

Dear applicant,

Attached you will find the application for the TRUA Program, including additional forms which need to be completed, and a list of documents which will need to be submitted with your application.

Once you have gathered all of the documents, and completed your application, please scan and email them back to us at [rental@delnortenc.org](mailto:rental@delnortenc.org), fax them to 303-433-0924, or drop off your completed packet on Tuesdays or Thursdays between 10:00 am and 12:00 pm at Del Norte Neighborhood Development Corporation, 3275 West 14th Ave #202 Denver, CO 80204.

**BELOW is the list of documents you need to submit with your application:**

1. TRUA Application – attached
  - a. Statement of Household Demographics
  - b. Hardship Statement
2. Disclosure and Privacy Policy – attached
3. TRUA Waiver – attached
4. Copy of license or ID
5. Budget – attached
6. Income verification, as applicable:
  - a. Pay stubs or a letter from your employer reflecting the number of hours worked and the amount earned
  - b. SSI benefits letter
  - c. Unemployment benefits letter
  - d. Other pertinent documents, such as Benefits History Report from Denver Human Services
7. Copy of most recent Bank Statements for all open accounts for all applicants
8. If applying for utility assistance:
  - a. Copy of Utility Bill
  - b. Energy Outreach Colorado (EOC) Application – available upon request
  - c. Between November and April, you must also complete a LEAP Application – available upon request
9. Copy of the full lease agreement
10. Account Ledger (must be completed by landlord; this is a breakdown of what you currently owe)
11. Eviction Notice, if applicable (also known as a Demand for Rent or Possession Notice)
12. W9 form completed by the landlord – attached
13. **Proof of hardship, this is a very important part of the application, please provide all supporting documents regarding your hardship**

**Refer to page 3 of the TRUA application for additional guidance of appropriate documentation.**

Please note that the counselor reviewing your application may require additional documentation. In this event, you will be given **5 business days** to submit the requested items, otherwise, your application will be closed due to incompleteness.

If you have additional questions, or need clarification, please call 303-477-4774 ext. 10.

Respectfully,  
The TRUA Team

Application for  
**TEMPORARY RENTAL & UTILITY ASSISTANCE (TRUA)**

Please answer all questions. Failure to do so may result in delayed assistance.

A COMPLETE APPLICATION DOES NOT  
 GUARANTEE APPROVAL AND APPROVAL IS  
 DETERMINED ON A MONTH-TO-MONTH  
 BASIS

**ASSISTANCE TYPE**

What are you applying for?

- I am a tenant and need rental assistance.
  - I have a received a 3-day and/or eviction notice
  - I have a court date scheduled
  - I have been to court
- I need utility assistance as a
  - Renter OR  Homeowner
    - I received a disconnect notice. *Disconnect scheduled for* \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_
    - My electricity, gas, and/or water service is currently shut off.
    - I have a past due balance on my electricity/gas bill.

**APPLICANT INFORMATION**

Name (First, Middle, Last) \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Co-Applicant Name (First, Middle, Last) \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_  Same as Above

Email \_\_\_\_\_

Preferred Phone # \_\_\_\_\_ Alternate Phone# \_\_\_\_\_

Your answers to the following questions will not affect your eligibility for assistance.

Employment Status:  Full Time  Part Time  Unemployed (Since what date? \_\_\_/\_\_\_/\_\_\_)  Retired  Other

Are you a veteran?  Yes  No Active duty?  Yes  No

**HOUSEHOLD INFORMATION**

List ALL members of your household and include monthly income before taxes for those who receive it

NAME	RELATIONSHIP	AGE	MONTHLY INCOME	SOURCE OF INCOME
1	SELF		\$	
2			\$	
3			\$	
4			\$	
5			\$	
6			\$	
7			\$	
8			\$	
<b>TOTAL Monthly Income Pre-Tax</b>			<b>\$</b>	

**LANDLORD/PROPERTY MANAGER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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List assets that generate income, this is cash/non-cash that can be converted to cash.  
 Attach additional sheet of paper if needed.

ASSETS	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Checking						
Savings						
Cash						
CD/IRA/401K/Money Market						
Other \$5,000+						

**BENEFIT INFORMATION**

Does your household receive any of the following?

- |   |   |
|---|---|
| <input type="checkbox"/> AID to the Blind (AB)            | <input type="checkbox"/> Social Security Disability Income (SSDI) |
| <input type="checkbox"/> Aid to the Needy Disabled (AND)  | <input type="checkbox"/> Social Security Income (SSA)             |
| <input type="checkbox"/> Food Stamps (SNAP)               | <input type="checkbox"/> Supplemental Security Income (SSI)       |
| <input type="checkbox"/> Medicare                         | <input type="checkbox"/> Women, Infants, & Children (WIC)         |
| <input type="checkbox"/> Medicaid                         | <input type="checkbox"/> Temporary Aid to Needy Families (TANF)   |
| <input type="checkbox"/> Old Age Pension (OAP)            | <input type="checkbox"/> Veteran's Disability                     |
| <input type="checkbox"/> Section 8                        | <input type="checkbox"/> None                                     |
| <input type="checkbox"/> Public housing/rental assistance |   |

**HOUSING INFORMATION**

What type of home do you live in?  House  Apartment  Mobile Home  
 Duplex/Triplex/Fourplex  Townhouse

Do you own or rent your home?  Own  Rent

If you are a renter, do you have a lease?  Yes  No

Monthly Rent Amount \$ \_\_\_\_\_

Total rent owed \$ \_\_\_\_\_

**Amount you can contribute towards balance \$ \_\_\_\_\_**

**ANY SITUATION BELOW APPLIED TO YOU IN THE PAST YEAR (Check all that apply)**

- I went without food so that I could pay my energy bill  I was evicted because I could not afford to pay my utilities  
 I went without medication(s) or medical care so that I could pay my energy bill  
 I kept the temperature in my home cold/warm because I could not afford to heat/cool my home to a comfortable level.  
 I was at risk of eviction because I could not afford to pay my utilities  None

Are you interested in free home improvements to lower your energy bills?  Yes  No

**UTILITY/COMPANY ACCOUNT INFORMATION (if applicable)**

Which energy bill(s) do you need assistance with?

Account Holder Name \_\_\_\_\_  Same as above

If applicable, why is the bill not in your name? \_\_\_\_\_

If you are not the account holder, are you listed on the account?  Yes  No

Have you applied for Low-Income Energy Assistance Program? \_\_\_\_\_ Have your received previous utility assistance \_\_\_\_\_

Submitted LEAP Application  Received LEAP  Application Denied  Not Eligible  LEAP Closed (May 1- Oct 31<sup>st</sup>)

1) Xcel Account Number \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_

2) Denver Water Account Number \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_

## DOCUMENTATION REQUIRED WITH APPLICATION

You are required to submit the following information with this application depending on the assistance you are applying for:

<b>Rental Assistance And/Or Utility Assistance***</b>		
<b>Type of Documentation</b>	<b>Time/Last</b>	<b>Documents: ANY of the following if applicable (all adults in House Hold):</b>
PROOF OF RESIDENCY	<b>60 Days</b>	Copy of Lease <b>OR</b> Copies of Rent Payments to Property Owner*  *Under special circumstances a signed Affidavit may be considered as an appropriate substitution
IDENTIFICATION		Picture ID
PROOF OF INCOME	Earned/ Employed <b>30 Days</b>	-Pay Stubs (wages, salary, armed forces income) <b>AND/OR</b> -Employment letter/verification <b>AND/OR</b> -Bank Statement – If applicable  *Under special circumstances other documentation may be considered an appropriate substitution
	Unearned/ Unemployed <b>30 Days</b>	-Unearned Income (SSI, SSDI, Financial Assistance) <b>AND/OR</b> -Child Support Statement – <b>AND/OR</b> -Unemployment Statement/Application – <b>AND/OR</b> -Bank Statement – If applicable
	Self Employed <b>30 Days</b>	-Profit and loss Statement (Schedule C), Balance Sheet, and/or 1099 returns -Bank Statement – if applicable  *Under special circumstances other documentation may be considered an appropriate substitution
Utility Assistance Only Utility Bill	<b>30 days</b>	Water, Gas, and/or Electric Residency will be verified at <a href="https://www.denvergov.org/property">https://www.denvergov.org/property</a> Please make sure your name is on the utility bill  -Proof of LEAP Application – If applicable
<b>OTHER SUPPORTING DOCUMENTS MAY BE REQUIRED</b>		Eviction notice, and/or 3 day notice Proof of rent due (Bill or statement from landlord) Proof of late fees (Bill or statement from landlord) Lease/rent or alternative documents Landlord contact information and address  Proof of Hardship (w/ Hardship statement) -Any of the following – If applicable (last 30-60 days) -Letter/receipt medical expenses -Proof of loss of Employment -Proof of loss of wages due to illness  ***Assistance might be conditional on the landlord providing additional documents.

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**STATEMENT OF HARDSHIP**

Please provide a statement of hardship and include any of the following from the last 60 days, if applicable:

- Letter/receipt medical expenses
- Proof of loss of employment
- Proof of rent increase
- Proof of uninhabitable living conditions
- Proof of loss of wages due to illness

[Empty box for providing a statement of hardship]

# STATEMENT OF HOUSEHOLD DEMOGRAPHICS

The City and County of Denver’s Office of Economic Development funds have been awarded to fund the Temporary Rental & Utility Assistance (TRUA) program. City regulations require the program to provide benefit to low and moderate-income persons. All questions on this document must be completed. The form must be acknowledged and signed.

1. Household Composition:

A. Female Head of Household? Male \_\_\_\_\_ Female \_\_\_\_\_

B. Head of Household who is disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Number of People who are disabled in Household \_\_\_\_\_  
*(A disability is a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.)*

D. Head of Household age 62 years or older Yes \_\_\_\_\_ No \_\_\_\_\_

2. Please answer both Ethnicity and Race for all household members.

- Number the amount of people in your household per column.
- Note that this information is required for reporting purposes.

Ethnicity: Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

SINGLE RACE CATEGORY		MULTI-RACE CATEGORY	
White		American Indian/Alaska Native & White	
Black/African American		Asian & White	
Asian		Black/African American & White	
American Indian/Alaska Native		American Indian/Alaska Native & Black/African American	
Native Hawaiian/Other Pacific Islander		Other Multi-race (Please explain)	

I certify that the information in this application and supporting documentation is accurate and true to the best of my knowledge. By signing this document, I release Brothers Redevelopment, Inc. (BRI) and Northeast Denver Housing Center (NDHC) and its partner agencies to exchange with other entities including, but not limited to, utility vendors, landlord (s) and employers, any essential information about my case that is necessary to obtain resources to meet my needs for assistance. Any information exchanged with third parties will be done so without discrimination and with respect for my rights. This information will be used solely to provide me with rental and/or utility assistance and related services. In addition, I consent to be contacted about other programs and services such as housing counseling. I hereby release Brothers Redevelopment, Inc. (BRI) and Northeast Denver Housing Center (NDHC), its officers, directors, employees, agents, and affiliated entities from any liability related to the supplying of the information on this application.

**X**

\_\_\_\_\_  
Name and Date

**X**

\_\_\_\_\_  
Co Applicant Name and Date

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**DISCLOSURE AND PRIVACY POLICY (Please Review)**

We at Del Norte Neighborhood Development Corporation value your trust and are committed to the responsible management, use a protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

I understand that Del Norte NDC receives funds through the funds of the U.S Dept. of Housing & Urban Development (HUD) and other servicers, as such, is required to share some of my personal information with HUD program administrators of their agents for purposes of program monitoring, compliance and evaluation.

I may be referred to other housing services within Del Norte NDC's organization or another agency for complimentary services as appropriate that may be able to assist with concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

I understand that Del Norte NDC's counselor provides information and education on numerous rental and housing programs and I further understand that the housing counselor I receive from Del Norte NDC's counselor in no way obligates me to choose any of these rental or housing programs.

**SIGNATURE**

I/We understand the information provided above and I give authorization to Del Norte Neighborhood Development Corporation to enter information in my file to a data collection system, an open file which may be monitored and reviewed for compliance purposes. In addition, I/We give authorization to pull my/our credit records for evaluation and progress monitoring.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT

\_\_\_\_\_  
DATE

The information we collect through our Intake Form is used to aid us in assisting you and evaluating our programs and services. Unless you provide direct written consent, we do not disclose your personal information to any unaffiliated third party's other than for required program auditing. If you have any questions or concerns, please feel free to discuss them with any of our Housing Counselors.



**FOR OFFICE USE ONLY**

**Results of Counseling**

Housing Search Assist.	Rental Delinquent Counsel	Found Alternative House	Eviction Assist	Remain in Cur. Home	Fair Housing Referral	Currently Receive Counseling	Other	Referred to another agency

\_\_\_\_\_  
Assigned Counselor

\_\_\_\_\_  
Service Type



Please be advised that a complete application does not guarantee approval. In addition, Northeast Denver Housing Center and Del Norte Neighborhood Development Corporation are not responsible and not to be held accountable for third parties' (landlord, utility vendors etc.) failure to return correspondence in a timely fashion.

Any decision concerning your application will only be made based upon verifiable and accurate information given to the counselors. If you knowingly provide false or misleading information as part of your application, you may be charged with the crime of providing false information and you could be indefinitely excluded from receiving any benefits from the program.

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Name and Date

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Signature



# Personal Monthly Budget

INCOME	Budget	
Wages & Tips		
Interest Income		
Dividends		
Gifts Received		
Refunds/Reimbursements		
Child Support / Alimont		
Reantal Income		
Unemployment		
<b>Total INCOME</b>	-	

HOME EXPENSES	Budget	
Mortgage/Rent		
Home/Rental Insurance		
Electricity		
Gas/Oil		
Water/Sewer/Trash		
Phone		
Cable/Satellite		
Internet		
Furnishings/Appliances		
Lawn/Garden		
Maintenance/Supplies		
Improvements		
Other		
<b>Total HOME EXPENSES</b>		

TRANSPORTATION	Budget	
Vehicle Payments		
Auto Insurance		
Fuel		
Bus/Taxi/Train Fare		
Repairs		
Registration/License		
Other		
<b>Total TRANSPORTATION</b>		

HEALTH	Budget	
Health Insurance		
Doctor/Dentist		
Medicine/Drugs		
Health Club Dues		
Life Insurance		
Veterinarian/Pet Care		
Other		
<b>Total HEALTH</b>		

CHARITY/GIFTS	Budget	
Gifts Given		
Charitable Donations		
Religious Donations		
Other		
<b>Total CHARITY/GIFTS</b>	-	

SUBSCRIPTIONS	Budget	
Newspaper		
Magazines		
Dues/Memberships		
Other		
<b>Total SUBSCRIPTIONS</b>	-	

MONTHLY BUDGET SUMMARY	Budget	
<b>Total Net Income</b>		
<b>Total Expenses</b>		
<b>Surplus</b>		

DAILY LIVING	Budget	
Groceries		
Personal Supplies		
Clothing		
Cleaning		
Education/Lessons		
Dining/Eating Out		
Salon/Barber		
Pet Food		
Other		
<b>Total DAILY LIVING</b>	-	

ENTERTAINMENT	Budget	
Videos/DVDs		
Music		
Games		
Rentals		
Movies/Theater		
Concerts/Plays		
Books		
Hobbies		
Film/Photos		
Sports		
Outdoor Recreation		
Toys/Gadgets		
Vacation/Travel		
Other		
<b>Total ENTERTAINMENT</b>	-	

SAVINGS	Budget	
Emergency Fund		
Transfer to Savings		
Retirement (401k, IRA)		
Investments		
Education		
Other		
<b>Total SAVINGS</b>	-	

OBLIGATIONS	Budget	
Student Loan		
Other Loan		
Credit Cards		
Alimony/Child Support		
Federal Taxes		
State/Local Taxes		
Other		
<b>Total OBLIGATIONS</b>	-	

MISCELLANEOUS	Budget	
Bank Fees		
Postage		
Other		
Other		
<b>Total MISCELLANEOUS</b>	-	