



Delta County Fuller Center for Housing Greater Blessings Application

Please complete this application in order to determine the need for your home repair project. Attach any documents or photos that will help the Review Committee in determining need. Incomplete applications will not be considered until all requested documentation has been submitted. All information on this application will be kept strictly confidential.

The Greater Blessings Program of Delta County Fuller Center for Housing is a five year, 0% interest loan with flexible repayment terms set upon acceptance into the program. The maximum loan amount is \$5,000. Funds are limited to owner-occupied repairs (the applicant must live in the home being repaired). All repairs must be functional in nature, and improve or enhance the overall living condition of the home. Cosmetic repairs are not allowable expenses. The Greater Blessing program is not available if homeowners insurance or other sources of traditional funding (home loan, line of credit, etc.) can cover the repair.

APPLICANT INFORMATION

Name: _____

Physical Home Address: _____

Mailing Address (if different than above): _____

Phone Number: _____

Email Address: _____

How long have you owned your home? _____

Number and ages of all people living permanently in the home: _____

Do you own any other land or property? If yes, please list address(es):

Do you have homeowner's insurance? If yes, does your insurance cover this repair? _____

Please describe needed repairs and cost estimates: _____

Total Loan Amount Requested: _____

MONTHLY INCOME AND EXPENSES

Applicant Gross Monthly Employment Income: _____

Household Members' Gross Monthly Employment Income: _____

Total Household Other Income (Please list source and amount. Include things like Social Security, SSI, TANF, Food Stamps, Child Support, Alimony or any other regular household income): _____

Total Monthly Household Income from All Sources: _____

Mortgage Payment: _____

Mortgage Taxes & Insurance if not Escrowed: _____

Utilities: _____

Food: _____

Vehicle Payments, Insurance, Fuel & Maintenance: _____

Child Care & Child Expenses: _____

Student Loans: _____

Debt Payments: _____

Alimony/Child Support: _____

Other: _____

Total Monthly Household Expenses: _____

AUTHORIZATION, RELEASE & PRIVACY ACT AGREEMENT

I understand that by filing this application, I am authorizing Delta County Fuller Center for Housing to evaluate the need for repairs to my home, and I understand this may require an in-person visit to my home by members of the Review Committee. I own my home and it is my intent to live in the home for at least the next 5 years. Submission of this application and my signature is my willingness and agreement to become a Delta County Fuller Center for Housing Partner Family. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied. By signing I further agree to allow Delta County Fuller Center for Housing to use the fact that my home is being repaired through the Greater Blessings Program, and photographs, videos and other media may be taken and used to promote The Fuller Center mission. I have read this agreement and understand that my application and all the attached documentation will be maintained in the organization’s files whether I am approved for a Greater Blessing project or not. I understand that information contained in the application packet will be kept in utmost confidence and not shared with any other person or organization outside the Delta County Fuller Center for Housing.

Colorado law prohibits discrimination in housing through C.R.S. § 24-34-501 et seq. to discriminate in the terms, conditions, or privileges pertaining to any housing because of disability, race, creed, color, sex, sexual orientation (including transgender status), religion, marital status, familial status, national origin or ancestry, or source of income.

This is to acknowledge that I have read and understand the details of the Authorization, Release and the Privacy Statement.

Applicant Signature & Date

Co-Applicant Signature & Date

**RETURN COMPLETED APPLICATION AND SUPPORTING MATERIALS TO
deltacountyfch@gmail.com OR PO Box 62, Cedaredge CO 81413**

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE		
Date Application Received _____	More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Denial Letter Sent _____
Date of Home Visit for Assessment of Repairs _____	Date Sent to Review Committee _____ <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date Greater Blessing Homeowner Agreement and Release Waiver Signed _____