

# Help for Homes



Income eligible Thornton homeowners may qualify for grant-funded minor home repairs up to \$10,000 that improve the health, safety, accessibility, or energy-efficiency of the home.

## **Am I Eligible to Apply?**

Applicants must meet **all** of the following criteria and provide proof of their eligibility, regardless of which program they are applying for:

- You must be a legal U.S. resident.
- You must own and live in your home.
- Your home must be located within the Thornton city boundaries.
- You must be current on your mortgage payments or have paid off your mortgage.
- Your assets can only include your primary residence, vehicles, retirement/pension and up to \$10,000 in other assets.
- Based on the number of people living in your home, the total annual household income cannot be more than:

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100	\$97,350	\$103,650

## **Painting to the Exterior of Your Home through Help for Homes Program**

- The homeowner must be 60 years of age or older.
- Your home must be no more than 1 ½ stories high.
- You must have at least one home repair completed through the through the Help for Homes program; this repair will be free to the resident.

The application and approval process can take multiple weeks to complete. As you move forward in this process, City staff will keep you updated about your application status and next steps. If you have questions, please call 720-977-5800.



# Help for Homes

## APPLICATION CHECKLIST

### Please submit the following items:

- Completed application, signed and dated by the homeowner(s), including Immigration Affidavit
- Copies of income verification for each member of the household that is 18 years or older:
  - o Most current tax returns
  - o 1099R or most recent statement for any retirement savings distributions (i.e. IRA, pension), showing total year to date disbursements
  - o Two most recent consecutive pay stubs
  - o Award letters for any government assistance received (Social Security, Old Age Pension, unemployment) and/or child support or alimony
- Copy of driver’s license or state issued photo identification of homeowner(s).
- Copy of mortgage statement indicating payments are current. If the home is paid off, provide a copy of the property title or release of deed of trust.
- Copies of any asset records for all adults living in the home:
  - o Two most recent checking and/or savings bank statements
  - o Two most recent investment account statements, if you have an investment account(s)
  - o Mortgage statement or title for other property owned other than your primary residence
  - o Name and value of businesses owned and operated
- Proof of homeowners insurance - for Home Loan applications.
  
- For those who have received Help for Homes assistance in the past, verification of an individual meeting with a housing counselor, attendance at a home maintenance class, or current homeowners insurance.

### Submit application and all supporting documents to:

MAILING ADDRESS	EMAIL	IF DELIVERING IN PERSON
City of Thornton Community Connections Attn: Home Repair Programs 9471 Dorothy Blvd. Thornton, CO 80229	<a href="mailto:Connections@ThorntonCO.gov">Connections@ThorntonCO.gov</a>	Community Connections Division 9471 Dorothy Blvd. Thornton, CO 80229

**Questions? Please call 720-977-5800**





# Help for Homes

## APPLICATION FOR ASSISTANCE

### Applicant Information

Legal name of applicant(s): \_\_\_\_\_

Property address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Alternative phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

List all occupants living at this address, including you, co-applicant and any other adults or children:

	Name	Birth Date	Employed?	Has a Bank Account?*	Files IRS Tax Return?
Applicant			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Co-Applicant			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

\* Includes checking and/or savings accounts

Is there anyone on the title to the property who does not live there?  YES  NO

If YES, provide the name of person(s) on title and an explanation of why that person does not live in the home: \_\_\_\_\_

### Home Information

What type of home do you have?

Single-family/duplex  Townhome  Condominium  Manufactured Home

Do you live in a Home Owners Association (HOA) community?  YES  NO

Do you currently have homeowners insurance?  YES  NO

Have you contacted your insurance company to see if any of the repairs could be covered through your insurance?  YES  NO

If YES, what was the result? \_\_\_\_\_

Do you have a reverse mortgage on the home?  YES  NO

Do you have a home equity line of credit (HELOC)?  YES  NO

Do you intend to move, sell your home, or transfer the title of your home within the next ten years?  
 YES  NO

What health, safety, accessibility, or energy-efficiency repairs does your home need (in order of priority)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# Help for Homes

## **Financial and Asset Information**

List the total monthly income of **all** household members over the age of 18. Documentation must be provided for all sources of household income listed below.

Type of Income (monthly)	Total for All Household Members		
	Applicant	Co-Applicant	Other
Employment 1	\$	\$	\$
Employment 2	\$	\$	\$
Unemployment	\$	\$	\$
Social Security Retirement Insurance	\$	\$	\$
Social Security Disability Insurance (SSDI)	\$	\$	\$
Retirement/Pension	\$	\$	\$
Child Support/Alimony Received	\$	\$	\$
Other:	\$	\$	\$

List any 401(k), 403(b), or 457(b) payments withdrawn in the last year: \$ \_\_\_\_\_

Do you have a bankruptcy discharged within the past 12 months, or are you currently in a Chapter 13 bankruptcy repayment plan?  YES  NO

Answer the following questions regarding assets. If you answer “Yes” to any of the questions, include corresponding documentation with your application.

Do you have other cash savings (not including cash in a bank account)?  YES  NO

If YES, what is the amount: \$ \_\_\_\_\_

Do you own property or land (other than the home on this application)?  YES  NO

Do you own stocks, bonds, or other investments (not including retirement accounts)?  YES  NO

Do you have any other investments or assets?  YES  NO

Please explain: \_\_\_\_\_

## **Household Information (optional)**

This information is used by the City of Thornton to track the demographics of program participants.

What is your race?

- White/Caucasian       Asian       African American  
 American Indian/Alaskan    Native Hawaiian    Other

What is your ethnicity?  Hispanic  Non-Hispanic

Is anyone in the home disabled (as defined by Social Security)?  YES  NO

Are you a female head of household?  YES  NO

Are you, or is anyone living in your home a veteran?  YES  NO



# Help for Homes



## CERTIFICATION AND INDEMNIFICATION

### Applicant's Certifications

I/we, the applicant(s), hereby certify that I am/we are the owner-occupant(s) of the property to be repaired and that the property is my/our principal residence. Also, I/we certify that all information provided in this application, including the income information, is true and correct to the best of my/our knowledge and belief. I/we understand that any discrepancy or omission in the information provided may disqualify me/us from participation in the home repair program.

### Indemnification

I/we hereby agree to indemnify and hold harmless the City of Thornton, its officers, agents, employees and sub-grantees for the home repair program against all liabilities, judgments, costs, and expenses arising out of, or in consequence of, housing rehabilitation or repairs provided as part of this home repair program.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## 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





# Help for Homes

## HOUSING EDUCATION AGREEMENT

The Help for Homes program has a maximum grant amount for each house and homeowner so it is important that homeowners are prepared to handle expensive repairs in the future. The applicant and co-applicant agree that he/she/they will contact a housing counselor within the next 12 months or attend a class to learn about home maintenance and repair costs, lifespans of home components and systems and options to be prepared to handle future home maintenance expenses, unless he/she/they have home insurance. A list of free, qualified counseling agencies will be provided by the City. The applicant and co-applicant understand that if additional home repair program assistance from the City is requested in the future, he/she/they may be asked to provide verification of his/her housing counseling or of home insurance.

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Applicant Signature

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Date

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Co-Applicant Signature

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Date