



Thank you for contacting the Home Builders Foundation. The Foundation provides accessibility solutions and home modifications for individuals with disabilities and financial need through the collaborated efforts of the home building industry.

Projects are considered based on funds and resources available at the time of the request, as well as the location of the home. The criteria for assistance includes: an accessibility need, a financial need, home ownership and location of the home (Denver Metro Area).

Included in this document is an application for assistance. After we have received your complete application, a representative of the Home Builders Foundation will contact you to arrange for a visit of your home and determine your specific needs. After this visit, the application will be submitted for review to the HBF Gifting Council. If the council approves the application, then it will be submitted to the HBF Board of Directors for final approval. The approval process typically takes no more than 90 days.

Please call us if you have any additional questions or for a status report on your request.

Sincerely,

Beth

Beth Forbes
303.551.6721
bforbes@hbfdenver.org

Home Builders Foundation Application for Assistance

Mail or fax to: Home Builders Foundation

9033 E. Easter Pl., Ste. 200

Centennial, CO 80112

Phone: 303.551.6721

Fax: 303.551.6821

Email: bforbes@hbfdenver.org

Date: _____

Recipient Name: _____

Recipient Date of Birth _____

Project Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contact Name (If different from Recipient): _____

Contact Phone (If different from Recipient): _____

Contact Email (If different from Recipient): _____

Relationship to Recipient: _____

How did you hear about us? _____

Is this home owned (not rented)? _____

Who owns this home? (Recipient or other family member – please specify) _____

Does this home have home owners insurance? _____

If so, what company? _____

What year was the house built? _____

Brief Description of Circumstances

Describe the health and situational circumstances causing the need for assistance from the HBF. Please be as specific as possible.

Description of Assistance Needed

Based on the above, please describe the accessibility modifications you seek for your home. Please be as specific as possible.

Please provide a copy your most recent Federal income tax return.

Employment History:

	Recipient	Parents (if applicable)	Spouse (if applicable)
Currently Employed:			
Name of Current or Previous Employer:			
Address of Current or Previous Employer:			
Type of Business:			
Gross Monthly Wages:			
Net Monthly Wages:			

****Income/Financial Resources (\$\$):**

Household gross monthly wages:\$	*SSDI: \$	how long?
Household net monthly wages:\$	*SSI: \$	how long?
Social Security:\$	*attach copy of award letter for SSDI & SSI	
Pension/retirement:\$	OAP: \$	how long?
Other Income:\$	AFDC/TANF: \$	how long?
Checking accounts balances:\$	AND: \$	how long?
Savings accounts balances:\$	Food stamps: \$	how long?
Other investments values:\$	If income is from SSI, AFDC/TANF or AND has applicant ever been employed?	

****In addition to federal income tax return and/or SSDI/ SSI award letter, further documentation of financial information may be requested by HBF to ensure financial eligibility.**

Monthly Expenses (\$\$):

Mortgage:	Auto Payment:	Health Insurance:
Electric/gas:	Gasoline/oil:	Pharmacy:
Telephone:	Auto Insur:	Medical Exp.:
Water/sewer	Public Trans:	Dental:
Food:	Child Care:	Life Insurance:

Please list any other expenses:

Are other agencies providing assistance (i.e. Medicaid, etc)? Yes No

If yes, who and what is their involvement? _____

Please list any organizations that have denied other assistance:

Organization Name: _____

Contact: _____ Phone: _____

Applicant's signature:

_____ Date: _____

Please be advised the HBF will perform a title search on properties considered for home modifications.

The HBF reserves the right to deny any request based on funds and resources available to the HBF, location of projects, and applicability to the HBF mission statement.

The Home Builders Foundation of Metro Denver provides accessibility solutions and home modifications for individuals with disabilities and financial need through the collaborated efforts of the home building industry.

RELEASE AND WAIVER

The Homebuilders Foundation of Metropolitan Denver, Inc. ("HBF"), has enlisted _____ ("Contractor"), who will seek the assistance of subcontractors, architects, engineers, suppliers, and other persons and entities (the Foundation, Contractor and the referenced persons and entities are hereinafter collectively referred to as the "Released Parties") to institute and complete the following construction and/or remodeling at _____ ("Residence") of _____ ("Owner"): _____

_____ ("Work").

The Work will be performed for the Residence without compensation or any other amounts being paid to any of the Released Parties by the Owner. For and in consideration of the actions taken by the Foundation and for performance of the Work, the Owner hereby releases and waives and forever discharges any and all claims, suits, actions, causes of action, damages, and liabilities, whether known or unknown, now or in the future, against the Released Parties, their shareholders, directors, officers, agents, members, partners, attorneys, and employees, arising from performance of the Work or any matter incidental thereto, including without limitation, matters caused by, compounded by, or related to, the Work or any part thereof. The activities of the Foundation, the Contractor and the other Released Parties would not have been undertaken or pursued without the Owner granting the release and waiver that is contained in the preceding sentence.

The Owner represents and agrees as follows: that he/she has read and understands the contents of this document; that he/she has executed this document voluntarily after having had the opportunity to discuss it with his/her legal counsel; and that he/she has not been influenced by any person or attorney acting on behalf of any of the Released Parties or any representative thereof. This document shall be binding upon the Owner and his/her heirs, personal representatives, successors and assigns.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THE PROVISIONS OF THIS DOCUMENT.

OWNER(S) SIGNATURE(S):

DATE:

PERMISSION FOR USE OF PHOTOS AND NAME

This letter is a request form for use of individual, project and group photographs of (and including) the undersigned and _____ (collectively, "Recipients"), by the Home Builders Foundation of Metropolitan Denver ("HBF"). HBF may use any such photographs, as well as the name(s) of any of the Recipients, on its website, in video or electronic materials, in photo albums, on display boards, in press releases, in printed materials, and/or on other websites (including that of the Home Builders Association of Metropolitan Denver). Images are used to promote the HBF.

The undersigned represents and agrees as follows: that he/she consents to the foregoing; that he/she has read, understands and agrees with the contents of this document; that he/she has executed this document voluntarily after having had the opportunity to discuss it with the Recipients and legal counsel; and that he/she has not been influenced by any person or attorney acting on behalf of HBF or any representative thereof. This document shall be binding upon the undersigned and his/her family members, heirs, personal representatives, successors and assigns.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THE PROVISIONS OF THIS DOCUMENT.

Date:
