

DESCi Community Housing Program

Application for Rent Assistance

Please answer all questions to the best of your ability. The information provided will be reviewed only by Board members or designee. A personal interview may be required prior to a final decision to receive rent assistance.

PERSONAL INFORMATION:

Name of Applicant: _____
First Middle Last

Co-Applicant: _____
First Middle Last

Address: _____
Street & Apt. No. City State Zip Code

Home Phone _____ Alternate Phone _____ Email Address _____

Married: ___ Single: ___ Widowed: ___ Date of Birth: _____

Co Applicant Date of Birth: _____

_____ I qualify for a DESCi Rent Assistance because I am a Low Income* *and*:

_____ 1. Denver Public Schools (DPS) retiree

_____ 2. Current or former DPS employee for 5 years or more
Dates employed & positions held _____
(attach verification of dates of employment and positions held)

_____ 3. (circle one) I am of a spouse/companion, parent, child, sister, brother, grandparent, grandchild, mother or father in law of a DPS retiree or current or former DPS employee

a. Name of DPS Relative: _____
(This person will need to consent to DESCi verifying DPS employment and relationship)

Contact information for relative: _____

b. Please provide years the DPS relative was employed and positions held

FINANCIAL INFORMATION:

Verification documents required shall include, but may not be limited to, Applicant's most current Federal Income Tax returns, Denver Public Schools/Colorado Public Employees' Retirement Association Pensions, Social Security payments, bank statements and employment income statements.

Eligibility shall be re-evaluated annually.

Employed: _____ Retired: _____

Name of Employer: _____

Address of Employer: _____

Annual Salary: \$ _____ or Net Pay \$ _____/MO.

OR

Net Annual Pension Income \$ _____ Net Annual Social Security Income: _____

Other Annual Income:

Assets: please describe

LANDLORD INFORMATION

In order to receive rent assistance, you need to live in a senior living apartment and the landlord must be willing to accept the rent assistance payment directly from The Denver Foundation. Please provide living arrangement information below.

Building Name: _____ Manager's Name: _____

Address: _____ City _____ Zip Code _____

Manager's phone number: _____

Do you currently live here? ___ Y ___N

Have you talked to the manager about the rental assistance Program and whether they will accept payment?
___ Y ___N

Applicant Signature: _____ DATE: _____

Co Applicant Signature: _____

Please remember to attach all verification. If verification documentation is missing, your application will be held until complete information is received

*(US Department HUD 80% of Area Median Income- 2018 figures: 1 person \$47,000/ 2 persons \$53,700)

APPLICANTS MUST INFORM THE DENVER FOUNDATION OF ANY CHANGES IN FINANCIAL AND CONTACT INFORMATION

Please return application and all verification information to:
DESCi Community Housing Program
c/o The Denver Foundation
55 Madison Street, 8th Floor
Denver, Co 80206

If you have questions, contact us at: 303-300-1790 x126