



HOME BUILDERS
FOUNDATION
of METRO DENVER

ACCESSIBILITY
accessing the possibilities

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 proof of home owners insurance
- location of the home (8-county Denver Metro Area: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Elbert and Jefferson)

Included in this document is an application for assistance. All information on the application must be completed. If all required information is not filled out and received, review of the application – and subsequently, the approval of the project – may be delayed.

After the HBF has received your completed application (inclusive of ALL financial information and documentation), a representative of the Home Builders Foundation will contact you to arrange for a site visit at your home to determine your specific needs. After this visit, the application will be submitted for review at the monthly HBF Gifting Committee meeting. If the committee approves the application, then it will be submitted to the HBF Board of Directors for final approval. If the committee needs more information to make their decision, you will be notified.

Important Note: The approval process alone can take up to 3-4 months; the completion of the project will take additional time after the approval. Please be flexible with approval and scheduling as the crew completing your work are HBF volunteers doing this work at no cost to the recipients. We appreciate your patience and flexibility.

Please call us at 303-551-6721 if you have any additional questions or for a status report on your request.

The Home Builders Foundation (HBF) helps home owners exhibiting a financial need in the 8-county Denver metro area that are in need of home modifications related to **accessibility**; in other words, access within the home or in and out of the home. The HBF relies on a very limited budget and committed network of volunteers and suppliers to complete the work so there is **no cost to the recipient**. However, because of the limited budget and the reliance on volunteers to accomplish the work, the waiting period can average 3-4 months for project approval and then additional time for project completion. Below are examples of the types of projects the HBF does and does not complete.

Projects We **DO**

- Install a ramp to make entering/ exiting the home with a wheelchair, scooter, walker or cane safer and easier
- Modify a bathroom to make it safer and more accessible for a wheelchair and/or walker, i.e. portable shower bench, tub cut, curbed shower or roll-in shower (depending on need)
- Widen door frames (and replacing with a new door) to make passing through with a wheelchair or walker easier
- Replace carpet with hard flooring (usually vinyl or laminate) to make navigation with a wheelchair or walker easier
- Install grab bars to make entering/ exiting the home, bathroom, etc. easier
- Install handrails to make entering/ exiting the home easier
- Install lifts (situation-specific) to make navigation from floor to floor within a home safer and easier
- Remove thresholds to make navigation in/out of the house or room-to-room easier

Projects We **DON'T DO**

- Major, minor or emergency home repairs
- Handyman/ maintenance work
- Electrical work (unless it's related to one of the above **accessible** modifications)
- Plumbing work (unless it's related to one of the above **accessible** modifications)
- Roofing work
- Cleaning
- Painting
- Landscaping/ yard work
- Appliance repair
- HVAC installation/ repair
- Countertops and cabinets (unless it's related to one of the above **accessible** modifications)
- Walk-in tubs
- Provide accessible equipment (i.e. ADA toilet, wheelchairs, etc.)
- Work on rental properties
- Work on homes without insurance
- Work on homes outside of the 8-county Denver metro area (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Elbert, Jefferson)

The lists above are representative, not exhaustive. There may be modifications that the HBF does or doesn't do that aren't listed above. The most important criteria for assistance in the HBF's program is that the modification that is related to **accessibility** (movement within the home or in/out of the home). Additional criteria are that the home is owned, located in the 8-county Denver metro area and the household exhibits a financial need. Each project requires a completed application (including much financial documentation), site visit and review by the HBF Gifting Committee. Incomplete applications will delay the review and approval process.

Home Builders Foundation Application for Assistance

Mail or fax to: Home Builders Foundation

9033 E. Easter Pl., Ste. 200

Centennial, CO 80112

Fax: 303.733.9440

Email: info@hbfdenver.org

IMPORTANT NOTE: Incomplete applications will not be reviewed; they will be returned for missing information.

Date: _____

Applicant Information (Who are the modifications for?)

Applicant Name: _____

Applicant Date of Birth _____

Applicant ethnicity: African American Asian Hispanic Multiracial Native American
White/Caucasian Unknown Other: _____ Prefer not to disclose

Phone: _____ Fax: _____

Email: _____

Contact Name (If different from Applicant): _____

Contact Phone (If different from Applicant): _____

Contact Email (If different from Applicant): _____

Relationship to Recipient: _____ Use as primary contact

How did you hear about us? _____

Are you a military veteran? Yes No

If yes, what branch and what years did you serve? _____

Home Information

Project Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Home Information (continued)

How long has applicant lived in the home? _____

Is this home owned (not rented)? _____

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

Owner Name (If different from Applicant): _____

Owner Phone (If different from Applicant): _____

Owner Email (If different from Applicant): _____

Home owners insurance company (required) _____

What year was the house built? _____

Is your home regulated by a Home Owners Association? Yes No

If yes –

HOA Contact Name (If different from Recipient): _____

HOA Contact Phone (If different from Recipient): _____

HOA Contact Email (If different from Recipient): _____

Brief Description of Circumstances

Describe the health and situational circumstances causing the applicant’s physical disability and need for accessibility assistance from the HBF. Please be as specific as possible.

What is the applicant’s diagnosed disability? Please be as detailed as possible and include proof of medical diagnoses if possible (i.e. OT, PT or doctor letter).

Description of Assistance Needed

For your convenience, page 2 of this application lists the types of projects the HBF does and does not consider for assistance. With that list and based on the description of circumstances listed above, describe the accessibility modifications you are seeking for your home. Please be as specific as possible.

Please list all of the assistive equipment that the applicant has already tried to address their accessibility challenges. Be as specific as possible and also include the outcome.

Anticipated Impact

How will the modifications you're seeking impact your life?

What do you envision/ hope to be able to do once these modifications are complete that you aren't able to do today?

IMPORTANT NOTE: ALL financial information must be provided and complete. It is required to ensure financial eligibility. Blank information will delay the application and jeopardize approval of assistance.

Total Number of Persons Living in Household _____

of Adults _____ # of Dependent Children _____

Annual Household Income \$ _____ Annual App Income \$ _____

Income/Financial Resources (\$\$):

	Recipient	Other in House (i.e. parent)	Other in House (i.e. spouse)	Household TOTAL
Gross Monthly Wages				
Net Monthly Wages				
Pension/Retirement				
Other Income (specify)				
Other Investments				
*Checking Acct. Balance				
*Savings Acct. Balance				
*SSI/ SSDI				
Other assistance (i.e. OAP, TANF, food stamps, etc). Please specify.				

*Proof/ documentation required.

Monthly Household Income \$ _____ Monthly Recipient Income \$ _____

Expenses (\$\$): Please list as household 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:

Monthly Household Expenses \$ _____ Monthly Recipient Expenses \$ _____

List any and all other assistance (i.e. Medicaid, HCBS waiver, other nonprofits, foundations, grants, etc.) the recipient/ household is receiving. Who and what is their involvement? Be specific.

List any organizations that have denied other assistance.

Organization Name: _____

What did they deny? _____

Please describe any extenuating circumstances or financial burdens that you feel the review committee should know about. Be specific; why this is a hardship for you? If necessary, please feel free to include an attachment.

Required Financial Attachments:

It is **required** to provide a copy of the following financial information. If all required information is not received, review of the application – and subsequently, the approval of the project – may be delayed.

1. The applicant/ household’s most recent and previous year’s federal income tax returns
2. The applicant/ household’s current checking and savings account balances
3. The applicant’s SSI and/or SSDI award letter.
4. Mortgage statement
5. Proof of home owners insurance

I have read the application and acknowledge that all statements given by me in this application are complete, accurate and truthful to the best of my ability. I have included all required information, including **all financial attachments**. I further attest that the financial information provided represents all of the income and cash and investment assets that I own and/or that are in my name. I understand that that the HBF may perform a title search on homes considered for home modifications. I also understand that the HBF reserves the right to deny any request based on funds and resources available to the HBF, location of project and applicability to the HBF mission.

As part of the application, approval and project process, I agree to sign and return a **Work Agreement** for the scope of work to be completed at my home. I understand that if that document is not filled out in the timeframe requested by the HBF, it may delay the start of the project. If needed, I also agree to **pull a permit for the work** with my local jurisdiction. I agree to complete and return a **Project Completion Form** within two weeks of project completion. I understand that if that document is not filled out and returned, that signing this application will meet the same requirements, terms and conditions as the Project Completion Form. Finally, I acknowledge that the HBF reserves to right to terminate the contract and discontinue project work at any point during the application process and/or during the performance of the scope of work in circumstances where the HBF determines the safety and/or wellbeing of its volunteer contractors, staff and/or organization as a whole may be in jeopardy. A written notice of termination will be given by the HBF five (5) days prior to termination.

Applicant’s signature: _____ Date: _____