



Submit application by mail or secured email to:
 Blue Spruce Habitat for Humanity
 P.O. Box 2366
 Evergreen, CO 80437

Email:
repairs@bluesprucehabitat.org
 Phone: (303) 674-1127 ext. 9

Home Repair Program Application

Blue Spruce Habitat for Humanity is proud to be offering two options through our Home Repair Program. Below you will find a brief description of the requirements for each option and the next steps to take for each. If you would like more information please view our website at bluesprucehabitat.org/housing-help/home-preservation.html or contact repairs@bluesprucehabitat.org. Please mark the box next to the program you would like to apply to based on your understanding of which program you qualify for.

PROGRAM OPTIONS		
	<input type="checkbox"/> Home Preservation Projects	<input type="checkbox"/> DRCOG Chores Projects
Basic Requirements	<p>Live in Blue Spruce Habitat’s service area.</p> <p>Be willing to partner with Blue Spruce Habitat through “sweat equity” hours.</p> <p>Own and reside in the home you are requesting repairs for.</p> <p>Have an income below 80% AMI.</p> <p>Be able to pay a flat \$250 program cost prior to the start of the project.</p>	<p>Live in Blue Spruce Habitat’s Clear Creek or Jefferson County service area.</p> <p>Own and reside in the home you are requesting repairs for.</p> <p>Be 60 years old or above.</p>
Next Steps	<p>After completing the rest of this application and submitting it, you will be requested to send in some supplemental documents. Once those are received your application will be sent to the Repair Program Committee for a preliminary approval and the Repair Program Coordinator will be in contact to set up a home visit.</p>	<p>Please complete the rest of this application and submit it along with proof of homeownership. Once the application and proof of homeownership are received, your application will be sent to the Repair Program Committee for review and the Repair Program Coordinator will be in contact to set up a home visit.</p>

HOUSEHOLD INFORMATION

Applicant (Legal Name):	Birth Date:
	Email:
	Phone:
Co-Applicant (If Applicable):	Birth Date:
	Email:
	Phone:

Other Household Residents

Name	Relationship	Birth Date

Is anyone in the household a veteran? Yes No

HOME INFORMATION

Address:	Unit #:	
City:	State:	ZIP:
Please list all legal owners of the property who are not an applicant or put N/A:		
Was the home built before 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you expect to move within the next year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Property Manager or HOA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HOME REPAIRS NEEDED

Please describe the repairs you are requesting next to the area of repair, otherwise leave section blank.

Blue Spruce Habitat for Humanity may be unable to complete all requested repairs and will prioritize repairs to complete based on homeowner affordability and the repair's effect on the safety, accessibility, and/or preservation of the home.

Area of Repair	Description
Exterior Paint: Describe any issues related to exterior paint and/or trim.	
Exterior Repairs: Describe issues related to siding, skirting, masonry, decking, etc.	
Doors and Windows: Describe any repairs to locks, glass, frames, weather-stripping, etc.	
Gutters, Fascia, Soffit: Describe any repairs related to the condition of the gutters, fascia, and soffit.	
Landscape: If you require assistance with landscaping or yard maintenance, please describe the issue.	
Other: Identify other repairs requested but not listed above.	

Please share how these repairs will help improve your quality of life and/or the quality of your home:

The monthly income section below is **required for the Home Preservation Projects** and optional for the DRCOG Chores Projects. If you are applying for the DRCOG Chores Projects, whether or not you choose to disclose this information will not be taken into consideration when approving you for the program. If this information is provided for a possible DRCOG Chores Project, it will only be used to determine placement on our wait-list, if a wait-list has been started at the time of receipt of your application.

MONTHLY INCOME				
Gross Monthly Income	Applicant	Co-Applicant	Other Resident	Other Resident
Estimated Monthly Wages	\$	\$	\$	\$
Social Security (SSI/SSDI)	\$	\$	\$	\$
SNAP (Food Assistance)	\$	\$	\$	\$
TANF (Temporary Assistance for Needy Families)	\$	\$	\$	\$
VA Benefits (Veterans Affairs)	\$	\$	\$	\$
Child Support Income	\$	\$	\$	\$
Alimony Income	\$	\$	\$	\$
Retirement (Pension, Etc.)	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total	\$	\$	\$	\$

AUTHORIZATION AND RELEASE

I understand that by submitting this application, I am authorizing Blue Spruce Habitat for Humanity to evaluate my need for this program and my ability to meet the requirements of the individual program option that fits my needs.

I understand that the evaluation will include personal visits and may include pictures or videos taken of my home. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected for this program, I may be disqualified from the program and forfeit any rights or claims to the project. The original or a copy of this application will be retained by Blue Spruce Habitat for Humanity even if the application is not approved.

Applicant Signature

Date

Co-applicant signature

Date

X _____

X _____

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper, and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.

OFFICE USE ONLY

Date Received: _____

Date Reviewed: _____

Reviewed by (staff signature): _____



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to housing because of race, color, religion, sex, handicap, familial status, or national origin.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____/_____/_____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____/_____/_____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)