City and County of Broomfield
Urgent Home Repair Program

Contact Information: **Cheryl St.Clair, Program Manager, Broomfield Housing Authority**
One DesCombes Dr.
Broomfield, CO 80020
Phone: 303/438-6396, Fax: 303/438-6297
Email: cstclair@broomfield.org
Website: www.broomfieldhousing.org

Please return the completed application to Cheryl St.Clair at the above address.

Please complete all items that apply. If you need assistance completing the application, please call our office.

Application Date _____

Name of Applicant: _____
First M.I. Last

Property Address: _____
Address City State Zip

Home Phone: _____ Work (or Other) Phone: _____

Email Address: _____

Year Property Built: _____ Years of residency in this home: _____

Complete the following information about each person living in the home (add separate sheet if needed):

Name	Relationship	Age	Sex	Student?	Disabled?	Race*	Ethnicity**
	Applicant						

*Enter one of following for Race:

- 1 - American Indian or Alaskan Native
- 2 - Asian
- 3 - Black or African American
- 4 - Native Hawaiian or other Pacific Islander
- 5 - White

**Enter one of the following for Ethnicity:

- A - Hispanic or Latino
- B - Not Hispanic or Latino

Please complete the following employment information for each employed person (over age 18) living in the household:

Name	Social Security #	Employer Name/Phone	Gross Monthly Salary

The following table lists income sources. Complete the table for each person in the household receiving income. Do not need to send pay stubs from a teenager's job.

Source	Recipient	Amount received per month	Forms Required
Employment			Verification of Employment
Employment			Verification of Employment
Social Security			SSI/SSDI form
Social Security			SSI/SSDI form
Rental Property			Documentation of Income
TANF			Documentation of Income
Unemployment			Documentation of Income
Child Support			Documentation of Income
Alimony/maintenance			Documentation of Income
Interest income			Verification of Accounts
Dividend income			Documentation of Income
IRA income			Documentation of Income
Pension			Documentation of Income
Other			Documentation of Income
Other			Documentation of Income

Please check the following boxes to show the emergency repair work needed on your home:

[ ] Furnace Replacement
[ ] Water Heater Replacement
[ ] Plumbing Emergency
[ ] Unsafe Electrical System
[ ] Active Roof Leak
[ ] Other _____
(please specify)
[ ] Other _____
(please specify)

Please submit the following documentation (copies only please) with the application:

- □ Most recent pay stubs. If you are self employed, provide a year-to-date profit/loss statement and 2 years of federal income tax returns.
- □ Two months of most recent bank statements.
- □ Documentation of all other sources of income, including Social Security income.
- □ If your home is a mobile home, provide a copy of title or tax certificate.

All information provided is confidential and will be used only to determine eligibility.

Please read the following carefully and sign below:

My/Our signature below indicates that I/we have read, understood, and agree to all statements on this application. I/We agree to allow Broomfield Housing Authority and contractors thereof to enter my/our home as needed to perform rehabilitation inspections and work. I/We also agree that the City and County of Broomfield and the Broomfield Housing Authority will not be held liable for any injury or expense incurred by me/us while participating in this program. Upon completion of the work, I/we will permit the Broomfield Housing Authority, its contractors, and the applicable City and County inspection agencies to inspect said work. I/We understand that there is no warranty on workmanship and that materials may be covered by manufacturer's warranties as available.

I/We understand that the Broomfield Housing Authority will select the contractor(s) that submit the lowest qualified responsive bid for the work to be performed on my/our property and I/we will accept said contractor. Further, I/we accept the services of the Broomfield Housing Authority and its contractors and authorize the Broomfield Housing Authority or agencies or departments of the City and County of Broomfield to act as technical assistant and advisor in connection with repair or rehabilitation services on my/our property. I/We agree to hold harmless the employees, members, and officers of the Broomfield Housing Authority and the City and County of Broomfield in connection with acts performed by them which would be associated with consultation, technical advice, property inspection, and other related activities.

I/We authorize the staff of the Broomfield Housing Authority to obtain specific reports, such as personal income reports, property title and tax searches, inspection reports, repair specifications, cost estimates, contractor bids, and such other reports which said staff deems necessary to perform its functions.

I/We hereby certify that the statements made by me/us are true and correct to the best of my/our knowledge and belief. Intentional misrepresentation made by me/us regarding information contained in the application including attachments may subject me/us to disqualification and/or legal prosecution. Deliberate falsification and/or perjury will require full restitution to the City and County of Broomfield.

I/We understand that receipt of assistance through the City and County of Broomfield's Emergency Repair Program is limited to once per address only.

_____ _____

Signature Date

_____ _____

Signature Date