

Address of Employer: _____

Annual Salary: \$ _____ or Net Pay \$ _____/MO.

OR
Net Annual Pension Income \$ _____ Net Annual Social Security Income: _____

Other Annual Income:

Assets: please describe

LANDLORD INFORMATION

In order to receive rent assistance, you need to live in a senior living apartment and the landlord must be willing to accept the rent assistance payment directly from The Denver Foundation. Please provide living arrangement information below.

Building Name: _____ Manager's Name: _____

Address: _____ City _____ Zip Code _____

Manager's phone number: _____

Do you currently live here? ___ Y ___N

Have you talked to the manager about the rental assistance Program and whether they will accept payment?
___ Y ___N

Applicant Signature: _____ DATE: _____

Co Applicant Signature: _____

Please remember to attach all verification. If verification documentation is missing, your application will be held until complete information is received

*(US Department HUD 80% of Area Median Income~ 2019 figures: 1 person \$50,400/ 2 persons \$57,600)

APPLICANTS MUST INFORM THE DENVER FOUNDATION OF ANY CHANGES IN FINANCIAL AND CONTACT INFORMATION

Please return application and all verification information to:
DESCi Community Housing Program
c/o The Denver Foundation
1009 N Grant Street
Denver, Co 80203

If you have questions, contact us at: 303-300-1790 x126