



HOME BUILDERS
FOUNDATION
of METRO DENVER

ACCESSIBILITY
accessing the possibilities

Thank you for contacting the Home Builders Foundation. The Foundation provides opportunities for individuals and families with disabilities to achieve quality of life and positively enrich their community.

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
- home ownership and proof of home owner's 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 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 Project Fulfillment 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 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**

- Any 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 (unless it's related to one of the above **accessible** modifications)
- Painting (unless it's related to one of the above **accessible** modifications)
- Landscaping/ yard work
- Countertops and cabinets (unless it's related to one of the above **accessible** modifications)
- Walk-in tubs
- Provide accessible equipment
- 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 and located in the 8-county Denver metro area. Each project requires a completed application (including much financial documentation), site visit and review by the HBF Project Fulfillment 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: lhall@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 Applicant: _____ 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 Owner's 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): _____

IMPORTANT: All financial information must be provided and complete. Thank you.

Persons Living in Household: _____ # of Adults _____ # of Dependent Children

Monthly Household Income \$ _____

Monthly Household Expenses \$ _____

If there are any extenuating circumstances that may have adjusted this income within the last year please explain below:

Please summarize the health, disability, or situational circumstances causing the applicant's physical disability and need for accessibility assistance from the HBF inclusive of how long you have been in need.

What is the applicant's diagnosed disability?

Please let us know of all assistive equipment currently utilized to assist with accessibility challenges. Please be specific and include the outcome.

Based on the description of circumstances listed above, describe the accessibility modifications you are seeking for your home.

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.

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. Due to the nature of the application, I understand the Home Builders Foundation (HBF) may share basic demographic, disability, and contact information provided on the application with the HBF staff, board and committee members, volunteer crews, and any individual(s) associated with the HBF and/or a HBF project.

I understand 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.

Applicant's signature: _____ Date: _____

As part of the application, approval and project process, I understand that I may be photographed or recorded. I authorize the HBF to photograph, take motion pictures, take video footage, and/or electronic sound recordings of myself and/or any extension of me (i.e. home, present family members, etc.) for the purpose of reproduction use necessary to help promote, educate, and build awareness to support the HBF mission.

Applicant's signature: _____ Date: _____

Further, 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 the 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: _____