

# Application for FORECLOSURE FINANCIAL ASSISTANCE PROGRAM

**A COMPLETE APPLICATION DOES NOT  
GUARANTEE APPROVAL AND ASSISTANCE  
IS BASED UPON ELIGIBILITY AND  
AVAILABILITY OF FUNDS.**

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

**\*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.**

2023 Income Limits Per Household Size

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
<b>\$66,300</b>	<b>\$75,750</b>	<b>\$85,200</b>	<b>\$94,650</b>	<b>\$102,250</b>	<b>\$109,800</b>

## 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# \_\_\_\_\_

Preferred Method of Communication: \_\_\_\_\_ Primary Language: \_\_\_\_\_

## 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 gross 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					
CD/IRA/401K/Money Market					
Other Assets					

**HOUSING INFORMATION**

What type of home do you live in?  House  Apartment  Mobile Home  Townhouse  Duplex  
 Is this home your primary residence?  Yes  No

**LENDER/SERVICER/HOA INFORMATION**

What type of financial assistance are you seeking?

Mortgage Assistance  HOA Fee/Fine Assistance  Both

**FOR MORTGAGE ASSISTANCE ONLY:**

Lender/Loan Servicer: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Monthly Principal and Interest Amount \$ \_\_\_\_\_

Monthly escrow payment \$ \_\_\_\_\_

TOTAL MONTHLY MORTGAGE PAYMENT: \$ \_\_\_\_\_

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

TOTAL AMOUNT OWED: \$ \_\_\_\_\_

**FOR HOA FEE/FINE ASSISTANCE ONLY:**

HOA Name/Title: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

HOA Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

What type of HOA Fees/Fines do you owe?

Monthly HOA Dues/Assessment

- Amount: \$ \_\_\_\_\_
- Which month(s) do you owe? \_\_\_\_\_

Special Assessments

- Amount: \$ \_\_\_\_\_

Fines and Other Fees

- Amount: \$ \_\_\_\_\_

Attorney's Fees

- Amount: \$ \_\_\_\_\_

**TOTAL AMOUNT OWED: \$ \_\_\_\_\_**

**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 and the total assistance is greater than the need for that type of assistance. Applicants must disclose other local, state and federal benefits they have received or have applied to receive specific including mortgage assistance, forbearance, unemployment insurance, or other benefits that may be used to assist with mortgage payments. Applicants will be required to repay funds if duplicate benefits are received.

Has your household received or applied for any of the following from other sources?

- Mortgage/HOA Assistance       Received       Applied for but have not received
- Mortgage Forbearance       Received       Applied for but have not received
- Unemployment Insurance       Received       Applied for but have not received
- Other       Received       Applied for but have not received

If any of the boxes above are checked, please provide a description of the benefits and the amount received or anticipated amount received:

\_\_\_\_\_

\_\_\_\_\_

## STATEMENT OF HARDSHIP

Which best describes your hardship? Please select one:

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

Please provide a brief statement of hardship (*explain what event led to you falling behind on mortgage/HOA payments*):

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

If this application has been completed with assistance from a referring organization/service provider, please provide contact information below:

**Name:**

**Organization:**

**Phone Number:**

**E-mail:**

## STATEMENT OF HOUSEHOLD DEMOGRAPHICS

The City and County of Denver’s funds have been awarded to fund the Foreclosure Financial Assistance Program. City regulations require the program to provide benefit to low and moderate-income persons. **All demographic questions on this document are optional.** The form must be acknowledged and signed.

**1. Household Composition:**

a. Does the Head of Household identify as Female?

YES       NO       Decline to answer

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

YES       NO       Decline to answer

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       Decline to answer

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

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

ETHNICITY (please select only one)	
Hispanic or Latino	
Not Hispanic or Latino	
Decline to answer	

SINGLE RACE CATEGORY		MULTI-RACE CATEGORY	
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> ):	
Decline to answer			

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**APPROVAL IS DETERMINED ON A MONTH-TO-MONTH BASIS**

## 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) 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), mortgage lenders, HOA entities, employer(s), 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 foreclosure prevention 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), 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 your application:

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

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

\***Proof of Ownership**

- Copy of most recent (60 days) mortgage statement and proof of last payment made. Ownership will be verified at <https://www.denvergov.org/property>

- Copy of ledger/statement from applicant's HOA demonstrating unpaid balance if applicable

\***Proof of Income**

- Most recent bank statements for Applicant and Co-Applicant if applicable. Must be dated within 30 days (screenshots will be accepted if they contain your Name, Date, and Available Balance).
- Documentation demonstrating applicant's assets outside of monthly income sources
- 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 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
  - For self-employed applicants: Profit and Loss Statement, Balance Sheet, and/or 1099 returns
  - 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
- Self-Declaration of Income will be accepted only if written verification cannot be obtained. Self-Declarations of Income must be clearly documented in the case file including all attempts to obtain third party verification and a signed affidavit that the declared income is accurate.

\* - **REQUIRED**

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