



Application for
TEMPORARY RENTAL & UTILITY ASSISTANCE (TRUA)
Utility assistance only

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

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

***You must live in the City AND County of Denver to qualify for this program.** Utility assistance may be provided to eligible households for a single occurrence per utility during calendar year 2021.

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

2022 Income Limits Per Household Size

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
\$62,600	\$71,550	\$80,500	\$89,400	\$96,600	\$103,750

ASSISTANCE TYPE

What are you applying for?

- Xcel Energy Assistance
- Denver Water Assistance
- Both Xcel Energy and Denver Water assistance

Have you or anyone in your household previously received assistance from this program? 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# _____

ACCOUNT INFORMATION

Account Holder Name _____

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

Xcel Energy Account Number (if applying for energy assistance): _____

Denver Water Account Number (if applying for water assistance): _____

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HOUSING INFORMATION

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

HOUSEHOLD INFORMATION

Current Employment Status (at the time of application):

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

List ALL members of your household and include monthly income before taxes for those 18 years and older.

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 18 years and older who are applying for assistance.
 (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					

If this application has been completed with assistance from a referring organization/service provider, please provide contact information below:

Name:

Organization:

Phone Number:

E-mail:

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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 utility payments*):

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

I attest that I (1) experienced a temporary, unforeseen financial hardship that caused me to fall behind on utility payments, and (2) do not have the financial resources to make utility payments without leaving me unable to make necessary purchases of goods and services such as food. By signing this Self-Certification of Hardship below I certify that I understand and agree that I may be responsible for repaying any other benefits that are determined to be duplicative of the assistance received from this program.

X

Signature of Applicant

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 demographic questions on this document are optional. The form must be acknowledged and signed.

1. Household Composition:

a. Does the Head of Household identify as Female?

YES NO Decline to answer

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

YES NO Decline to answer

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 Decline to answer

2. Please answer both Ethnicity and Race for Applicant.

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

ETHNICITY (please select only one)	
Hispanic or Latino	
Not Hispanic or Latino	
Decline to answer	

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>):	
Decline to answer			

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CONSENT AND SIGNATURE

I certify that the information in this application and the supporting documentation is accurate and true to the best of my knowledge. I understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law. By signing this document, I release Brothers Redevelopment, Inc. (BRI), Northeast Denver Housing Center (NDHC), and their partner agencies to obtain and exchange information at the coordinator's discretion with other entities including, but not limited to: utility providers, landlord(s), employer(s), lenders, banks and other financial institutions, or any other essential third party in regards to my case that is deemed 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 to my rights. Information obtained will be used solely to provide me with 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), Northeast Denver Housing Center (NDHC), their partner agencies, officers, directors, employees, agents, and affiliated entities from any liability related to the supplying of the information on this application.

I reserve the right to revoke this authorization at any time and will provide a written notice of my decision to the organization I am working with. Upon receipt of the written request, the organization will discontinue use of my information within 48 business hours and will terminate my pending application and/or services sought through the organization.

X

Signature of Applicant

Date

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SUPPORTING DOCUMENTATION CHECKLIST UTILITY ASSISTANCE ONLY

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

*Complete all 5 pages of this **TRUA Application** (above).

***Photo ID** for Applicant

***Lease Agreement or Mortgage Statement** (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. If you are a homeowner applying for utility assistance, please provide proof of home ownership, such as Mortgage Statement or other document.

***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.

- | | |
|---|---|
| <input type="checkbox"/> Aid to the Blind (AB) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Aid to the Needy Disabled (AND) | <input type="checkbox"/> Temporary AID to Needy Families (TANF) |
| <input type="checkbox"/> Housing Choice Voucher (Section 8) | <input type="checkbox"/> Women, Infants, and Children (WIC) |
| <input type="checkbox"/> Old Age Pension (OAP) | <input type="checkbox"/> 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 Utility Bill(s)**— Xcel Energy and Denver Water only. You may apply for assistance for either or both. Utility assistance may be provided to eligible households for a single occurrence per utility during calendar year 2021.

***Xcel Energy Consent to Disclose Utility Customer Data Form** – Only if applying for Xcel Energy Assistance

* - **REQUIRED**