

# **HOME REHABILITATION PROGRAM (HRP)**

Laramie County Grants Department  
310 West 19<sup>th</sup> Street – Room 400  
Cheyenne, WY 82001  
Phone 307-633-4201  
Fax 307-633-4519

## **NOTICE TO THE HRP APPLICANT**

Please submit all attached paperwork, as well as the information requested on our checklist located in back of the application. Failure to provide all forms and information will delay your application and may be cause for the denial of the application.

Please remember to submit proof of homeowner's insurance. Failure to have current homeowners insurance will automatically deny your application. Homeowners insurance must be current during the time work is actually being completed on the structure.

Please allow 3-4 weeks for review of the application. This is an estimate, and may vary based on the length of time for requested information to become available. Applications are taken on a first come / first served basis, with priority given to those who have an emergency safety problem.

If you have any questions or feel that a document listed below is not contained in this packet please contact the HRP Coordinator at the number listed above.

## **FORMS CONTAINED IN THIS APPLICATION PACKET (AND INSTRUCTIONS)**

Notice To The HRP Applicant	Retain for your records
Expect/Not Expect From This Program	Retain for your records
HRP Guidelines	Retain for your records
HRP Procedures (2 pages)	Retain for your records
HRP Policies (2 pages)	Retain for your records
HRP Grievance Procedure	Retain for your records
HRP Application Form (4 pages)	Complete, sign and return
HRP Required Documents Checklist	Return with documents
Authority To Release Information	Sign and return
Employment Verification	If employed – complete and return
Social Security/Release Of Information	If receiving – complete and return
Workers Compensation Verification	If receiving – complete and return
Public Assistance Verification	If receiving – complete and return
Deposits Verification	Complete and return
Protect Your Family From Lead...	Retain for your records
HRP Lead-Based Paint Notification	Sign and return
Civil Rights Information (optional)	Return if completed
HRP Application Receipt Verification	Sign and return

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**WHAT TO EXPECT AND WHAT NOT TO EXPECT FROM THIS PROGRAM**

Some Things That Homeowners Do In This Program

The program will help homeowners during the program process, but homeowners are responsible for making the choices and doing the work listed below:

1. Homeowners provide the program with all necessary information.
2. Homeowners may be required to match up to 20% of the total rehabilitation cost, determined by income level.
3. A mortgage, effective for 5 years, is recorded in the amount of the grant funding used for the rehabilitation project. If the property is sold within this 5 - year timeframe, this mortgage amount must be repaid.
4. The County provides bid documentation to qualified contractors.
5. The lowest qualified bidder is selected as the contractor to do the work.
6. Homeowners sign contracts with the County selected contractor.
7. Homeowners are part of inspecting and approving work performed by contractor.
8. During the job, the County is responsible for assuring work meets program standards.
9. Once the job is completed it is the responsibility of the homeowner to contact the contractor if any problems arise.

Some Things That Homeowners Should Think About Prior To Entering The Program

1. Not all the work Homeowners want to be done can always be done.
2. Repairs will correct some/all health and safety problems, but they may not solve all problems in the home.
3. Don't expect the work to be completely new after the work is done.
4. Don't expect all repairs to be completely level and square when work is completed.
5. It can be stressful living in a house while a contractor is working there.
6. Very few times in life is anyone completely satisfied with things they buy or have repaired. Buying a home or having the home, or grounds, repaired is no different.
7. Homes and grounds always need improvements. It would be a good idea to save \$25 a month to help cover the cost of future repairs and maintenance.
8. Finally, the program or county is not the contractor. The program cannot guarantee the homeowner will be satisfied with the work performed by the contractor.

I/we understand the above information. By signing below I/we signify that I remain interested in the program and would like a complete application packet made available to me.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's signature

\_\_\_\_\_  
Date

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### **HRP GUIDELINES**

**Program Purpose:** The purpose of the Laramie County Home Rehabilitation Program (HRP) is to provide financial assistance to low to moderate-income homeowners with health, safety or emergency housing problems by bringing their property up to decent, safe, and sanitary housing standards.

**Property Eligibility:** The assisted property is restricted to attached or detached single-family homes on permanent foundations located within Laramie County and outside the Cheyenne city limits. Property cannot be located in a flood plain or in the airport clear zones. The homeowner must currently reside on the property and must have resided on the property a minimum of twelve months prior to applying for program assistance. The homeowner must have clear title to the property; proof of current homeowner's insurance, and property taxes must be current.

**Property Standards:** The home must meet HUD Housing Quality Standards and requirements of the Lead-Based Paint Poison Prevention Act both prior to and after rehabilitation work.

**Program Funding:** Funds for rehabilitation work are limited, will be disbursed based on income eligibility and compliance with HRP policies. This program is an Equal Opportunity Program.

**Conflict of Interest:** No person who exercises any function or responsibility with respect to program funds or who is in a position to participate in a decision making process or gain inside information may obtain an interest or benefit from this program.

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### **HRP PROCEDURES**

1. The Applicant completes the HRP Application Packet and submits it to Laramie County Grants Department at above address.
2. The Laramie County Grants Department determines if the applicant meets income eligibility criteria for services.
3. If applicant does not meet income eligibility criteria, the Laramie County Grants Department sends to the applicant written notification of ineligibility along with a statement of right to appeal denial.
4. If the applicant meets income eligibility criteria, the Laramie County Grants Department schedules an appointment with the homeowner, and the County's contracted inspector to discuss home rehabilitation work.
5. The Laramie County contracted inspector provides the Laramie County Grants Department with an Initial Home Inspection Report that includes an itemized list of deficiencies, photos of deficiencies, and a cost estimate for repairs. The Laramie County Grants Department provides a copy of this Report to the homeowner.
6. The County's contracted inspector prepares a Scope of Work document taken from the Initial Home Inspection Report that details necessary home rehabilitation work and determines priorities if appropriate. All material described in the Scope of Work will be new at the time of installation.
7. The Laramie County Grants Department will send out Invitations to Bid to appropriately licensed contractors. The Bid invitation will include a scheduled time when the contractor can walk through the home to see the extent of the rehabilitation described in the Scope of Work. Others present at the walk through may be the homeowner, County's contracted inspector, Laramie County Grants Department Staff, and depending upon deficiencies, possibly staff from other County departments.
8. The Laramie County Grants Department schedules a time to open sealed bids with Laramie County Grants Staff and contracted inspector. The lowest bid is selected unless the lowest bidder is determined to be non-responsive. At the time of the bid opening, the Laramie County Staff schedule a time to meet with the contractor and homeowner for the pre-construction conference.
9. If the homeowner wishes to proceed, the Laramie County Grants Department forwards the application to the Chairman of the Laramie County Commissioners for final approval.

10. The Laramie County Grants Department then prepares the Contract Agreement for homeowner and contractor to sign.
11. The Laramie County Grants Department will notify the selected contractor and clarify that the contractor is not to start work until all required paperwork is signed. In the letter of notification the contractor is advised of the pre-construction conference time.
12. The Laramie County Grants Department sends denial letters to all the contractors not selected.
13. At the Pre-Construction conference the homeowner and contractor will sign the Contract Agreement and Laramie County Grants Department will forward both parties a copy of the contract. The contractor will be given a copy of the Contractor's Payment Request form and the Project Notice to proceed.
14. Depending upon the extent of the Scope of Work, the Laramie County Grants Department may conduct periodic inspections of work.
15. If a Change of Work Order for unanticipated work is indicate, the County's contracted inspector prepares a Change of Work Order Form and gives it to the Laramie County Grants Department. The homeowner, contracted inspector and contractor must sign this form before Change of Work Order proceeds.
16. The County's contracted inspector prepares the Final Home Inspection Report that includes photos of the repaired deficiencies.
17. The contractor provides the Laramie County Grants Department with Project Completion Statement.
18. Homeowner and Laramie County Grants Department accept Final Home Inspection Report and sign-off on the Project Completion form.
19. The contractors are paid by Laramie County after signing off on Project Completion form.
20. The Laramie County Grants Department provides the homeowner with a list of the contractors who worked on their home along with a one-year warranty from the contractor(s) to rectify work, if needed.
21. Closing Letter is sent to the homeowner.

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### **HRP POLICIES**

**Equal Opportunity:** This program operates on an equal opportunity basis. Laramie County does not discriminate against anyone in its practices or in any other of its decision-making processes because of source of income, age, race, color, national origin, sex, religion, marital status, or handicap.

**Confidentiality:** Information obtained by the Laramie County Grants Department and used to evaluate the application is kept strictly confidential.

**Application Cycle:** Applications will be accepted until such time as all funds are committed and/or expended. Names of all applicants who cannot be served with initial funds will be placed on a waiting list and will be considered when or if additional funds become available.

**Re-application for Assistance:** The homeowner may not reapply for program assistance for five years after the previous acceptance into the program.

**Income Eligibility:** This program must benefit low to moderate income homeowners whose total gross annual household income does not exceed 80% of the area median income, adjusted for household size, for Laramie County as determined by U.S. Housing and Urban Development (HUD) Section 8 Definition of Income. (Income Table follows.)

**Fair Housing:** Laramie County promotes Fair Housing throughout the community.

Applicants must provide required evidence of annual gross household income, certification that this information is complete and accurate along with provision of source documentation upon request. Income eligibility must be re-examined if six months has elapsed between application and services.

Annual Gross Income includes, but is not limited to:

- Wages, salaries, tips, commissions, for both full-time and part-time employment;
- Any anticipated income to be received throughout the year, such as bonuses, commissions, pay raises, or overtime pay;
- Self-employment income from owned non-farm business, including proprietorships and partnerships;
- Farm self-employment income;
- Interest and dividends or income from estates and trusts;
- Social Security and Railroad Retirement;

- Supplemental Security Income, Aid to Families with Dependent Children, or other public assistance or welfare programs;
- Retirement, survivor, or disability pensions; and
- Any other source of income received regularly, including Veteran payments, workers compensation, unemployment compensation, alimony and child support payments.

**INCOME ELIGIBILITY FOR CHEYENNE: HUD SECTION 8**

Section 8, Income levels (Dated 2006) For Cheyenne, WY

Family Size	Extremely Low (30% of Median)	Low Income (50% of Median)	Moderate Income (80% of Median)
1 person	\$12,550.00	\$20,950.00	\$33,550.00
2 persons	\$14,350.00	\$23,950.00	\$38,300.00
3 persons	\$16,150.00	\$26,950.00	\$43,100.00
4 persons	\$17,950.00	\$29,950.00	\$47,900.00
5 persons	\$19,400.00	\$32,350.00	\$51,750.00
6 persons	\$20,800.00	\$34,750.00	\$55,550.00
7 persons	\$22,250.00	\$37,150.00	\$59,400.00
8 persons	\$23,700.00	\$39,550.00	\$63,250.00

**Amount of Assistance Provided:** The amount of assistance provided is determined on a case-by-case basis. If the applicant is in the Extremely Low Income category, they may be required to pay between 0% - 10% of the total project cost. If the applicant is in the Low or Moderate Income category, they may be required to pay between 11% - 20% of the total project cost. No applicant will be required to pay for more than 20% of the total project cost. Applicant must make payment, in full, directly to the contractor at the time that work is started or materials are ordered. Rehabilitation projects in excess of \$11,000.00 will typically not be considered for assistance.

**Repayment:** A mortgage, effective for 5 years, is recorded in the amount of the grant funding used for the rehabilitation project. This mortgage amount does not have to be repaid unless the property is sold within this 5 - year timeframe.

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**HRP GRIEVANCE PROCEDURES**

An applicant whose application is denied will receive written notification of the denial and the reason for the denial. The Laramie County Grants Department will make every effort to resolve any issues that may arise regarding the administration of this program. To resolve issues in the most efficient manner possible, the following procedures will apply:

1. A grievance or appeal should be submitted to the Laramie County Grants Department in writing within fifteen days of the date of the denial notification letter.
2. A grievance or appeal must first be directed to the attention of the HRP Coordinator.
3. The HRP Coordinator will respond in writing within fifteen days of receiving the written statement of the grievance or appeal.
4. If the response provided is not acceptable, the grievance or appeal may be submitted, again in writing, to the Chairman of the Laramie County Board of Commissioners.
5. If the response provided is still not acceptable, the complainant may seek other remedies available under the law.

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## HOME REHABILITATION PROGRAM (HRP) APPLICATION FORM

Please provide all information requested and return to the above address.

### I. HOME INFORMATION:

File Number: HRP - \_\_\_\_\_

Street and town address of property:

\_\_\_\_\_  
\_\_\_\_\_

Is this property your primary residence?

Yes\_\_\_ No\_\_\_

Are you the homeowner of record?

Yes\_\_\_ No\_\_\_

Construction date of residence:

\_\_\_\_\_

Purchase date of residence:

\_\_\_\_\_

Name and address of your mortgage lender:

\_\_\_\_\_

\_\_\_\_\_

Are your property taxes current?

Yes\_\_\_ No\_\_\_

Is your home insurance current?

Yes\_\_\_ No\_\_\_

Name and address of your home insurance company:

\_\_\_\_\_

\_\_\_\_\_

Is your property in the flood plain?

Yes\_\_\_ No\_\_\_

Do you currently have a 203K loan?

Yes\_\_\_ No\_\_\_

Home rehabilitation improvements requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. PERSONAL INFORMATION - APPLICANT, CO-APPLICANT & OTHER HOUSEHOLD MEMBERS:**

Name of **Applicant**: \_\_\_\_\_

Street Address & Zip Code \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Check One: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Employment: Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Position \_\_\_\_\_

Applicant's Nearest Living Relative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Relative: \_\_\_\_\_

\* \* \* \* \*

Name of **Co-Applicant**: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Check One: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Employment: Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Position \_\_\_\_\_

**Co-Applicant's** Nearest Living Relative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Relative: \_\_\_\_\_

**Other Household Members:**

Name	Age	Relationship	Full-Time Student (Yes/No)	Employed (Yes/No)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**III. TOTAL ANNUAL GROSS HOUSEHOLD INCOME**

The information requested below must be provided with respect to all applicants, co-applicants and any other person(s) expected to live in the residence to be assisted. This information is required in order for Laramie County to determine your income eligibility under its prescribed guidelines. On each line, include the gross monthly amount of all such income for each household member. Gross amount is the amount earned before any deductions are made.

Gross Monthly Earned Income (**Applicant**) \$ \_\_\_\_\_  
Overtime: \$ \_\_\_\_\_  
Part-time Employment \$ \_\_\_\_\_  
Bonuses \$ \_\_\_\_\_  
Copy of W-2 Wage and Tax Statement Attached: Yes\_\_\_ No\_\_\_

Gross Monthly Earned Income (**Co-Applicant**) \$ \_\_\_\_\_  
Overtime \$ \_\_\_\_\_  
Part-Time Employment \$ \_\_\_\_\_  
Bonuses \$ \_\_\_\_\_  
Copy of W-2 Wage and Tax Statement Attached: Yes\_\_\_ No\_\_\_

Gross Monthly Earned Income (**Other Household members**) \$ \_\_\_\_\_  
Overtime \$ \_\_\_\_\_  
Part-Time Employment \$ \_\_\_\_\_  
Bonuses \$ \_\_\_\_\_  
Copy W-2 Wage and Tax Statement Attached: Yes\_\_\_ No\_\_\_

Gross Monthly **Other Income** from All Household members  
Dividends, Interest, Royalties, and Trusts \$ \_\_\_\_\_  
Business Activities or Investments \$ \_\_\_\_\_  
Pension Benefits \$ \_\_\_\_\_  
Social Security Benefits \$ \_\_\_\_\_  
Railroad Retirement \$ \_\_\_\_\_  
Veterans Administration Compensation \$ \_\_\_\_\_  
Unemployment Compensation \$ \_\_\_\_\_  
Worker's Compensation \$ \_\_\_\_\_  
Sick Pay \$ \_\_\_\_\_  
Alimony \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Public Assistance \$ \_\_\_\_\_

Monthly Total \$ \_\_\_\_\_ x 12 =  
Total Annual Gross Household Income \$ \_\_\_\_\_

Do you expect your Total Annual Gross Household Income to increase within the next 60 days?  
Yes\_\_\_ No\_\_\_ If yes, explain \_\_\_\_\_

**V. LIQUID ASSET INFORMATION**

Liquid assets include checking accounts, savings accounts, money market funds, stocks, bonds, certificates of deposits, mutual funds, etc. Liquid assets do not include IRA's, 401K's, deferred compensation plans, or any other retirement plans.

<b>Applicant</b> Liquid Assets:	Description	Value
_____		\$ _____
_____		\$ _____
_____		\$ _____

<b>Co-Applicant</b> Liquid Assets:	Description	Value
_____		\$ _____
_____		\$ _____
_____		\$ _____

<b>Other Household Member(s)</b> Liquid Assets:	Description	Value
_____		\$ _____
_____		\$ _____
_____		\$ _____

<b>INCOME ELIGIBILITY FOR CHEYENNE: HUD SECTION 8</b>			
Section 8, Income levels (Dated 3/3/2005) For Cheyenne, WY			
	Extremely Low	Low Income	Moderate Income
Family Size	(30% of Median)	(50% of Median)	(80% of Median)
1 person	\$19,750.00	\$31,600.00	\$37,100.00
2 persons	\$22,500.00	\$36,100.00	\$41,600.00
3 persons	\$25,400.00	\$40,600.00	\$46,100.00
4 persons	\$28,200.00	\$45,100.00	\$50,600.00
5 persons	\$30,450.00	\$48,750.00	\$54,250.00
6 persons	\$32,700.00	\$52,350.00	\$57,850.00
7 persons	\$34,950.00	\$55,950.00	\$61,450.00
8 persons	\$37,200.00	\$59,550.00	\$65,050.00

**VI. VERIFICATION**

It is the Laramie County Grants Department policy to verify all information contained in this application. In acknowledgment of this policy, please sign your name(s) where indicated and complete the attached Applicant Authorization to Release Information form and Co-Applicant Authorization to Release Information form, if applicable.

I/We certify that all information contained in this application is true and complete to the best of my/our knowledge and belief that the property rehabilitated must be owner-occupied, and cannot be used as rental property. I/We are aware that false statements or information will terminate my/our right to receive assistance. I/We certify that all of the information contained in this application is true and complete to the best of my/our knowledge and belief; that the property rehabilitated must be owner-occupies, and cannot be used as rental property. I/We are aware that false statements or information will terminate my/our right to receive assistance.

Applicant Signature	Date
Co-Applicant Signature	Date

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**HRP REQUIRED DOCUMENTS CHECKLIST**

The following documents will be needed along with your application. If you could send/bring copies of them with the application the process will proceed quicker.

\_\_\_\_\_ Pay Stubs (Employment, Social Security, Retirement, etc)

\_\_\_\_\_ Bank statements for last 2 months (all banks)

\_\_\_\_\_ Last Signed Copy Of Income Tax Return Filed

\_\_\_\_\_ Homeowner's Insurance Declaration Page and Agents Name

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**AUTHORITY TO RELEASE INFORMATION**

This is your authority to release information regarding my income, employment, bank accounts, and outstanding debts including mortgages, to order a consumer credit report and to make other inquiries to support an application for assistance from Laramie County, Wyoming.

You may make copies of this letter to distribute to any party that I have a financial or credit relationship with and that party may treat that copy as an original.

\*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

In addition, I understand the media has expressed an interest in the Laramie County Home Rehabilitation Program. By signing below, I understand that Laramie County may release my name and contact information for media release purposes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\*Mandatory Signature

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**EMPLOYMENT VERIFICATION**

The applicant identified below has applied for housing assistance that is provided through the Laramie County Grants Department. Our regulations require that in order for the family to be eligible, we must verify the family's income, expenses, and other information related to eligibility. The individual has authorized your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation. – John Kluever

**PART I. APPLICANT INFORMATION** (To be completed by the **applicant**)

\_\_\_\_\_  
Name Address

**PART II. EMPLOYER INFORMATION** (To be completed by the **applicant**)

\_\_\_\_\_  
Name Address  
\_\_\_\_\_

**PART III. EMPLOYMENT INFORMATION** (To be completed by the **employer**)

Date of Employment: \_\_\_\_\_  
Date of Termination (if applicable): \_\_\_\_\_  
Current Rate of Regular Pay: \$ \_\_\_\_\_ per \_\_\_\_\_  
Do you anticipate any change in the employee rate of pay? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, revised rate and effective date: \_\_\_\_\_  
Do you anticipate a change in the number of hours the employee works? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
Anticipated average amount of overtime per week: \_\_\_\_\_  
Gross annual earnings you anticipate for this employee for the next twelve months.  
(Include tips, bonuses, overtime, commissions, etc.) \$ \_\_\_\_\_  
Is the employee's work seasonal or sporadic? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, indicate lay-off periods. \_\_\_\_\_  
Additional Comments: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction.

# Social Security Administration Consent for Release of Information

TO: Social Security Administration

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

I authorize the Social Security Administration to release information or records about me to:

NAME

ADDRESS

\_\_\_\_\_  
Laramie County Grants Dept

\_\_\_\_\_  
310 W 19<sup>th</sup> St, Room 400, Cheyenne, WY 82001

I want this information released because:

I have made application to the Laramie County Home Rehabilitation Program. This program has income requirements and this verification will help determine my eligibility.

(There may be a charge for releasing information.)

Please release the following information:

Social Security Number  
 Identifying information (includes date and place of birth, parents' names)

Monthly Social Security benefit amount

Monthly Supplemental Security Income payment amount

Information about benefits/payments I received from \_\_\_\_\_ to \_\_\_\_\_

Information about my Medicare claim/coverage from \_\_\_\_\_ to \_\_\_\_\_

(specify) \_\_\_\_\_

Medical records

Record(s) from my file (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

I am the individual to whom the information/record applies, or that person's parent (if a minor) or legal guardian. I know that if I make any representation, which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: \_\_\_\_\_

(Show signatures, names, and addresses of two people if signed by a mark)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Social Security Administration Consent for Release of Information

TO: Social Security Administration

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

I authorize the Social Security Administration to release information or records about me to:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
Laramie County Grants Dept

\_\_\_\_\_  
310 W 19<sup>th</sup> St, Room 400, Cheyenne, WY 82001

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Monthly Supplemental Security Income payment amount

Information about benefits/payments I received from \_\_\_\_\_ to \_\_\_\_\_

Information about my Medicare claim/coverage from \_\_\_\_\_ to \_\_\_\_\_

(specify) \_\_\_\_\_

Medical records

Record(s) from my file (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

I am the individual to whom the information/record applies, or that person's parent (if a minor) or legal guardian. I know that if I make any representation, which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: \_\_\_\_\_

(Show signatures, names, and addresses of two people if signed by a mark)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Rehabilitation Program (HRP)**

Laramie County Grants Department  
310 W 19<sup>th</sup> St, Room 400  
Cheyenne, WY 82001  
Phone 307-633-4201  
Fax 307-633-4519

**WORKERS COMPENSATION VERIFICATION**

The applicant identified below has applied for housing assistance that is provided through the Laramie County Grants Department. Our regulations require that in order for the family to be eligible, we must verify the family's income, expenses, and other information related to eligibility. The individual has authorized your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation. – John Kluever

**PART I. APPLICANT INFORMATION** (To be completed by the **applicant**)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

**PART II. WORKERS COMPENSATION INFORMATION** (To be completed by **agency**)

Client Name: \_\_\_\_\_  
Client Number: \_\_\_\_\_  
Monthly Payments from this Agency: \$ \_\_\_\_\_ Start Date \_\_\_\_\_  
Other (Specify): \$ \_\_\_\_\_ Closing Date (if applicable) \_\_\_\_\_  
Total Amount Received Monthly: \$ \_\_\_\_\_  
Do you expect any change in payments in the near future? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_  
Additional Comments (e.g., any special situations, etc): \_\_\_\_\_

Completed By: \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Phone \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction.

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**PUBLIC ASSISTANCE VERIFICATION**

The applicant identified below has applied for housing assistance that is provided through the Laramie County Grants Department. Our regulations require that in order for the family to be eligible, we must verify the family's income, expenses, and other information related to eligibility. The individual has authorized your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation. – John Kluever

**PART I. APPLICANT INFORMATION** (To be completed by the **applicant**)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

**PART II. PUBLIC ASSISTANCE INFORMATION** (To be completed by **agency**)

Client Name: \_\_\_\_\_  
Client Number: \_\_\_\_\_  
Monthly Payments from this Agency: AFDC \$\_\_\_\_\_ Start Date \_\_\_\_\_  
General Assistance: \$\_\_\_\_\_ Other (Specify)\_\_\_\_\_ \$\_\_\_\_\_  
Total Amount Received Monthly: \$\_\_\_\_\_  
Closing Date (if applicable): \_\_\_\_\_  
Do you expect any change in payments in the near future? Yes\_\_\_ No\_\_\_  
If yes, explain: \_\_\_\_\_  
Additional Comments (e.g., any special situations, etc): \_\_\_\_\_

Completed By: \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Phone \_\_\_\_\_

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Cheyenne, WY 82001

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**DEPOSIT VERIFICATION**

The applicant identified below has applied for housing assistance that is provided through the Laramie County Grants Department. Our regulations require that in order for the family to be eligible, we must verify the family's income, expenses, and other information related to eligibility. The individual has authorized your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation. – John Kluever

**PART I. APPLICANT INFORMATION** (To be completed by the **applicant**)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

**PART II. BANK INFORMATION** (To be completed by the **applicant**)

\_\_\_\_\_  
Name Address  
\_\_\_\_\_  
Name Address

**PART III. DEPOSIT INFORMATION** (To be completed by the **employer**)

**Checking Account**

Account Number(s) Average 6 Month Balance  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

**Savings Account**

Account Number(s)	Present Balance	Interest Rate	Withdrawal Penalty
_____	\$ _____	% _____	\$ _____
_____	\$ _____	% _____	\$ _____

**Certificate of Deposit**

Account Number(s)	Present Balance	Interest Rate	Withdrawal Penalty
_____	\$ _____	% _____	\$ _____
_____	\$ _____	% _____	\$ _____

**Trust**

Value of Trust Administered \$ \_\_\_\_\_  
Anticipated Income to be earned by Trust over next 12 months \$ \_\_\_\_\_

Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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**HRP PROGRAM LEAD-BASED PAINT NOTIFICATION RECEIPT**

I/We, the undersigned, received a copy of the EPA's "Protect Your Family From Lead In Your Home" (EPA747-K-99 001 April 1999) guide in connection with the use of Federal Funds on a proposed project at my place of residence.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

**Home Rehabilitation Program (HRP)**

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**FEDERAL CIVIL RIGHTS LAW**

**NOTE: COMPLETION OF THIS FORM IS OPTIONAL**

**This information is requested solely for the purpose of determining compliance with Federal Civil Rights Law and your response will not affect consideration of your application.**

**Please circle all responses**

Gender of <b>Applicant</b>	Race/Ethnicity of Applicant		
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Female	<input type="checkbox"/> Latino	<input type="checkbox"/> Non-Latino	<input type="checkbox"/> American Indian
	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Black	<input type="checkbox"/> African American
	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Asian

Gender of <b>Co-Applicant</b>	Race/Ethnicity of Applicant		
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Female	<input type="checkbox"/> Latino	<input type="checkbox"/> Non-Latino	<input type="checkbox"/> American Indian
	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Black	<input type="checkbox"/> African American
	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Asian

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Phone 307-633-4201

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**HRP APPLICATION RECEIPT VERIFICATION**

I/We verify that we have received a complete set of Application materials for the Home Rehabilitation Program sponsored by Laramie County.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date