Thank you for your interest in applying to the DESCI Community Housing Program.

ABOUT THE DESCI COMMUNITY HOUSING PROGRAM:
The DESCI Community Housing Program provides monthly rent subsidies to qualified low-income senior citizens who worked for Denver Public Schools for five or more years. Rent subsidies are generally set at $350 per month. Subsidies are paid directly to the applicant’s landlord and may be used for any property in the Denver metropolitan area, provided it meets The Denver Foundation’s criteria. The landlord must agree in writing to accept the rent subsidy payment directly.

TERM:
Rent subsidies are awarded for a 2-year period. Subsidy recipients must reapply to renew every 2 years.

ELIGIBILITY CRITERIA:
Applicants must be low-income senior citizens who have worked for Denver Public Schools for five or more years.
- Senior citizen is defined as 60 years or older.
- Low-income is defined by the HUD "Very Low Income" limit, or having an income less than 50% of the most recent HUD Median Family Income for the Denver metropolitan area.
- For 2021, those limits are as follows: 1 person $36,700; 2 persons $41,950.

DPS employees with 5+ years tenure may apply for a subsidy on behalf of a low-income senior citizen in their immediate family. Immediate family is defined as a DPS employee’s spouse/partner, grandparents, parents, siblings, children, grandchildren, or mothers- and fathers-in-law. Documentation of the relationship is required. Each DPS employee is eligible for one subsidy, so they cannot receive a subsidy themselves and also apply for a subsidy on behalf of family.

OTHER RESTRICTIONS:
1. Rental housing must be in the Denver metropolitan area (not just Denver County).
2. Subsidy recipient must be named on a formal lease agreement.
3. Housing may not be owned by applicant’s family members.

NOTE: The DESCI Community Housing Program does not conduct any inspections of properties or impose any conditions on the landlords. The terms of the lease are entirely between the landlord and the tenant.

REQUIRED APPLICATION DOCUMENTS:

<table>
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<tr>
<th>Document</th>
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<tbody>
<tr>
<td>Completed 2-page application form and 1-page DPS Employment Verification Authorization</td>
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<tr>
<td>Copy of your driver’s license or other current photo ID with your birthdate</td>
</tr>
<tr>
<td>Copy of your most recent Federal Tax Return (Form 1040) or Social Security Statement or PERA Statement</td>
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<tr>
<td>Copy of your current lease</td>
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Please submit all required documents for consideration to the following email, fax, or mailing address:

Email: DESCI@denverfoundation.org
Fax: 303-300-6547 attn: DESCI
Mail: DESCI Community Housing Program
      The Denver Foundation
      1009 Grant Street
      Denver, Colorado 80203
FINANCIAL INFORMATION:
Applicants **must submit** their most recent Federal Income Tax returns (form 1040), Denver Public Schools/Colorado Public Employees’ Retirement Association (PERA) Pensions, and/or annual Social Security statements. Eligibility shall be re-evaluated annually.

Employed: _______ Retired: _______

Name of Employer: ____________________________________________________________

Address of Employer: __________________________________________________________

Annual Salary: $_____________________/Year, or Net Pay $_____________________/Mo.
OR
Net Annual Pension Income $_________________ Net Annual Social Security Income: _______________

Other Income or Assets:

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: ___________________________ Manager’s email: _______________________________

Do you currently live here? ___ Y ___N

**Have you talked to the manager about the DESCi subsidy program and whether they will accept payment?**  ____ Y ____N

Applicant
Signature:_______________________________________________DATE:____________________

Please return application and all verification information by email, fax, or mail to:

**Email:** DESCi@denverfoundation.org

**Fax:** 303-300-6547 attn: DESCi

**Mail:** DESCi Community Housing Program
The Denver Foundation
1009 Grant Street
Denver, Colorado 80203
Application for Rent Assistance

Please answer all questions to the best of your ability. The information provided will be reviewed only by Board members or designee. A personal interview may be required prior to a final decision to receive rent assistance.

PERSONAL INFORMATION:

Name of Applicant: __________________________________________ First   Middle   Last

Co-Applicant: __________________________________________ First   Middle   Last

Address: __________________________________________ Street & Apt. No.   City   State   Zip

Phone number: ____________________________ Email Address: _____________________________________

Number of people in household: _______ Date of Birth: ______________________ (must be over age 60)

I qualify for a DESCi Rent Subsidy because my annual income is less than the HUD Very Low Income limit (US Department HUD 50% of Median Family Income, 2020 figures: 1 person $35,000/ 2 persons $40,000) and:

I am a Denver Public Schools (DPS) retiree who worked for DPS for 5 years or more: _______

I am a current or former DPS employee who worked for DPS for 5 years or more: _______

I am a low-income senior citizen whose immediate family member worked for DPS for 5+ years: _______
(in this case, the DPS employee must submit an application and employment verification authorization, and their relative must submit an application plus their driver’s license, financial information, lease, and proof of relationship)

Please detail the positions held and dates employed by DPS:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

1009 Grant Street  Denver, Colorado 80203
303.300.1790 • denverfoundation.org
Employment Verification Authorization

The below named individual is applying to the DESCi Community Housing Program. Eligibility requirements include verification of a current or past employment relationship with Denver Public Schools.

I, _________________________________________________, authorize Denver Public Schools and/or the Colorado Public Employees’ Retirement Association to release details on my employment relationship with DPS to DESCi and The Denver Foundation.

Printed name: ____________________________________________________

Applicant Signature: _______________________________________________

Date: ___________________________________

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To be completed by DPS / PERA

Employee Name:

Employment Position(s) and Dates of Employment:

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Authorizing Office:

Signature:

Date:

Please email or fax the completed document to: DESCi c/o The Denver Foundation

Email: DESCi@denverfoundation.org / FAX: (303) 300-6547

Please call (303) 951-9550 with questions