

# DESCi Community Housing Program

## Application for Rent Assistance

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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

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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- 2019 figures: 1 person \$50,400/ 2 persons \$57,600 )

**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, 8<sup>th</sup> Floor  
Denver, Co 80206

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