Member(s) of Household: \_\_\_\_\_

h. Annuities:  Yes     No  
Name of Member(s) of Household: \_\_\_\_\_

i. Insurance Policies:  Yes     No  
Name of Member(s) of Household: \_\_\_\_\_

j. Retirement/Pensions:  Yes  No  
Name of Member(s) of Household: \_\_\_\_\_

k. Disability Benefits:  Yes  No  
Name of Member(s) of Household: \_\_\_\_\_

**This section requires an answer and explanation.**

**Do you expect an increase in any of these areas?**  Yes  No  
If Yes, how much expected and when? \_\_\_\_\_

\_\_\_\_\_  
If No, explain: \_\_\_\_\_

**3. Does the household income include any of the following?**

l. Unemployment Benefits:  Yes  No  
Name of Member(s) of Household: \_\_\_\_\_

m. Disability Compensation:  Yes  No  
Name of Member(s) of Household: \_\_\_\_\_

n. Worker's Compensation Benefits:  Yes  No  
Name of Member(s) of Household: \_\_\_\_\_

o. Severance Pay:  Yes  No  
Name of Member(s) of Household: \_\_\_\_\_

**This section requires an answer and explanation.**

**Do you expect an increase in any of these areas?**  Yes  No  
If Yes, how much expected and when? \_\_\_\_\_

\_\_\_\_\_  
If No, explain: \_\_\_\_\_

**4. Does the household income include any of the following?**

p. Welfare Assistance:  Yes  No  
Name of Member(s) of Household: \_\_\_\_\_

q. Alimony/Maintenance:  Yes  No  
Name of Member(s) of Household: \_\_\_\_\_

r. Child Support:  Yes  No  
Name of Member(s) of Household: \_\_\_\_\_

**This section requires an answer and explanation.**

**Do you expect an increase in any of these areas?**  Yes  No  
If Yes, how much expected and when? \_\_\_\_\_

\_\_\_\_\_  
If No, explain: \_\_\_\_\_



**IMPORTANT – READ BEFORE SIGNING:**

The applicant/co-applicant undersigned does hereby certify that the above income information is true, accurate and complete for **ALL** occupants residing in the household; and does hereby authorize the City of Aurora to verify and make independent investigations to determine income and financial standing.

The undersigned hereby releases the City, its employees, agents and any firm or person supplying them with information from any liability whatsoever concerning the release or use of the information and will hold them harmless from any suit or reprisal whatsoever.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date





Housing & Community Services  
Community Development Division  
15151 East Alameda Parkway, Suite 4500  
Aurora, Colorado 80012  
303.739.7900

### CLIENT AUTHORIZATION FOR MINOR HOME REPAIR PROGRAM

I understand that my request requires me to provide financial and personal information to the City of Aurora, Community Development Division, its employees and/or agents. I understand this includes, but is not limited to: credit history, employment history, debts, income, bank accounts, assets, housing history and personal circumstances.

\_\_\_\_\_  
Borrower initial                      Date                                      Co-borrower                      Date

I agree to provide all information that Community Development may believe is necessary and appropriate for the assessment of my application.

\_\_\_\_\_  
Borrower initial                      Date                                      Co-borrower                      Date

I hereby authorize Community Development, the authority to obtain and verify a consumer credit report, employment status and history of earnings, bank accounts, all investments and assets or any information necessary and appropriate to process a grant request.

\_\_\_\_\_  
Borrower initial                      Date                                      Co-borrower                      Date

I, the undersigned applicant and/or co-applicant, fully understand the above and agree to hold the City of Aurora, Community Development Division, its agents and/or employees harmless from any claims or causes of actions arising, or which may arise from, their assistance, mistakes and/or, errors or omissions.

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Co-Applicant Name (print)

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

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

\_\_\_\_\_  
Applicant Social Security #

\_\_\_\_\_  
Co-Applicant Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**AFFIDAVIT**  
**(Must be completed by all adults 18 and older)**

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- \_\_\_\_\_ 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.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that 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 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 offence each time a public benefit is fraudulently received.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please submit one of the following forms of identification:

- Colorado driver's license or identification card
- United States military identification or dependent's identification card
- United States coast guard merchant mariner card
- Native American tribal document

**AFFIDAVIT**  
**(Must be completed by all adults 18 and older)**

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- \_\_\_\_\_ I am a United States citizen, or
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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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- Native American tribal document

**City of Aurora**  
**Community Development Division**  
**Housing Rehabilitation Programs**  
(For residences built before 1978)

**Confirmation of Receipt of Lead Pamphlet**

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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.

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Printed Name of Recipient

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Date

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Signature of Recipient

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**Note: See attached Pamphlet, entitled "Renovate Right"**



## HOUSING REHABILITATION PROGRAM DOCUMENT CHECKLIST

- Copy of Current Homeowner Insurance Policy Declaration page
- Current Mortgage Statement showing balance of all mortgages against the property (1<sup>st</sup> and 2<sup>nd</sup>, etc.)
- Copy of Current HOA payment schedule (if applicable)
- Three (3) Months** of most current Bank Statements for all Checking and Savings Accounts on all adults living in the home. Must be complete copies showing all pages, deposits, and debits for the most current 3 months.  
-Reserves from bank and/or savings account(s), cannot exceed the amount of \$15,000.00 combined for all persons on title . Exceptions are considered for applicants that are 62 years of age or older, and/or has disability as defined by Section 223 of the Social Security Act (42U.S.C. 423) or a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Action (42USC6001) (7), and/or on a fixed income, clients may have up to \$15,000.00 in additional savings not to exceed \$30,000.00.
- One (1) Year** most current federal tax returns **with W-2s & 1099's** (Tax returns are required for all household members 18 years of age and older)
- Most Current** Year Benefit Statement(s) from all who receive:
  - Social Security (must obtain from the Social Security Office)
  - Social Security Disability (must obtain from the Social Security Office)
  - Annuities
  - Retirement
  - Unemployment Benefits
  - Wages/Salaries. **Three (3) Months** Current Pay Stubs from all occupants 18 or older
- Copy of Filed Divorce Decree (if applicable), including all attachments/exhibits:
  - Separation Agreements
  - Permanent Orders (Alimony/Maintenance/Child Support)
  - Current Year-to-Date Child Support Registry of Payments
- Copy of Current Colorado ID/Driver's License for all adults.
- Complete and Sign the Residency Affidavit (all persons living in the home that are 18 or older)
- Read, sign & initial each paragraph of the Client Authorization form

If there's any **adult** household member that doesn't file Federal tax returns or keep copies of their most recent return, each member must perform the following:

- Complete, sign & date the attached Affidavit
- Contact the IRS at 1-800-829-1040 or [www.irs.gov](http://www.irs.gov) to order a **“Transcript of Tax Return”** for most recent year
- Provide ALL 1099's from each source of income received

Thank you.