



Housing Rehabilitation Program • 501 14th Street • Delta CO 81416 • 970-874-7266  
 Serving Delta, Montrose, Hinsdale, Gunnison, Ouray and San Miguel County

**Housing Rehabilitation Eligibility Questionnaire**

Date \_\_\_\_\_ Where did you hear about our program? \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 First M.I. Last

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 First M.I. Last

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

Mailing Address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Other Owner(s) Names: (list below any other owners of the property as listed on the Warranty Deed)

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

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

Number of Persons in Household: \_\_\_\_\_ Adults (18 or Older) \_\_\_\_\_ Children (17 or Under)

Any disabled family members? Yes \_\_\_\_\_ No \_\_\_\_\_

I think we could afford to pay \$ \_\_\_\_\_ /month to repay a loan for home improvements.

I currently: \_\_\_\_\_ own my house free and clear  
 \_\_\_\_\_ am buying my house (I have a mortgage to pay off)

Type of structure: Single Family dwelling \_\_\_\_\_ Mobile Home \_\_\_\_\_ other \_\_\_\_\_  
 Please indicate age \_\_\_\_\_ Please indicate age \_\_\_\_\_

My/our current housing related payments are:

\$ \_\_\_\_\_ Mortgage (monthly principal and interest payment)  
 \$ \_\_\_\_\_ Property taxes (annually)  
 \$ \_\_\_\_\_ Property insurance (annually)

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**INSURANCE INFORMATION:**

Is property covered by Fire/Liability Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Address of Insurance carrier: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

**MORTGAGE INFORMATION:**

Name of Mortgage Holder \_\_\_\_\_  
(Where you send your monthly payment)

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

City, State, Zip: \_\_\_\_\_

Name of second mortgage holder (if any) \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

**BANK INFORMATION:**

Name of Bank: \_\_\_\_\_

Checking Account No. \_\_\_\_\_ Savings Account No: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Checking Account No. \_\_\_\_\_ Savings Account No: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

	Monthly Expenses
*Mortgage(s)	
Property Insurance	
Flood Insurance	
Property Taxes	
Heating	
Electric	
Water/sewer	
Cable TV/ internet	
Telephones	
Food/household	
Clothing	
Car Payments	
Car Insurance Transportation costs/fuel, auto repairs	
School Loans	
Credit Cards	
Health/Medical (include health insurance premiums)	
Payments to others, (child support etc.)	
Other	
Other	
Other	

**\* Please designate if this amount includes taxes and/or insurance.**



Please indicate your assessment of the condition of your home.

	Ok / fine	Needs repair	Needs replacement	Don't know or not applicable
Plumbing (sinks, bath fixtures, septic, drains sump pump)				
Electrical systems (wiring, outlets, circuit breakers, light fixtures)				
Heating system (furnace, boiler, registers, radiators, wood stove)				
Structural (walls, floors, ceilings, foundation)				
Roof components (shingles, flashing, eaves,) leaks?				
Adequate Insulation, weatherization				
Siding material				
Windows, sills, screens				
Doors				
Kitchen and/or bathroom cabinets				
Major appliances (stove, refrigerator, water heater)				
Porches, stairs, railings, walks				
Other				
Other				

List the projects that you feel are most urgently needed:




**Authorization and Hold Harmless Agreement**

**I/We accept the services of the Housing Rehabilitation Program and authorize Delta Housing Authority to act as a technical assistant and advisor in connection with repair, remodeling or rehabilitation services on the property commonly known as:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip code

**I/We further agree to hold harmless the employees, members, officers, and directors of The Delta Housing Authority in connection with acts performed by them which would be associated with consultation, technical advice, financial counseling, loan processing, property inspection and other related activities.**

**I/We authorize the staff of The Delta Housing Authority to obtain specific reports, such as personal income reports, property title and tax searches, inspection reports, repair specifications, cost estimates, contractor bids, and such other reports which said staff deems necessary to perform its functions.**

**This information is to be used by the agency collecting it or it's assignees in determining my/our qualifications as a prospective mortgagor under the Housing Rehabilitation Program. I/We understand it will not be disclosed outside the agency except as required and permitted by law.**

**I/We affirm that the information I/We provided is correct and complete to the best of my/our knowledge.**

Dated this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Home Owner Name

\_\_\_\_\_  
Home Owner Name

\_\_\_\_\_  
Home Owner Signature

\_\_\_\_\_  
Home Owner Signature



### **Information about the Rental Rehabilitation Loan Process**

The Delta Housing Authority administers the Housing Rehabilitation Program for eligible homeowners throughout Delta, Montrose, Ouray, Hinsdale, Gunnison and San Miguel Counties. Technical and financial assistance is provided for general repairs and improvements. Inspection, consulting and construction management services are free of charge. The homeowner pays the construction costs through low-interest loans with easy terms. (The payment is based on what the borrower can afford).

The homeowner chooses approved contractors to complete the work. In some cases the homeowner, if qualified, may choose to finance only the material costs and complete part or all of the work themselves.

#### **Income Eligibility**

Fill out the enclosed paperwork. If you have questions, please call our office. If you meet the initial level of eligibility, you will be asked to sign release forms for more detailed information. **If you have the following documents, please include them with your application as it will be helpful in determining your eligibility.**

- Pay stubs for the last 2 months
- Bank statements for the last 2 months
- Last year's tax return (if applicable)
- Social security award letter or disability letter

#### **Inspection**

A Property inspection will be completed to get an idea of the work that needs to be done. Depending on the age of your home, there may also be a separate inspection of the painted surfaces to determine if there is any possibility of a lead-paint hazard. Renovation of homes containing lead-based paint may require adherence to specific federal health and environmental regulations.

An initial estimate of the job cost will be made at this time.

#### **Loan Approval**

A loan advisory committee will review the application and related documents. They will not be given your name or address. In fact, all of your information will remain confidential except as allowed by law and as necessary for program eligibility and loan underwriting.

#### **Project Design and Contractor Selection**

The goal is to give the homeowner the highest quality work for the lowest cost. To achieve this, the bidding protocol is often flexible and informal. Homeowner input and participation is encouraged. Contractor's bids may reflect various options. Once the best materials and methods are determined, the contractor is selected; the contract and specifications are finalized and signed.

#### **Loan Closing**

The loan-closing amount is typically based on the accepted bid amount plus any program costs. There are times, however, when the cost of the work needed exceeds the amount that can be loaned. In that case, the loan closing may be scheduled before the bidding. The rehabilitation specialist and homeowner will then prioritize the work items and get bids on as many items as can be expected to be covered from the loan proceeds.

#### **Construction Monitoring and Completion**

Regular inspections by the rehabilitation specialist are conducted to help insure contract compliance and good workmanship. Payments to contractors and suppliers are released upon approval of work by homeowner.

