



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

**EMERGENCY FUNDING APPLICATION**  
*Rental property is not eligible for assistance*

Owners Name: \_\_\_\_\_ Age: \_\_\_\_\_ SS # \_\_\_\_\_

Owners Name: \_\_\_\_\_ Age: \_\_\_\_\_ SS # \_\_\_\_\_

Property Address:

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ / \_\_\_\_\_ Home Phone #: \_\_\_\_\_ / \_\_\_\_\_

**Other Owner(s) Names:** (list below any other owners of the property as listed on the Deed of Trust or Mobile Home Title)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Are you in the City Limits of Fort Collins \_\_\_\_\_, Loveland \_\_\_\_\_, or \_\_\_\_\_ in Larimer County only?

**Type of Emergency/Justification:** \_\_\_\_\_ Plumbing \_\_\_\_\_ Sewer \_\_\_\_\_ Furnace  
\_\_\_\_\_ Hot Water Tank \_\_\_\_\_ Water Service

**Type of Structure:** \_\_\_\_\_ Single Family Dwelling \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other \_\_\_\_\_

<b>Family Size:</b> _____	<b>Disabled:</b> _____	<b>Yes</b> _____	<b>No</b> _____
Mortgage Payments Current?	_____ Yes	_____ No	
Is Property in Forbearance?	_____ Yes	_____ No	
Property Insured?	_____ Yes	_____ No	Amount \$ _____
Previous Assistance?	_____ Yes	_____ No	
Checking Account	Bank: _____	Balance: \$ _____	
Other Property	_____ Yes	_____ No	For Sale? _____
Stocks /Bonds	Name _____	Value _____	

**OCCUPANTS OF THE HOME:** List all occupants & their age; include persons completing this application.

Name \_\_\_\_\_ Age \_\_\_\_\_ Income \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Income \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Income \_\_\_\_\_

**Include separate page if necessary to list all family members**

**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 \$ \_\_\_\_\_

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.

**Ethnic Background:** (This information is optional and is not required to receive program funding)

\_\_\_\_\_ Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Island \_\_\_\_\_ American Indian

**RE: EMERGENCY HOME REPAIR**

Dear Homeowner:

In order for you to receive emergency home repair assistance, you must provide copies of the documentation checked below. Without the requested documentation no work will be started.

- \_\_\_\_\_ Copy of Drivers License or Valid ID
- \_\_\_\_\_ IRS Income Tax Return (Most Recent)
- \_\_\_\_\_ Income Verification: Social Security, Paycheck Stub, Disability, SSI, AFDC, Unemployment Award Letter, Workers' Compensation, Retirement, Pension, Child Support, Rental Income, Etc.
- \_\_\_\_\_ Death Certificate
- \_\_\_\_\_ Copy of Income From All Persons Occupying the Home
- \_\_\_\_\_ If Unemployed, A Letter From Owner Explaining Why He/She Has No Income At This Time and Copies of Last Two Paycheck Stubs Received

**Once work is complete you will be required to sign emergency funds documentation failure to do so will make you responsible to pay for any repairs done to your property.**

<b>APPLICANTS CERTIFICATION</b>
<p><b>To qualify you for this program, we will be inspecting your home, checking your credit history, employment history, banking records, and mortgage rating. You are authorizing us to inspect your home and check into these records by signing this application.</b></p> <p>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's Emergency Funding, and is true, complete, and correct to the best of his/her knowledge and belief.</p> <p>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."</p> <p>This information is being obtained for the purpose of receiving assistance through the Larimer Home Improvement Program's Emergency Funding. 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).</p> <p>Signature: _____</p> <p>Signature: _____</p>

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.