



SUPPORTING DOCUMENTATION CHECKLIST

You are required to submit the below supporting documents along with the TRUA Application:

While completing this Checklist, please note that we consider the Applicant and Co-Applicant to be household members that are listed on the lease.

*Complete all 5 pages of this **TRUA Application** (attached)

***Photo ID** for Applicant and Co-Applicant

***Lease Agreement** (expired leases will be accepted if month-to-month. Will also accept Rent Demands, Ledgers, or Receipts if they contain the Tenant's Name and Address, Landlord Name, and Monthly Rent Amount)

***Proof of Income**

If you receive any of the following benefits, please provide **proof of the benefit from the previous 30 days** as the only documentation needed for proof of household income.

- Aid to the Blind (AB)
- Aid to the Needy Disabled (AND)
- Housing Choice Voucher (Section 8)
- Old Age Pension (OAP)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary AID to Needy Families (TANF)
- Women, Infants, and Children (WIC)
- Low-Income Energy Assistance Program (LEAP)

If you do not receive any of the benefits above or do not have proof of the benefit, please provide income verification documentation for the previous 30 days for all adult household members over the age of 18 for all sources of income as listed on the TRUA application. The documentation must include the adult's name and be dated within 30 days. Income verification documentation may include:

- Pay Stubs
- Unemployment Benefits/Insurance (UI) Verification Letter
- Profit and Loss Statement
- Signed and Dated Letter from Employer Stating Applicant Name, Name of the Income Source, Income Amount and Frequency, and Contact Information for Employer
- Social Security Disability Income (SSDI) Proof of Income Letter
- Supplemental Security Income (SSI) Benefit Verification Letter
- Child Support Payments Received
- Retirement Benefits Letter

***Most Recent Bank Statements** for Applicant and Co-Applicant. Must be dated within 30 days— screenshots will be accepted if they contain your Name, Date and Available Balance).

***Most Recent Rent Ledger** - Applicant must obtain this directly from their landlord; this form shows the history of charges and payments towards the applicant's account and allows our staff to confirm the total amount of rent owed.

*** - REQUIRED**

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**

***You must live in the City AND County of Denver to qualify for this program.**

***Please note the following maximum gross income limits for this program. Gross income is determined based on the information and documentation provided.**

HOUSEHOLD SIZE					
1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100

ASSISTANCE TYPE

What are you applying for?

Rental Assistance

I have a received a 10-day and/or eviction notice I have a court date scheduled I have been to court

Have you or anyone in your household previously received assistance from this program? Yes No

Would you like a follow up to apply separately for utility assistance (water and/or energy)? Yes No

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 # _____ AlternatePhone# _____

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

Current Employment Status (at the time of application):

Full Time Part Time Unemployed (Since what date? ___/___/___) Retired Other

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HOUSEHOLD INFORMATION

List ALL members of your household and include monthly income before taxes for those over the age of 18 who receive it. If you are living in a roommate situation and only applying for your portion of the rent, only include your income and asset information.

NAME	RELATIONSHIP	AGE	MONTHLY INCOME	SOURCE OF INCOME
1	SELF		\$	
2			\$	
3			\$	
4			\$	
5			\$	
6			\$	
TOTAL Monthly Income Pre-Tax			\$	

List assets that generate income for all household members over age 18 who are applying for assistance. If you are living in a roommate situation and only applying for your portion of the rent, only include your income and asset information.

(This is cash/non-cash that can be converted to cash.)

ASSETS	APPLICANT	CO-APPLICANT	Adult Member #3	Adult Member #4	Adult Member #5
Checking					
Savings					
Cash					

HOUSING INFORMATION

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

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

Monthly Rent Amount \$ _____

Total rent owed \$ _____

Which month(s) do you owe? _____

DUPLICATION OF BENEFITS

Duplication of benefits are prohibited. A duplication of benefits occurs when a household receives assistance from multiple sources for the same purpose (eg. rent and/or utility assistance) and the total assistance is greater than the need for that type of assistance. Applicants must disclose other local, state and federal rent and/or utility assistance they have received or have applied to receive specific to the impacts of COVID-19. Applicants will be required to repay funds if duplicate benefits are received. Please list all other sources of financial or housing rent and/or utility assistance applied to or received (local, federal, and private sources).

Has anyone in your household applied for, or received any COVID-19 related rent and/or utility assistance from any source (local, state, federal, private) other than the assistance you are applying for under this program? YES / NO

If **NO**, please proceed to "STATEMENT OF HARDSHIP" section. If **YES**, please complete the section below:

TYPE OF ASSISTANCE	RECEIVED AMOUNT	APPLIED FOR, BUT HAVE NOT RECEIVED
	<input type="checkbox"/> \$	<input type="checkbox"/>
	<input type="checkbox"/> \$	<input type="checkbox"/>

STATEMENT OF HARDSHIP

Is your hardship related to Coronavirus (COVID-19)? YES / NO

If your hardship is related to Coronavirus (COVID-19), do you attest that you are unable to meet your monthly expenses due to unexpected financial hardship caused by the COVID-10 public health emergency? YES / NO

Which best describes your hardship? Please select one:

<input type="checkbox"/>	Income Reduction
<input type="checkbox"/>	Job Loss/Loss of Employment Hours
<input type="checkbox"/>	Medical Hardship
<input type="checkbox"/>	Unexpected Expense
<input type="checkbox"/>	Change/Loss of Public Benefits
<input type="checkbox"/>	Roommate/Income-Earning Household Members Left
<input type="checkbox"/>	Death in the Family
<input type="checkbox"/>	Other:

If your hardship is **NOT** related to COVID-19, please provide a brief statement of hardship (*explain what event led to you falling behind on rent/utility payments*):

**REQUIRED*—YOU MUST DESCRIBE YOUR HARDSHIP IN THIS TEXT BOX. PLEASE KEEP THIS AS BRIEF AS POSSIBLE.*

I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law. I/We attest that I/We (1) experienced a temporary, unforeseen financial hardship that caused me/us to fall behind on rent/utility payments, and (2) do not have the financial resources to make rental or mortgage payments without leaving me/us unable to make necessary purchases of goods and services such as food. By signing this Self-Certification of Hardship below I/We certify that I/We understand and agree that I/We may be responsible for repaying any other benefits that are determined to be duplicative of the assistance received from this program.

X

Name and Date

X

Co Applicant Name and Date

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STATEMENT OF HOUSEHOLD DEMOGRAPHICS

The City and County of Denver's 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. Does the Head of Household identify as Female?

YES NO

b. Are any household members over the age of 62?

YES NO

c. Do any household members identify as disabled?

(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.)

YES NO

2. Please answer both Ethnicity and Race for Applicant.

(Please note that this information is required for reporting purposes).

ETHNICITY (please select only one)	
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>optional</i>):	

I/We certify that the information in this application and supporting documentation is accurate and true to the best of my/our knowledge. By signing this document, I/We 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/our needs for assistance. Any information exchanged with third parties will be done so without discrimination and with respect for my/our rights. This information will be used solely to provide me/us with rental and/or utility assistance and related services. In addition, I/we consent to be contacted about other programs and services such as housing counseling. I/We 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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LANDLORD INFORMATION

This form is to be completed by your landlord/property manager.

ATTN: Landlord/Property Owner:

The Temporary Rental & Utility Assistance (TRUA) program is funded by the City and County of Denver. It is meant to provide temporary assistance to residents Denver who have experienced a verified hardship and do not have the economic means to pay rent at present time. Please understand that our program is experiencing significant delays due to an increased volume of applications as a result of the economic impact of COVID-19.

Please complete the below fields and return to your tenant, as this is Page 5/5 of the Application. PLEASE BE ADVISED—COMPLETION OF THIS FORM DOES NOT GUARANTEE THAT THE APPLICANT WILL BE APPROVED FOR ASSISTANCE.

Landlord Contact Information:

Landlord/Property Manager Name:	
Email:	
Phone Number:	

Check Mailing Address:

Check Payable to (owner, landlord, Management company):	
Address Line 1:	
Address Line 2:	
City, State, Zip Code:	

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