



375 W. 37th St. Suite 200, Loveland, CO 80538 Phone 970.667.3232 Fax 970.278.9904

Larimer Home Improvement Program

Administered by the Loveland Housing Authority

Please fill the application out as complete as possible, review the required documents and call with any questions. The more complete your application is the faster we can process it for you.

For Assistance in Spanish please call 970-635-5938 to schedule an appointment with our translators.



Larimer Home Improvement Program Repair and Rebuilding Assistance APPLICATION

**** Please Note:** There is a \$250.00 fee for costs associated with the processing of this loan. You are only charged if the loan is approved and the cost will be included as part of the loan.

Date _____

Owners Name: _____

SS # _____

DOB: ____/____/____

Owners Name: _____

SS # _____

DOB: ____/____/____

Property Address: _____

Mailing Address: _____ Zip Code: _____

City State

Daytime Phone #: ____/____/____ Home Phone #: ____/____/____

Email Address: _____

Preferred method of contact ____ email ____ cell phone ____ home phone

Type of Structure: ____ Single Family Dwelling ____ Mobile Home ____ Other

PROPERTY INSURANCE INFORMATION: Did you have insurance Yes ____ No ____

If yes, how much did you receive in insurance money? \$ _____

Property Insurance Coverage Amount: \$ _____ Flood Insurance Amount: \$ _____

You will be required to obtain insurance if you do not already carry property insurance.

MORTGAGE INFORMATION:

Mortgage Holder Name: _____ Account # _____

Address: _____ City: _____ State: _____ Zip: _____

Date Property Purchased: _____ Original Purchase Price: \$ _____ Down Payment: \$ _____

Original Mortgage Amount: \$ _____ Current Mortgage Amount: \$ _____

Other Mortgages: ____ Yes ____ No

Mortgage Holder Name: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

Approximate Amount Still Owed: \$ _____ Any Other Mortgages: _____

Approximate Current Market Value of Property \$ _____

What work is needed? _____

How did you hear about our program? _____

INCOME VERIFICATION: List below all occupants of the household and gross annual incomes/salaries*:**Head-of-household:** _____ Gross Income: \$ _____ per year

Place of employment: _____ Occupation: _____ How long? _____

Employers Phone: _____ / _____ Address of employer: _____

Spouse: _____ Gross Income: \$ _____ per year

Place of employment: _____ Occupation: _____ How long? _____

Employers Phone: _____ / _____ Address of employer: _____

Other Income Sources (see below for list of sources):

_____ Amount: \$ _____

_____ Amount: \$ _____

_____ Amount: \$ _____

Do you rent out any portion of the home? Yes ___ No ___ Rent received \$ _____ per month

Combined household gross income per year: \$ _____

Gross income is the combined household income which includes, but is not limited to: job earnings, social security income, income (for you or your child/children) from social services, AFDC, VA benefits, unemployment benefits, military pay, workers' compensation payments, alimony, income from pensions or retirement plans or income from securities, stocks, bonds, etc. If an adult child (over age 18) or other adult is living in the home that income must be reported also.

BANKING INFORMATION:

Name of Bank: _____

Checking Average Balance: \$ _____

Savings Average Balance: \$ _____

PLEASE LIST ANY OTHER ASSETS* AND THEIR VALUE:

Asset: _____ Value: \$ _____

Asset: _____ Value: \$ _____

Asset: _____ Value: \$ _____

*Assets may include savings accounts, checking accounts, stocks, bonds, or other investment accounts, IRA's or other retirement funds, collections such as jewelry, coins, etc., value of insurance policies.

MONTHLY HOUSING EXPENSES: (Please list monthly housing expenses including Mortgage(s), Taxes (annual amount), Insurance (Annual Amount), HOA fee (if any), Utilities, Lot Rent (if any)**OCCUPANTS OF THE HOME:** List all occupants & their age; include persons completing this application.

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

# of persons in the family	1 person	2 person	3 person	4 person	5 person	6 person
	\$71,520	\$81,680	\$91,920	\$102,080	\$110,320	\$118,480

Income Proof –

Because our programs are based on providing services to extremely low, low, and moderate-income households, you must complete this form and provide proof of each income source.

Please fill out the following information for ALL adult members of your household for the past 30 days. An optional worksheet is provided to help you calculate all sources of income.

Wages (incl. day labor)	\$ _____	per month	Check all the following that apply and fill in amounts: <input type="radio"/> Employed - No paystubs available: \$ _____ per month Provide employer information for verification of income <input type="radio"/> Self-Employed: \$ _____ per month. Provide 3 years taxes and current P & L <input type="radio"/> Other Financial Assistance: \$ _____ per month. Provide contact information for provider for income verification <input type="radio"/> No Income - Request Verification of No Income form
Child Support	\$ _____	per month	
Alimony	\$ _____	per month	
Annuity	\$ _____	per month	
Pension	\$ _____	per month	
Social Security	\$ _____	per month	
Supplemental SS	\$ _____	per month	
SS Disability (SSDI)	\$ _____	per month	
TANF	\$ _____	per month	
Unemployment	\$ _____	per month	
Vet's Disability	\$ _____	per month	
Workman's Comp	\$ _____	per month	
Other Benefits	\$ _____	per month	
TOTAL	\$ _____	per month	

I swear or affirm under penalty of perjury, under the laws of the State of Colorado, that neither I, nor any adults in my household have any other sources of income other than those stated on this form.

Signature: _____ Date: _____

WORKSHEET (Optional)

Please use the worksheet, if needed, to calculate total income for all adult members of your household. Use

Wages:	Adult 1	Adult 2	Adult 3	Total
Convert per hour to per month	\$_____ per hour x _____ hours per mo = \$_____ per mo	\$_____ per hour x _____ hours per mo = \$_____ per mo	\$_____ per hour x _____ hours per mo = \$_____ per mo	\$_____/mo

	Adult 1	Adult 2	Adult 3	Totals
Alimony	\$ _____/mo	\$ _____/mo	\$ _____/mo	\$ _____/mo
Anuity	\$ _____/mo	\$ _____/mo	\$ _____/mo	\$ _____/mo
Child Support	\$ _____/mo	\$ _____/mo	\$ _____/mo	\$ _____/mo
Pension	\$ _____/mo	\$ _____/mo	\$ _____/mo	\$ _____/mo
Social Security	\$ _____/mo	\$ _____/mo	\$ _____/mo	\$ _____/mo
SS Disability (SSDI)	\$ _____/mo	\$ _____/mo	\$ _____/mo	\$ _____/mo
Supp SS	\$ _____/mo	\$ _____/mo	\$ _____/mo	\$ _____/mo
TANF	\$ _____/mo	\$ _____/mo	\$ _____/mo	\$ _____/mo
Unemployment	\$ _____/mo	\$ _____/mo	\$ _____/mo	\$ _____/mo
Vet's Disability	\$ _____/mo	\$ _____/mo	\$ _____/mo	\$ _____/mo
Workman's Comp	\$ _____/mo	\$ _____/mo	\$ _____/mo	\$ _____/mo
Other Benefits	\$ _____/mo	\$ _____/mo	\$ _____/mo	\$ _____/mo

Day Labor Wages	
\$ _____/day	
\$ _____/day	
\$ _____/day	
\$ _____/day	
\$ _____/day	
\$ _____/day	
\$ _____/day	
\$ _____/day	
\$ _____/day	
\$ _____/day	
Total _____/mo	

Property Information:

Total living area: _____ square feet
Number of Bedrooms: _____
Lot size or acreage: _____
Basement: Yes _____ No _____

Number of Rooms: _____
Number of Bathrooms: _____
Type of Heat: _____
Crawl Space: Yes _____ No _____

I understand and give permission for the LHIP programs inspector to enter my home with an appointment, do a health & safety standard report, take photographs and do a work request right up. ☐ **I Agree**

Please attach the required documents for approval NO originals, copies only

- ✓ **Two (2) months of pay-stubs for all parties in the household that work.**
Or Social Security letter showing monthly income amount.
- ✓ **Tax's and w-2's 1 year, unless self-employed then 3 years are required.**
- ✓ **Copy of a current utility bill if applicable**
- ✓ **All occupants must have a signed Declaration of Residency attached to this application. (adult or parent must sign for all children under age 18) with photo ID**
- ✓ **Birth Certificates for minors and copies of state issued identification for adults**
- ✓ **Copies of Social Security cards for all household members**
- ✓ **6 months' bank statements**

APPLICANT'S CERTIFICATION

The Applicant certifies that all information in this application, and the information furnished in support of this application, is given for the purpose of obtaining assistance through the Larimer Home Improvement Program, and is true, complete, and correct to the best of his/her knowledge and belief.

PENALTY FOR FALSE OR FRADULENT STATEMENT, U.S.C. Title 18, Sec. 1001 provides: "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."

This information is being obtained for the purpose of receiving assistance through the Larimer Home Improvement Program. I authorize the program to request credit information, banking and employment information. I understand this assistance becomes a loan and must be paid back in the form of monthly payments and paid in full in the event of death or sale of the property. This loan is a sliding scale loan based upon income. I agree to be available between the hours of 8:00 a.m. and 3:00 p.m. to sign a certification of work when the work is completed. If I do not comply with this process, I understand I will be responsible for the payment to the contractor(s).

Signature: _____

Signature: _____

PRIVACY ACT NOTICE STATEMENT-This information is to be used by the agency collecting it in determining whether you qualify as a prospective mortgagor for insurance or guaranty or as a borrower for a rehabilitation loan under the agency's program. It will not be disclosed outside the agency without your consent except to financial institutions for verification of your deposits as required and permitted by law. You do not have to give us this information, but if you do not, your application for approval as a prospective mortgagor or for mortgage insurance or guaranty or as a borrower for a rehabilitation loan may be delayed or rejected. This information request is authorized by Title 38, U.S.C. Chapter 37 (if VA); by 12 U.S.C., Section 1701 et seq., (if HUD/FHA); and by 42 U.S.C., Section 145b (if HUD/CPD). All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap or national origin in compliance with the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973. The Housing Authority of the City of Loveland does not discriminate on the basis of handicapped status in the admission or access to its facilities, or treatment of or employment in its federally assisted programs.



Declaration of Residency

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance must be lawfully within the United States. Please read this Declaration carefully. Please feel free to consult with an immigration lawyer or other expert of your choosing.

I, _____, swear or affirm under penalty of perjury that (check one):

_____ I am a United States citizen, or

_____ I am a non-citizen national of the United States, or

_____ I have an immigration status that makes me a "qualified alien"

I hereby agree to provide any documentation which may be required pursuant to Federal law, Interim Guidelines published by United States Department of Justice (62 FR61344) or, if applicable, Colorado laws and regulations, if the Colorado laws are not inconsistent with Federal law.

I acknowledge that making a false, fictitious, or fraudulent statement or representation in this Declaration is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-6.503 and shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Name (please print)

Please include a signed declaration for every household member and government issued picture ID



Administered by the Housing Authority of the City of Loveland
375 West 37th Street, Suite 200, Loveland, CO 80538
970-635-5931 – Fax 970-278-9904 – TDD 970-667-3293

Information Disclosure Authorization

TO WHOM IT MAY CONCERN:

I/We hereby authorize you to release to the Loveland Housing Authority for the Larimer Home Improvement Program the following information for verification purposes:

Employment history, dates, title, income, hours worked, etc.

Banking and savings account of record

Mortgage loan rating (opening date, high credit, payment amount, last loan balance and payment record)

Any information deemed necessary in connection with a consumer credit report for a real estate transaction

This information is for the confidential use of this lender in compiling a loan credit report.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signatures of the undersigned) may be used as a duplicate original.

Your prompt reply will help my loan transaction.

Thank you,

Signature _____ Social Security Number _____

Signature _____ Social Security Number _____

PRIVACY ACT NOTICE STATEMENT - This information is to be used by the agency collecting it in determining whether you qualify as a prospective mortgagor for mortgage insurance or guaranty or as a borrower for a rehabilitation loan under the agency=s program. It will not be disclosed outside the agency without your consent except to financial institutions for verification of your deposits and required and permitted by law. You do not have to give us this information, but if you do not, your application for approval as a prospective mortgagor for mortgage insurance or guaranty or as a borrower for a rehabilitation loan may be delayed or rejected. This information request is authorized by Title 38, U.S.C. Chapter 37 (if VA); by 12 U.S.C. Section 1701 et seq., (if HUD/FHA); and by 42 U.S.C. Section 145b (if HUD/CPD).

The Larimer Home Improvement Program

Household Income and Demographic Information

The Department of Housing and Urban Development-Community Block Grant Funds has been awarded to fund the Larimer Home Ownership Programs. Federal regulations require the program to provide benefit to low- and moderate-income persons.

1. Name of Person Completing Form: _____
2. Head of Household Name: _____
3. Home Address: _____

4. Is the Head of Household?
 - a. Female? ☐ Yes ☐ No
 - b. Disabled? ☐ Yes ☐ No
 - c. Age 62 yes or older? ☐ Yes ☐ No

5. Total annual household income: _____

6. Total Number of Persons in Household: _____

7. For each household member served by this program, please answer both a and b, placing the number of household members that meet that criteria on the category in the blanks or column. Note this information is for reporting purposes to HUD.

- a. Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____
- b. Race (please check appropriate box below)

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 hereby certify that, to the best of my knowledge, the above information is complete and correct. I understand that the information I have provided in this application is subject to verification by the Larimer Home Ownership Programs personnel and HUD.

Signature

Date

*****For Office Use Only*****

Median Income Level:

30%

50%

80%

Reviewer

Date