



# Town of Rangely

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*RDC Packet*

*May 17, 2019 Following RDA*



*Photo by Margaret Slaugh*

Agenda  
RANGELY DEVELOPMENT AGENCY (RDA)  
**Town of Rangely Conference Room**  
\*\*\* May 16, 2019 @ 7:00p.m. \*\*\*

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Brad Casto, Chairman

Jason Krueger – Vice Chair  
Karen Reed  
Andrew Key

Keely Winger  
Konnie Billgren  
Vacant Position

Ex-Officio

Rio Blanco County Commissioner – Jeff Rector  
School District Representative – Joyce Key  
RJCD Board Representative – Ron Granger  
Rangely Special Districts – John Payne  
Member – Sandy Payne  
Member – Vince Wilczek

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- 1) Call to Order
- 2) Roll Call
- 3) Minutes of Meeting
  - a) *Discussion and Action to approve the minutes of March 21, 2019*
- 4) Changes to the Agenda
- 5) Public Input
- 6) Old Business
  - a) *Urban Renewal Plan Update Funding Update*
  - b) *Airport Vehicle*
  - c) *Grant & Loan application review*
- 7) New Business
  - a) *Discussion and Action to approve the April 2019 Financials*
  - b) *Discussion about Housing Rehabilitation Loan Program from Housing Resources of Western Colorado*
- 8) Information
- 9) Adjourn

Minutes for the  
RANGELY DEVELOPMENT AGENCY (RDA)  
\*\*\* March 21, 2019 \*\*\*

Brad Casto, Chairman called the meeting to order at 7:45 p.m.

**Roll Call:**

Present: Brad Casto, Jason Krueger, Keely Winger, Andrew Key, Lisa Piering, Karen Reed, Ron Granger, John Payne, and Sandy Payne

Absent: Konnie Billgren, Jeff Rector, Joyce Key, Vince Wilczek

**Minutes of Last Meeting:** Keeley moved to approve minutes from January 17, 2019, Andy second, motion passes.

**Changes to the Agenda:** None

**Public Input:** (New Business Item B) DARG five year plan review from DARQ. Stuck to four projects in the next five years. Importance of the rock art here. A lot of work needs done to record the art to be kept for science and public archeology. BLM has been receptive to this project. Most problematic is mostly the Native American tribes. We have to go through the tribes and that can be complex, but we have a good repour with the tribes, and anticipate no problems.

**Old Business:**

**Urban Renewal Plan Funding Update:** we are working on that to see what we can get for what money. Keep this topic for next meeting.

**Airport Vehicle:** Jeff called and said we have a vehicle, but its not arrived. It will go through the CNCC foundation. A tour company excitedly called to possibly relocate business from Aspen to Rangely. May need another vehicle in the future, donations may be available. There was some discussion of another vehicle coming available that could be donated for \$1.

**Grant Review:** Lisa Piering met with Lisa Cook in Meeker, to discuss how Meeker handled the grant provided to business owners. Lisa Cook expressed some disappointment. Cook thought there need to be more thoughtful uses for grant money, it seemed the qualifications were loose with no oversight committee. Rangely may want to develop criteria and a review committee. RDA is on main street and RDC is off main street.

## **New Business**

**Financials:** Motion to approve February 2019 financials made by Andy, second by Jason, motion passes.

**DARG Update:** Dan Fiscus presented in public input.

**REDI Grant application:** Cannot use this money for DARG. We need to utilize the companies that we already have here, and once we have an Economic plan and build from there. Lisa is working on the application. Grant includes no match but Lisa wants something to address our state and community right now. We need jobs here, somehow we need to encourage existing businesses to reinvest money into Rangely. Motion made to support **the application of a REDI Grant made by Sandy, Second by Keely. Motion passes**

**General Information:** CNCC student, Mikayla Green, awarded the National award for a student of the year. She went against MIT and she got it for aviation!

Meeting was adjourned at 8:40pm

TOWN OF RANGELY  
REVENUES WITH COMPARISON TO BUDGET  
FOR THE 4 MONTHS ENDING APRIL 30, 2019

ECONOMIC DEVELOPMENT FUND/RDA

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>REVENUES</u>					
73-30-100 HOUSING REVENUE	5,175.00	20,700.00	62,500	41,800.00	33.12
73-30-200 INTEREST EARNINGS CD	.00	.00	200	200.00	.00
73-30-500 MISCELLANEOUS INCOME	.05	.18	25,000	24,999.82	.00
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL REVENUES	5,175.05	20,700.18	87,700	66,999.82	23.60
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL FUND REVENUE	5,175.05	20,700.18	87,700	66,999.82	23.60
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

TOWN OF RANGELY  
EXPENDITURES WITH COMPARISON TO BUDGET  
FOR THE 4 MONTHS ENDING APRIL 30, 2019

ECONOMIC DEVELOPMENT FUND/RDA

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
<u>EXPENDITURES</u>					
73-40-220 PROF/TECH SERVICES	11.45	1,293.28	5,000	3,706.72	25.87
73-40-250 HOUSING MANAGEMENT EXPENSE	3,914.00	16,396.50	40,400	24,003.50	40.59
73-40-260 HOUSING MAINT/REPAIRS	.00	5.49	1,000	994.51	.55
73-40-270 UTILITIES	20.64	82.56	100	17.44	82.56
73-40-300 MARKETING	.00	.00	1,000	1,000.00	.00
73-40-301 GRANT EXPENSES	2,544.82	2,544.82	30,000	27,455.18	8.48
TOTAL OPERATING EXPENSES	6,490.91	20,322.65	77,500	57,177.35	26.22
TOTAL EXPENDITURES	6,490.91	20,322.65	77,500	57,177.35	26.22
TOTAL FUND EXPENDITURES	6,490.91	20,322.65	77,500	57,177.35	26.22
NET REVENUE OVER EXPENDITURES	( 1,315.86)	377.53	10,200	9,822.47	3.70





# HOUSING MAKEOVER

## HOMEOWNERS

Come learn about the Housing Rehabilitation Loan Program from Housing Resources of Western Colorado that could help make health and safety repairs to your home!

### LANDLORDS,

We are gauging interest in a program that may be potentially offered in the future that offers loans to landlords to make necessary repairs to their rental properties. Come to learn more and give feedback. **7:00 PM**

# REHAB

# REMODEL

# REVIVE



**Wednesday**  
**May 8, 6 p.m.**

**Meeker Public Library**  
**490 Main Street**

*The Housing Rehabilitation Loan Program provides financial assistance to income-qualifying homeowners in need of health and safety repairs to maintain their existing home and continue living in it.*




COLORADO  
Department of Local Affairs



**Housing Resources**  
Empowering independence one home at a time.







# Medicaid Home Modification Program

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The Home Modification benefit allows for specific modifications in an eligible client's existing home that enables the client to function with greater independence. There is a \$14,000 lifetime maximum for the Home Modification benefit.

Some examples of eligible home modifications include but are not limited to:

Stair Lifts, Vertical Platform Lifts  
Wheelchair Friendly Flooring  
Accessible Bathrooms  
Widening Doorways  
Installation of grab bars  
Comfort Height Toilets  
Handrails, Railing  
Easy Steps  
Ramps

After your eligibility has been confirmed, your case manager will contact an Occupational Therapist/Physical Therapist in order to complete the home modification assessment.

The will Occupational Therapist/Physical Therapist then contact you and set up a time to complete the assessment. That assessment will be sent to your case manager.

Your case manager will then solicit home modification contractors for bids. Home modification contractors are approved by Medicaid.

Once the bids have been completed, the case manager will submit all the bid(s) and the OT/PT assessment to the State/Division of Housing for review and approval. You have the option to choose which contactor gets awarded your home modification project.

Once the home modification has been approved, the State will notify your case manager and the chosen contractor. It is the contractor's responsibility to contact you and schedule a time to begin the home modification.



**COLORADO**  
Department of Local Affairs  
Division of Housing

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**Please contact your case manager to determine if you are eligible.**

Please contact Naomi Hubert with the Colorado Division of Housing at 303-864-7825 for more information.





# Housing Resources

Achieving self-sufficiency one home at a time.

## HOME Rehabilitation Loan Program

Dear Applicant:

Housing Resources of Western Colorado (HRWC) is a non-profit organization that delivers and manages the HOME Rehabilitation Loan Program. The Colorado Department of Housing (CDOH) provides the funding, guidelines and oversight.

This program is intended for low-to-moderate income homeowners who wish to remain in their home, but need assistance in order to make needed repairs or upgrades for health, safety, accessibility or comfort reasons. Eligibility is based on many factors, but is primarily based on income, property value and equity in the home. Loans for mobile homes located on rented lots are also possible, but for a limited loan amount. Unfortunately this program is not available for renters or landlords.

The below market interest rate and term (years to repay) are set so that monthly payments are affordable and fit within the borrower's monthly budget. All closing costs are included in the loan and so there is no upfront out-of-pocket cash required. The cost of lead based paint or asbestos testing can also be included in the loan.

Construction work is delivered by qualified and insured contractors and licensed where required. Management from loan application to final construction inspection is provided by experienced HRWC staff. Housing Resources also provides servicing of the loan so that the borrower can make convenient local payments.

Examples of project work include, but is not limited to the following:

- Plumbing, Electrical, Heating and Cooling system repair or replacement
- Roof repair or replacement
- Insulation and weatherizing
- Accessibility modifications

**Please carefully read and complete all parts of this application. Pay special attention to the documentation and verifications that need to be returned with the application (page 4). Be sure to initial and sign the Applicant's Certification sheet. Please note that the information you provide will be used to determine eligibility. There is no guarantee of a loan approval.**

If you have any questions, please do not hesitate to contact me.

Sincerely,

**Wendy Genkov**

Loan Administrator Specialist

[wendyg@hrwco.org](mailto:wendyg@hrwco.org) (970) 773-9739

524 30 Road, Suite 3  
Grand Junction, CO. 81504  
970-241-2871 ext. 109

(970) 241-2871 ext 109

Housing Resources of Western Colorado  
524 30 Road, Suite 3  
Grand Junction, CO 81504

(970) 773-9739 direct

**Housing Rehabilitation Loan Program  
Prequalifying Application**

Applicant Information				
Applicant Name			DOB	
Contact Phone #		Cell Phone #		
Email Address				

Co-Applicant Name			DOB	
Contact Phone #		Cell Phone #		
Email Address				

Household Member Names (Not including Applicants)	Age (yrs)

Property Information	
Name(s) on Deed for Property or Certificate of Title	
Property address:	
Mailing address:	
Year home was built?	Market value if known: \$
Mortgaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, amount owed: \$
Name of mortgage company?	
Type of Construction? Site built <input type="checkbox"/> Mobile <input type="checkbox"/> Double wide <input type="checkbox"/>	
Is the home deeded with the land? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Banking Information	
Bank name?	Avg. checking balance \$
Bank name?	Savings Balance \$
Credit Union name?	Avg. checking balance \$
Credit Union name?	Savings Balance \$

Employment Information		
Applicant-employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Employer name?
Occupation?		How long? (years)
Hourly pay \$	Hours per week:	Hours per month:
Salary pay \$	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/>	
Co-Applicant-employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Employer name?
Occupation?		How long? (years)
Hourly pay \$	Hours per week:	Hours per month:
Salary pay \$	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/>	
Other Income		
Applicant: SSI <input type="checkbox"/> SSDI <input type="checkbox"/>	\$	Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
Pension <input type="checkbox"/> Retirement <input type="checkbox"/>	\$	Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
Co-Applicant: SSI <input type="checkbox"/> SSDI <input type="checkbox"/>	\$	Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
Pension <input type="checkbox"/> Retirement <input type="checkbox"/>	\$	Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
Child support	\$	Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
Food assistance	\$	Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
Alimony	\$	Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
Other	\$	Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
Other	\$	Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
Expenses		
Expenses		Average per month
Mortgage (House payment)	n/a <input type="checkbox"/>	\$
Property insurance (if <u>not</u> included with mortgage)	n/a <input type="checkbox"/>	\$ (Yearly)
Property taxes (if <u>not</u> included with mortgage)	n/a <input type="checkbox"/>	\$ (Yearly)
Space rent	n/a <input type="checkbox"/>	\$
Electric (combined gas & electric <input type="checkbox"/> )	n/a <input type="checkbox"/>	\$
Natural Gas	n/a <input type="checkbox"/>	\$
Propane	n/a <input type="checkbox"/>	\$
Wood or Pellets	n/a <input type="checkbox"/>	\$
Water/Sewer/Trash (included with space rent <input type="checkbox"/> )	n/a <input type="checkbox"/>	\$
Medical Prescriptions	n/a <input type="checkbox"/>	\$
Dental, Eye care	n/a <input type="checkbox"/>	\$
Health Insurance	n/a <input type="checkbox"/>	\$



Expenses		Average per month
Car Insurance	n/a <input type="checkbox"/>	\$
Life Insurance	n/a <input type="checkbox"/>	\$
Travel, Gasoline	n/a <input type="checkbox"/>	\$
Groceries	n/a <input type="checkbox"/>	\$
Entertainment, Cable, Internet	n/a <input type="checkbox"/>	\$
Phone	n/a <input type="checkbox"/>	\$
Cell Phone	n/a <input type="checkbox"/>	\$
Education	n/a <input type="checkbox"/>	\$
Child Care	n/a <input type="checkbox"/>	\$
Credit Card(s)	n/a <input type="checkbox"/>	\$
Other (Child Support, Clothing, Misc.)	n/a <input type="checkbox"/>	\$
Personal loan(s)	n/a <input type="checkbox"/>	\$
School loan(s)	n/a <input type="checkbox"/>	\$
Auto loan(s)	n/a <input type="checkbox"/>	\$
Other (Describe)	n/a <input type="checkbox"/>	\$
Other (Describe)	n/a <input type="checkbox"/>	\$
Other (Describe)	n/a <input type="checkbox"/>	\$

<b>How did you hear about us?</b> Newspaper <input type="checkbox"/> Flyer <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/>		
Internet <input type="checkbox"/> Social Services <input type="checkbox"/> Event <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/> _____		
<b>Please list any allergies you have:</b> Mold <input type="checkbox"/> Dust <input type="checkbox"/> Animals <input type="checkbox"/> Pollen <input type="checkbox"/>		
Other <input type="checkbox"/> _____ Other <input type="checkbox"/> _____ Other <input type="checkbox"/> _____		
<b>Items of concern regarding your home:</b> Roofing <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/>		
Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Water heater <input type="checkbox"/>		
Structure <input type="checkbox"/> Mold <input type="checkbox"/> Flooring <input type="checkbox"/> Accessibility <input type="checkbox"/>		
Other <input type="checkbox"/> (Please describe)		



**Co-Applicant:**

**Gender:** ☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male ☐ Refuse to answer

**Ethnicity:** ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Don't Know ☐ Refuse to answer

**Race** (choose all that apply):

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Don't Know

☐ Refuse to answer

<b>Disabling Condition:</b>				
Do you have a disabling condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refuse to answer
<b>Military Background:</b>				
Are you actively serving U.S. Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refuse to answer	
Are you a veteran of the U.S. Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refuse to answer	
<b>Current Marital Status (choose one):</b>				
<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced <input type="checkbox"/> Living Together

**OTHER HOUSEHOLD MEMBER INFORMATION**

For each household member (not including applicant), please complete all of the information below:

Person #2 (not you)	Person #3 (not you)	Person #4 (not you)	Person #5 (not you)	Person #6 (not you)
<b>First Name:</b>	<b>First Name:</b>	<b>First Name:</b>	<b>First Name:</b>	<b>First Name:</b>
<b>Last Name:</b>	<b>Last Name:</b>	<b>Last Name:</b>	<b>Last Name:</b>	<b>Last Name:</b>
<b>Age:</b> _____	<b>Age:</b> _____	<b>Age:</b> _____	<b>Age:</b> _____	<b>Age:</b> _____
<b>Relationship to you:</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____	<b>Relationship to you:</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____	<b>Relationship to you:</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____	<b>Relationship to you:</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____	<b>Relationship to you:</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____

*It is the policy of Housing Resources of Western Colorado to provide services to all persons without regard to race, color, national origin, religion, creed, sex, age, disability, or perceived sexual orientation, gender identity, marital status, or familial status. No person shall be excluded from participation in, or be denied the benefits, of any service; or be subjected to discrimination because of race, color, national origin, religion, sex, age, disability or perceived sexual orientation, gender identity, marital status, or familial status.*

I also hereby state and affirm that the information I have provided to Housing Resources of Western Colorado, its staff or representatives, is true and correct to the best of my knowledge. I acknowledge that any misinformation that I knowingly provide may result in my request for housing and/or financial assistance being denied presently and in the future. I understand that Housing Resources of Western Colorado resources including affordable housing may be available to me, but I am under no obligation to utilize these services.



**\*\*\*Copies of the following items (if applicable) must be returned with this application in order to be processed for eligibility\*\*\***

- \_\_\_\_\_ Pay stubs for all household adults for the most recent 3 months
- \_\_\_\_\_ Checking and savings statements for the most recent 3 months
- \_\_\_\_\_ Copy of applicant's and co-applicant's photo ID
- \_\_\_\_\_ Social Security Benefit statement(s) for all household members for the current year
- \_\_\_\_\_ Other sources of income such as: Public benefits, Food Stamps, Alimony, Child Support, Pensions, benefits and unearned income of dependents under 18 years
- \_\_\_\_\_ Mortgage statements for the most recent 3 months
- \_\_\_\_\_ Certificate of Title for a mobile home
- \_\_\_\_\_ Proof of current Home Owners insurance
- \_\_\_\_\_ Signed copy of Proof of Legal Residency (See attached Declaration of Section 214 form)

By signing below, I (we) understand that this is an application only for a loan and does not guarantee a loan will be provided.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## Housing Resources

Achieving self-sufficiency one home at a time.

### Applicant(s) Certification

All applicants and owners must read and initial the following statements and sign below.

\_\_\_\_ I hereby certify that the information provide in this application is true and correct to the  
\_\_\_\_ best of my knowledge. Any intentional misrepresentation may result in immediate  
disqualification from this program and any associated costs incurred by Housing  
Resources of Western Colorado (HRWC) will require immediate reimbursement by  
myself.

\_\_\_\_ I authorize HRWC to obtain a credit report and to verify the financial data provided. The  
\_\_\_\_ associated costs of verification is my responsibility and may be included in the loan if  
approved.

\_\_\_\_ I understand that if I am approved for a loan, HRWC is authorized to provide payment  
\_\_\_\_ history to credit reporting agencies or other lenders that I have approved of.

\_\_\_\_ I understand that all costs for required testing, permits and clearances will be my  
\_\_\_\_ responsibility regardless of whether or not the loan is approved.

\_\_\_\_ I understand that all information provided to HRWC is confidential. Except for matters  
\_\_\_\_ of public record or required by law, all information released to third parties will require  
HRWC to obtain my written permission.

\_\_\_\_ I understand that my application and associated submitted documents will become the  
\_\_\_\_ property of HRWC. I may review any data collected by HRWC, except for credit reports,  
and request copies of such material.

\_\_\_\_ I understand that I have the right to file a grievance against HRWC per the Dispute  
\_\_\_\_ Resolution procedures as outlined in the HOME Rehabilitation Loan Program Guidelines.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Printed Name of Applicant\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

Printed Name of Co-Applicant\_\_\_\_\_



## DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Resources of Western Colorado. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, \_\_\_\_\_, certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - ☐ Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
  - ☐ Permanent residence under 249 of INA 4/; or
  - ☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
  - ☐ Parole status under 212(d)(5) of the INA /6; or
  - ☐ Threat to life or freedom under 243(h) of the INA /7; or
  - ☐ Amnesty under 245A of the INA 8/.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**\*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**





## Release of Information Authorization

Housing Resources of Western Colorado has Industry Partnership with:

- NeighborWorks of America and Development
- U.S. Department of Agriculture Rural Development
- U.S. Department of Energy
- Colorado Energy Office

Housing Resources of Western Colorado Provides the Following Residential

Services:

- Home Rehabilitation
- Weatherization
- Mutual Self Help Homeownership (Sweat Equity)
- Section 8 Rental Assistance

I Agree to Release Information only to Housing Resources of Western Colorado, in order to be notified of related housing services. I am under no obligation to utilize any services from Housing Resources of Western Colorado.

Sign \_\_\_\_\_ Date \_\_\_\_\_