



City of Boulder / Flatirons Habitat for Humanity
Repair Program



REQUIRED DOCUMENTATION CHECKLIST

-- Please keep this page for your records --

Submit your application and documents to:
City of Boulder Division of Housing, 1300 Canyon Blvd, Boulder, CO 80302

All of the following documents (if applicable) must be submitted with this application or processing may be delayed.

- Completed application, signed and dated.
- A completed Immigration Status Affidavit AND a photocopy of an approved form of identification for EACH ADULT (18 years old or older) HOUSEHOLD MEMBER
- A completed employer verification form OR a letter from your employer, on letterhead, indicating your annual gross wage, start of employment, pay schedule, expected wage increases and any overtime, bonuses, tips or commissions
- Copies of two month's worth of your most recent pay stubs
- Verification of all other sources of income (Social Security, Social Security Disability, pension, etc.)
- Complete copies of your most recent two years of Federal tax returns, all corresponding W2's and attached schedules. If self-employed, submit most recent three years.
- A copy of your most recent checking account statement(s)
- A copy of your most recent savings account statement(s)
- A copy of the most recent statement(s) from all other assets (IRA, 401K, cash value of life insurance policy, etc.) verifying the current balance and interest rate or annual dividend payment
- FEMA determination letter
- Hazard and/or flood insurance certificates and determination letter(s)
- Proof of occupancy (one of the following: cable bill, internet bill, telephone bill)
- Most recent **mortgage and other loan** statement(s) for subject property showing outstanding principal balance AND recent appraisal or Assessor's statement.
- Proof of monthly HOA fee (i.e. payment coupon, letter from property manager or HOA)
- If you have been divorced within the past three years, submit a copy of your divorce decree AND verification of the division of marital assets, court-ordered custody arrangements and child and/or alimony payments.
- If you currently own other real property, residential, vacant land and/or commercial property, submit a recent appraisal or Assessor's statement and a recent mortgage statement for each.





**City of Boulder/Flatirons Habitat for Humanity
Repair Program
Common Application**



PART 1: HOUSEHOLD INFORMATION

Section A - Please complete the following section for all household members age 18 or older who occupy the property.

For household members younger than 18 years old, complete the information requested in Section B, on the next page. Make copies, if necessary, for any additional household members.

Primary Applicant – Name: _____

Current Address (street, city, state, zip): _____

Phone: W) _____ H) _____ Cell) _____ Email: _____

Birthdate _____ Gender _____ Number of people to live in your household _____

Are you a full-time student? Y N Are you currently employed? Y N

Do you receive any other income? Y N In what city do you hold your primary job? _____

OPTIONAL Federal funding agencies require the collection of ethnicity and race data to track Fair Housing performance. This information will not be used to determine housing eligibility.

Ethnicity (please choose one):

Hispanic or Latino OR Not Hispanic or Latino

Race (please check *one or more* of the following):

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Adult Household Member #2 – Name:

Current Address and Phone (if different from above):

Relationship to Primary Applicant _____ Birthdate _____ Gender _____

Ethnicity _____ Race _____ (See text box under Primary Applicant section for ethnicity/race options)

Are you a full-time student? Y N

Are you currently employed? Y N

Do you receive any other income? Y N

In what city do you hold your primary job? _____



Adult Household Member #3 – Name:

Current Address and Phone (if different from above):

Relationship to Primary Applicant _____ Birthdate _____ Gender _____

Ethnicity _____ Race _____ (See text box under Primary Applicant section for ethnicity/race options)

Are you a full-time student? Y N

Are you currently employed? Y N

Do you receive any other income? Y N

In what city do you hold your primary job? _____

Section B - Please complete the following section for all household members younger than 18 who occupy the property.

For Household Members 18 years old and older, please complete the information requested on the previous page.

Name	Birthdate	Gender	Ethnicity	Race	# of months during the year the child lives with you?
			See text box in Section A for details		

Section C - Other Information

- Are you currently married, have a domestic partner, or in a common law marriage? Yes No
- Have you been separated or divorced w/in the last 3 years? Yes No
- Do you incur child care costs so you can work? Yes No
- Do you have medical expenses (excluding insurance costs) that are over 3% of your household gross annual income? Yes No
- Are you or your domestic partner if you have one over 62 yrs of age? Yes No
- Are you or your domestic partner if you have one disabled? Yes No



PART 2: INCOME, DEBT AND ASSET INFORMATION

Please complete a separate **Income and Asset Section** for **EACH individual in the household who receives income or holds assets or debts**. Make copies of this part of the application if necessary. You do not need to provide employment income information for household members younger than 18. You do need to include assets held by children, or benefit income received by children.

On the following list, check YES if you receive the particular income, and check NO if you do not receive the income. You will need to provide verification for each item checked YES. (Refer to the *Required Documentation Checklist* in this packet.)

The following information is for: (Name) _____

A. Income Information

Gross income is the combined household income which includes, but is not limited to, job earnings, Social Security and Social Services income (for all in household), TANF, VA benefits, unemployment income, military pay, worker's compensation payments, child support, alimony/maintenance payments, income from pensions or retirement plans, stocks, etc. Failure to report household income is considered fraud and can have serious consequences.

Employment Income (Do not include employment income of children younger than 18)

Self-Employment	Receive?		Type of Income	Anticipated <u>Net</u> Income for the Next 12 Months	Clarification (as necessary)
	YES	NO			
Name of Business:	<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment	\$	
Employer #1	Receive?		Type of Income	Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
		YES			
Name and Address of Employer: Avg # hours work/week: _____	<input type="checkbox"/>	<input type="checkbox"/>	Wages/Salaries	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Overtime Pay	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Commissions	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Fees/Tips	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Bonuses	\$	
Employer #2	Receive?		Type of Income	Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
		YES			
Name and Address of Employer: Avg # hours work/week: _____	<input type="checkbox"/>	<input type="checkbox"/>	Wages/Salaries	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Overtime pay	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Commissions	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Fees/Tips	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Bonuses	\$	

PLEASE ADD ALL EMPLOYMENT INCOME AND RECORD THE TOTAL HERE \$ _____



Benefit Payments

Type of Income	Receive?		Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO		
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Supplemental Security Disability Income (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Worker's Comp/Disability Pay/Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Unemployment Insurance/Severance Pay	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Insurance Policy Payments/Annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Pension/Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	
PLEASE ADD ALL BENEFIT INCOME AND RECORD THE TOTAL HERE				\$ _____

Alimony and Child Support

Provide a copy of the court order for each type of support and indicate whether you are actually receiving it/them

Type of Support	Receive?		Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO		
Alimony/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$	
PLEASE ADD ALL SUPPORT INCOME AND RECORD THE TOTAL HERE				\$ _____

Other Sources of Income

Type of Other Income	Receive?		Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO		
Money or gifts regularly given by persons not living in the home	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Lottery winnings paid in periodic payments	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other Income (pls specify):	<input type="checkbox"/>	<input type="checkbox"/>	\$	
PLEASE ADD ALL "OTHER" INCOME AND RECORD THE TOTAL HERE				\$ _____



C. Asset Information

Name _____

An asset is cash or no cash item that can be converted to cash.

Report the following assets: Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. Equity in rental property or other capital investments. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts. Individual retirement and Keogh accounts (even though withdrawal would result in a penalty). Retirement and pension funds. Cash value of life insurance policies available to the individual before death. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments. Mortgages or deeds of trust held by an applicant.

Do Not Report necessary personal property such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities.

Bank Accounts

Have?		Name of Institution	Type of Account	Current Balance
YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Savings	\$
<input type="checkbox"/>	<input type="checkbox"/>		Savings	\$
<input type="checkbox"/>	<input type="checkbox"/>		Money Market	\$
<input type="checkbox"/>	<input type="checkbox"/>		Money Market	\$
<input type="checkbox"/>	<input type="checkbox"/>		Other (pls specify)	\$
PLEASE ADD ALL BANK ACCOUNT BALANCES AND RECORD THE TOTAL HERE \$				

Other Assets

Have?		Name of Institution	Type of Investment	Current Value of Assets	Clarification Notes
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>		Individual Stocks	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Bonds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Mutual Funds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Trust Funds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Retirement Accounts (ie, IRA, Keogh, 401K, 403B, PERA)	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Cash value of life insurance policy	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Gift Money for down payment <i>provide a copy of the gift letter</i>	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Estimated Proceeds from Sale of Home	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Value of Other Property (pls specify)	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Other Asset (pls specify)	\$	
PLEASE ADD VALUE OF ALL OTHER ASSETS AND RECORD THE TOTAL HERE \$					



PART 3: CERTIFICATIONS

It is our policy to verify all information contained in this application. In acknowledgement of this policy, please sign your name(s) where indicated.

I/We certify the following:

- All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief.
- I/We are aware that any misrepresentation will result in the forfeiture of my/our right to participate in the repair program and may result in legal action against me/us.
- Consent to Release Information:
 - I/We authorize representatives from the City of Boulder and Flatirons Habitat for Humanity to supply and receive information between the two organizations for the purposes of eligibility determination. This information includes, but is not limited to bank statements, employment status, income and other financial information. I also authorize representatives to allow inspection and reproduction of any financial records or information in their possession. I/We understand that information in this application may be shared with funders for the purpose of funding compliance.
 - If I/we request use of information from The Work Number for employment and income verification, I/we understand this information will be used in whole or part to determine my eligibility for the program(s). I also understand that only agencies which subscribe to this service may use information from The Work Number, and that reports obtained from The Work Number by one agency may not be shared with other agencies.
 - I release all representatives from the City of Boulder and Flatirons Habitat for Humanity from any and all liability arising from release of such information. This authorization is limited solely to information requested for the processing of my application for the repair program.
- I understand that completion of this application does not guarantee my/our eligibility for the programs and/or that I/we are obligated to accept assistance or accept the loan portion of the program.

Signature

Date



Signature

Date

Equal Opportunity: In accordance with the provisions of the Equal Opportunity Act and the City of Boulder and Flatirons Habitat for Humanity policies, there will be no discrimination against an applicant for these benefits on the basis of age, source of income, sex, race, marital status, sexual orientation, national origin, religion or disability. If you or a member of your household is an individual with a disability, you have the right to request reasonable accommodation for that disability. The City of Boulder and Flatirons Habitat for Humanity are committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of this program. For more information, please contact the City of Boulder, Homeownership Program at 303-441-3157 x 2. Spanish translation is available. TDD service for those individuals with hearing and speech disabilities is available through Colorado Relay Service at 1-800-659-3656.

Confidentiality: In order to process an application, the City of Boulder Homeownership Program may supply and receive information as detailed in the "Consent to Release" clause above. Information may also be released to comply with the auditing requirements of program funders. With these two exceptions, all personal and identifying information on an application remains fully confidential.

PART 4: REQUEST FOR VERIFICATION OF EMPLOYMENT

SECTION A: APPLICANT - Please fill out Section A then give this form to your employer to complete Sections B and C.

Applicant's Name: _____	Employer's Name: _____	
Address: _____	Address: _____	
City, State, Zip Code _____	City, State, Zip Code _____	
Phone: _____	Phone: _____	Fax: _____

Applicant - please check the box of the program that your employer should fax this completed form to (choose one):

	City of Boulder Housing Program	Phone 303/ 441-3157	Fax 720/ 564-2188
	City of Longmont Community Housing Program/Boulder County/Broomfield Down Payment Assistance Program	Phone 303/ 651-8530	Fax 303/ 651-8590
	Thistle Communities	Phone 303/ 443-0007	Fax 303/ 443-0098

I authorize you to release my employment information to the program checked above.

Employee's Signature: _____ Date: _____

SECTION B: EMPLOYER - Please provide the following information for the above listed employee, then fax the completed form to the program indicated in Section A. Please call the same program with any questions that you may have.

Present Position: _____	Dates of employment: _____	
Probability of Continued Employment: _____		
Current Gross Pay (Enter amount per Pay Period): \$ _____		
Please circle frequency: hourly weekly 2x/month (24x/yr) bi-weekly (26/yr) monthly Other: _____		
Average regular hours worked per week: _____		
Overtime rate per hour: \$ _____	Average number of overtime hours per week: _____	
Commissions earned per week: \$ _____		
Tips earned per week: \$ _____	Annual Bonuses: \$ _____	
Date and amount of applicant's last pay increase: _____	Date _____	Amount _____
Date and projected amount of applicant's next pay increase: _____	Date _____	Amount _____
Additional information (please explain seasonal work cycles and other pertinent information): _____ _____		
Employee's Total Gross Annual Income: \$ _____		

SECTION C: EMPLOYER - Authorized Signature

Signature _____	Title _____	Date _____
Printed Name _____	Phone _____	

CITY OF BOULDER

IMMIGRATION STATUS AFFIDAVIT

SECTION 1: IDENTIFICATION DOCUMENTS

I, _____, currently lawfully possess and am able to produce upon request the following identification document as evidence of my lawful presence in the United States (check one):

- _____ Valid Colorado driver's license or a Colorado identification card issued by the Department of Revenue
- _____ United States military card or a military dependent's identification card
- _____ United States Coast Guard Merchant Mariner card
- _____ Native American tribal document
- _____ Other document allowed by the Colorado Department of Revenue Rules for Lawful Presence. (1 CCR 201-17)

(available at http://www.revenue.state.co.us/EDO_dir/wrap.asp?incl=LawfulPresenceRules)

List the identification number from the document you are relying upon to show your lawful presence in the United States (for example, your driver's license number):

SECTION 2: CITIZENSHIP AFFIDAVIT

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 a 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 offense each time a public benefit is fraudulently received.

Signature

Date

Legal Residency Verification
Homeownership Programs

Colorado law requires that applicants for public benefits must prove lawful presence in the United States. All adults who apply to the City of Boulder/Flatirons Habitat for Humanity Repair Program shall:

1. Provide an executed Immigration Status Affidavit (attached)

AND

2. A photocopy of one of the listed forms of identification:

- Colorado State Driver's license or ID Card
- Native American Tribal document
- Military ID Card
- U.S. Coast Guard Merchant Mariner Card

Contact staff for acceptable alternative forms of identification.

As of September 1, 2007 the City will not accept applications that do not meet this requirement.