

Home Repair Programs (HRPs)

A Single Application for the:

Minor Home Repair and Paint-a-Thon Programs *Last Updated*

May 7, 2025



Applicant Information

Full Legal Name: _____

Full Legal Name of Co-Applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Number: _____

Email Address: _____

Home Information

What health, safety, accessibility, and/or weatherization improvements does your home need?

Which Programs Are You Applying For: (check all that apply)

- ☐ Commerce City's **Minor Home Repair Program** (MHRP)
- ☐ Brother's Redevelopment **Paint-a-Thon Program** (PAT)
- ☐ Unsure

Type of Home:		
<input type="checkbox"/> Single-Family <input type="checkbox"/> Townhome/Condo (can only fund in buildings with eight (8) or fewer housing units) <input type="checkbox"/> Mobile/Manufactured		
Do you own your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Built:
How long have you lived in your home? _____ Years _____ Months		
Is anyone listed on the title not living at this address?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the full legal name of the person on the 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 homeowner's 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 homeowner's insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what were the results?		
Do you currently have flood insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a reverse mortgage on this 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
Do you intend to move, sell your home, or transfer the title of your home within the next two (2) years?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Information

List all occupants living at the address to determine household income.

Include yourself, any co-applicant, your children, and others living in the residence.

	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Name						
Date of Birth						
Relationship to Applicant	Applicant					
Enter monthly income information for each household member 18 years old or older						
Employment	\$	\$	\$	\$	\$	\$
Social Security Retirement Insurance	\$	\$	\$	\$	\$	\$
Social Security Disability Insurance (SSDI)	\$	\$	\$	\$	\$	\$
Supplemental Security Income (SSI)	\$	\$	\$	\$	\$	\$
Pension/Retirement	\$	\$	\$	\$	\$	\$
Self-Employed/Business	\$	\$	\$	\$	\$	\$
Child Support & Alimony	\$	\$	\$	\$	\$	\$
Public Benefits & Unemployment	\$	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$	\$
Other Income	\$	\$	\$	\$	\$	\$

	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
List the monetary amounts of the assets listed below						
Include cash/non-cash items that could be converted to cash. You do <u>not</u> need to include personal property.						
Checking Account	\$	\$	\$	\$	\$	\$
Savings Account	\$	\$	\$	\$	\$	\$
Cash on Hand	\$	\$	\$	\$	\$	\$
CDs/IRA/401k/Money Market	\$	\$	\$	\$	\$	\$
Other (Valued \$5,000 or more)						
The following information is required by the federal government (check all that apply)						
White						
Black/African American						
Asian						
Asian & White						
Black/African American & White						
American Indian/Alaskan Native						
Native Hawaiian/Other Pacific Islander						
American Indian/Alaskan Native & White						
American Indian/Alaskan Native & Black/African American						
Other Multi-racial						
Hispanic or Latino						
Female Head of Household						
Disabled						
Veteran						
Elderly (60+)						

Home Repair Programs

Certification and Indemnification



Applicant's Certifications

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

Indemnification

I/we hereby agree to indemnify and hold harmless the City of Commerce City, its officers, agents, employees, and sub-grantees for the Minor Home Repair Program (MHRP), Paint-a-Thon Program (PAT), and the Weatherization Assistance Program (AC WX) 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's Signature

Date

Co-Applicant's Signature

Date

Home Repair Programs

Understanding of the HRP's Process



I/we, the applicant(s), hereby understand this Application does **not**:

- Guarantee approval of the submitted application information by the city
- Guarantee grant funding in any amount
- Guarantee grant funding to the full limit allowed
- Guarantee the renovation projects I believe to be the highest priority will be accomplished
- Guarantee HUD's approval of the required environmental review

I/we, the applicant(s), further understand the HRP programs are required to prioritize the expenses of the grant funds to protect the health and safety of the household occupant(s). These expenses include:

- Lead-based paint evaluations and possible remediation
- Other hazardous material evaluations and possible remediation
- Other unknown or unseen health and safety risks discovered through the initial inspection or during the home's renovations.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Home Repair Programs

Affidavit of Lawful Presence - Applicant



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 this sworn statement is required by federal and state law because I have applied for a public benefit. I understand federal 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.

Applicant's Signature

Date

Home Repair Programs

Affidavit of Lawful Presence – Co-Applicant (If Applicable)



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 this sworn statement is required by federal and state law because I have applied for a public benefit. I understand federal 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.

Co-Applicant's Signature

Date



Home Repair Programs (HRPs)

Application Checklist

The application approval process can take weeks to complete. As you move forward in this process, city staff or the contractor will keep you updated about your application status, next steps, and estimated timeline.

Please submit the Application and the following documentation items to:

City of Commerce City
CDBG Office
7190 Colorado Blvd 6th Floor
Commerce City, CO 80022

Signature Documents:

- ☐ Signed and dated Certification and Indemnification form
- ☐ Signed and dated Understanding of the MHRP Process form
- ☐ Signed and dated Lawful Presence Affidavit(s)

Proof of Property Ownership and Residency:

- ☐ Copy of the Deed. **If** the home is paid off, provide a copy of the property title or release of deed of trust, **and**
- ☐ Proof of current mortgage statement, and if applicable include proof of paid of balance, **and**
- ☐ Proof of current property insurance, **and if** applicable include proof of flood insurance, **and**
- ☐ Proof of Commerce City residency with a copy of current utility bill (gas or electric, not water), **and**
- ☐ Copy of applicant's and co-applicant's Driver's License or Picture Identification

Proof of Income – Household:

- ☐ Copy of the past year's Federal Income Tax Return with W-2's for each member of the household over the age of 18, **and**
- ☐ Copies of the three most current Bank Statements for each member of the household over 18 years old, **and**
- ☐ **If applicable**, a copy of two (2) most recent (consecutive) pay stubs for each household member over 18 years old, **and**

- ☐ **If** you receive Social Security, attach the Social Security Benefits Adjustment Letter(s) for the current year, **and**
- ☐ **If** you receive a pension(s) attach the 1099 form from the pension provider(s) for the last year, **and**
- ☐ If you receive any retirement savings distributions (i.e., IRA, 401(k), 403(b), 457(b)), include your 1099R or most recent statement showing total year to date disbursements, **and**
- ☐ **If** you received any other regular payments (unemployment, child support, alimony, interest earnings, royalties, rental income, etc.), attach verification of your most current receipt. This documentation may be in the form of a government statement, official letter, separation agreement, lease, or court order, **and**
- ☐ Two most recent investment account statements, if you have an investment account(s), **and**
- ☐ If self-employed, copies of the past three months' bank statements and the past year Schedule C, **and**
- ☐ Name and value of any businesses owned and operated by household members 18 years and older, **and**
- ☐ Mortgage statement or title for property owned other than your primary residence

Return the HRP Application to the City of Commerce City:

CDBG Office
7190 Colorado Blvd 6th Floor
Commerce City, CO 80022

Questions can be directed to the CDBG Office:

George Lewis, Community Programs and Projects Coordinator
glewis@c3gov.com
303-286-4385

Additional information can be obtained at:

www.c3gov.com/CDBG

