



DESCI: COMMUNITY HOUSING PROGRAM

THE DENVER FOUNDATION

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

Home Phone _____ Alternate Phone _____ Email Address _____

Number of people in household: _____ Date of Birth: _____ (must be over age 60)

Co-Applicant Date of Birth: _____

I qualify for a DESCi Rent Subsidy because my annual income is less than the HUD Very Low Income limit (US Department HUD 50% of Median Family Income, 2020 figures: 1 person \$35,000/ 2 persons \$40,000) and:

____ 1. I am a Denver Public Schools (DPS) retiree who worked for DPS for 5 years or more

____ 2. I am a current or former DPS employee who worked for DPS for 5 years or more

Dates employed & positions held _____

____ 3. I am a (circle one) **spouse/partner, 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



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FINANCIAL INFORMATION:

Applicants **must submit** their most recent Federal Income Tax returns (form 1040), Denver Public Schools/Colorado Public Employees' Retirement Association (PERA) Pensions, and/or annual Social Security statements. Eligibility shall be re-evaluated annually.

Employed: _____ Retired: _____

Name of Employer: _____

Address of Employer: _____

Annual Salary: \$ _____ /Year, or Net Pay \$ _____ /Mo.

OR

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

Other Annual Income or Assets:

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 DESCi subsidy program and whether they will accept payment? ___ Y ___ N

Applicant

Signature: _____ **DATE:** _____

Co-Applicant Signature: _____

Please return application and all verification information to:

Email (preferred): DESCI@denverfoundation.org

Fax: (303) 300-6547

Mail: DESCi, c/o The Denver Foundation,

1009 Grant Street

Denver, Colorado 80203



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Employment Verification Authorization

The below named individual is applying to the DESCi Community Housing Program. Eligibility requirements include verification of a current or past employment relationship with Denver Public Schools.

I, _____, authorize Denver Public Schools and/or the Colorado Public Employees' Retirement Association to release details on my employment relationship with DPS to DESCi and The Denver Foundation.

Printed name: _____

Applicant Signature: _____

Date: _____

To be completed by DPS / PERA

Employee Name:

Employment Position(s) and Dates of Employment:

Authorizing Office:

Signature:

Date:

*Please email or fax the completed document to: DESCi c/o The Denver Foundation
Email: DESCI@denverfoundation.org / FAX: (303) 300-6547
Please call (303) 951-9550 with questions*