



Brothers Redevelopment, Inc.
Housing • Home Modification & Repair • Housing Counseling

Homeowner Qualifications

- 1) You must own a home within the Town of Firestone.
- 2) You must have homeowner's insurance.
- 3) You must be current with your mortgage.
- 4) Your household income must be below 80% Area Median Income for Weld County.

Current Income Eligibility Requirements

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Income Limit	\$63,680.00	\$72,720.00	\$81,840.00	\$90,880.00	\$98,160.00	\$105,440.00	\$112,720.00	\$120,000.00

*If you do not meet all of these qualifications, we may still be able to help!
Please contact mpowers@FirestoneCO.gov or 303-833-0811 ext. 3801.*

Required Documents

- 1) ID of everyone in household over the age of 18.
- 2) Proof of gross monthly income for everyone in household such as Social Security Award Letter. If employed, please provide 2 current pay stubs.
- 3) Any additional proof of income such as alimony, child support or income generated from other assets such as a pension.
- 4) Most current tax return, or if you no longer submit tax returns please fill out the enclosed affidavit.
- 5) If self-employed, 2 years most recent tax returns and a profit and loss statement.
- 6) Mortgage statement or release of deed of trust if home is paid off.
- 7) Homeowners insurance policy declaration page.
- 8) 1 household bill: utility, trash, water, etc.
- 9) 3 months of bank statements for all adults in the household, for all bank accounts (every page required, including blank pages).

For help completing this application, or if you have questions, contact:
email: mpowers@FirestoneCO.gov
call: 303-833-0811 ext. 3801



Friends of Firestone - Project Application

Return completed application to:
 9900 Park Ave., Firestone, CO 80504
 p: 303-833-0811 ext. 3801 e: mpowers@FirestoneCO.gov

Firestone and Brothers Redevelopment partner with a wide range of funding agents to provide repairs to income qualifying households. Keep in mind funding is limited. Services provided vary by community and staff will explain options available to you. The income and household information that you provide is used to qualify your household whereas demographic information is used for reporting purposes only.

Please select the program you are applying for: Day of Service (Painting & Minor Exterior Repairs)
 Home Repair Program (Health, Safety, & Accessibility Repairs)

APPLICANT CONTACT INFORMATION

Applicant Full Name: _____ Phone Number: _____ Email Address: _____ Street Address: _____ City/State/Zip: _____ Mailing Address or PO Box: _____	Co-Applicant Full Name: _____ Phone Number: _____ Email Address: _____ County: _____
---	--

HOME INFORMATION

Type of Home:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Townhome/Condo	<input type="checkbox"/> Mobile
Year Built:	Do you own your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone listed on the title not living there?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, please provide the name of the person on title and explain:			
Do you live in a Home Owners Association (HOA) community?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently have homeowners insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you contacted your insurance company to see if any of the repairs could be covered through your insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, what were the results/comments?			
Do you have a reverse mortgage on the home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a home equity line of credit (HELOC)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you filed for bankruptcy within the past two years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you intend to move, sell your home, or transfer the title of your home within the next five (5) years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	



What type of repairs does your home need? Please describe.

--

HOUSEHOLD INFORMATION

List all occupants living at this address to determine household income. List includes you (the applicant), co-applicant, your children and others living in the residence.

Enter all household members:

	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Name						
Date of Birth						
Descriptor	Applicant					

Enter all income by household member:

INCOME	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Employment Income						
SSI/SSDI Income						
Pension/Retirement						
Self- Employment						
Public Benefits & Unemployment						
Rental Income						
Other Income						

List assets that generate income this is cash/non-cash that could be converted to cash. Do **not** include personal property.

ASSETS	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Checking Account						
Savings Account						
Cash on hand						
CDs/IRA/401k/ Money Market						
Other Valued \$5,000 or more						

Check the appropriate box by member:						
DEMOGRAPHICS	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
White						
Black/African American						
Asian						
American Indian/Alaskan Native						
Native Hawaiian/Pacific Islander						
Hispanic/Latino	Yes OR No					
Female Head of Household						
Disabled						
Veteran						
Elderly (62+)						

DOCUMENTATION REQUIRED WITH APPLICATION

You are required to submit the following information with this application:

1. PROOF OF RESIDENCY AND OWNERSHIP

- a. Copy of Current Mortgage Statement (1st, 2nd) **OR**
- b. Copy of Deed **AND**
- c. Utility Bill (water, gas, or electricity) **AND**
- d. Copy of Property Insurance **AND**
- e. Signed and dated Verification of Lawful Presence to receive Public Benefits (see page 4).

2. IDENTIFICATION

- a. Attach copy of Driver's License or picture Identification for all adults 18 and older in household.

3. PROOF OF INCOME

- a. Copy of the most current Federal Income Tax Return with W-2's for each member of the household over the age of 18. **AND**
- b. If applicable, copy of two (2) most current (consecutive) pay stubs for all members of the household over the age of 18 years old including students. **AND**
- c. If you receive Social Security, attach Social Security Benefit Adjustment Letter for current year. **AND**
- d. If you receive a pension(s), attach 1099 Form from pension provider(s) for the last year. **AND**
- e. If you receive any regular payment (i.e. unemployment, child support, alimony, pension, interest earnings, rental income etc.), attach verification of your receipt. This may be a statement, official letter, separation agreement, lease or court order. **AND**
- f. Copy of three (3) most recent Bank Statements is also required for every adult in the household (including any blank pages). **AND**
- g. If self-employed, financial records (balance sheet and profit and loss statement).

AFFIDAVIT OF LEGAL RESIDENCY

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 acknowledge that this sworn statement is required by law because I have applied for a public benefit or I am a sole proprietor entering into a contract or purchase order with the State of Colorado. 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 or prior to entering into a contract with the State. 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 CRS 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

IMPORTANT – READ BEFORE SIGNING

I (We) hereby agree to indemnify and hold harmless the Town, the County, its officers, agents, employees, and subgrantees for the Friends of Firestone - Day of Service Program against all liabilities, judgments, costs, and expenses arising out of, or in consequence of, housing rehabilitation or repairs provided as part of the Program.

Applicant’s Certification

The applicant/co-applicant undersigned does hereby certify ownership and occupancy of the above property and that all information above is true, accurate and complete; and does hereby authorize Brothers Redevelopment, Inc. to verify and make independent investigations to determine ownership, income and financial standing. By signing this, the applicant certifies that the applicant’s yearly income does not exceed HUD’s Median Income Guidelines for the total number of household members. In addition, I certify that my property is not currently for sale nor do I intend on selling this property within the next year. I (We) understand that any discrepancy or omission in the information provided may disqualify me from participation in the program.

Applicant

Date

Co-Applicant

Date



Home Maintenance and Repair Department Project Safety Requirements

Brothers Redevelopment (BRI) and its approved subcontractors, volunteers, and partners work to provide residential home modifications and repairs to qualifying residents throughout our service regions. In order to create a cooperative, safe, and mutually beneficial work environment, we require the following from residents for which we are providing service:

1. Please be available on-site during the established project time frame.
2. Please understand staff and/or volunteers may have to leave your home at times throughout the day to procure materials or perform fabrication services off-site. Please maintain access during the active project time frame.
3. The project team is only allowed to perform items which are approved on the project proposal due to scope and financial cap parameters; please respect this and the difficult work they are performing on your home by being polite and communicative. Any scope, financial or additional service requests should be discussed with BRI staff.
4. All pets should be removed from the work area when staff or volunteers are on site. This is to protect both pets and the project team. Unsafe or hostile environments will not be tolerated and will be grounds for immediate project cancellation.
5. Please refrain from the use of tobacco, drugs, and alcohol while the project team is on site.
6. Please be polite and cooperative when dealing with staff, volunteers, and subcontractors. Any personal interaction issues with the project team should be immediately reported to the designated project leader. Rude, unreasonable, or hostile environments will not be tolerated and will be grounds for immediate project cancellation.
7. Please do not tip or otherwise compensate staff, volunteers, or subcontractors on site. All work is subsidized based on income, age, and home ownership status; no additional compensation is required or allowed.
8. Please allow work to progress according to the pre-determined schedule. Again, any and all questions and concerns should be reported immediately to the designated project leader.

By signing below the client indicates they have read and understand the aforementioned requirements.

Name: _____ Date: _____

AFFIDAVIT OF NON-FILING

APPLICANT NAME: _____

ADDRESS: _____

I hereby certify that I am exempt from filing a federal income tax return because my gross income is below the annual limit set by the Internal Revenue Service.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand what information is being requested and the ramifications of my not providing complete and truthful responses.

PRINT NAME - APPLICANT

SIGNATURE (non-filing applicant)

DATE

PRINT NAME – CO-APPLICANT

SIGNATURE (non-filing co-applicant)

DATE

(This form must be completed by any individual 18 years or older, who resides in the household).