



CLEAR CREEK COUNTY EMERGENCY COVID-19 HOUSING ASSISTANCE PROGRAM

GRANT APPLICATION REQUIREMENTS

Please read the requirements carefully to ensure that your application is in compliance and complete. Be specific and concise in your answers.

Please submit this application according to directions.

FORMAT

- Use 12-point type size or larger with at least ½ “margins.
- Follow and respond to all questions in the outline provided.
- The “Application Summary” page is the cover page of your application packet.
- Please do not include a cover letter.
- Be sure to include required attachments.

DEADLINES

Applications are processed on a first-come, first-serve basis. Emergency requests may supersede.

DELIVERY

Applications may be mailed to:
Clear Creek County Housing Assistance Fund
c/o Grand Foundation
Attn: Megan Ledin
P.O. Box 1342
Winter Park, CO 80482

You may deliver your grant application and documents to the Grand Foundation office at Fraser Valley Shopping Center 551 S. Zerex Suite C203 Fraser, CO 80442.

QUESTIONS CONCERNING THE APPLICATION

Please call Megan Ledin, Executive Director, Grand Foundation
at 970-887-3111 ext 3 or megan@grandfoundation.com

or

Please call Sally Rush, Housing Coordinator, Clear Creek County
at 720-361-9725 or srush@clearcreekcounty.us

or

Stephanie McCaulley, Clear Creek Community Resource Center, Clear Creek County
at 303-670-7537 or smccaulley@clearcreekcounty.us



CLEAR CREEK COUNTY EMERGENCY COVID-19 HOUSING ASSISTANCE PROGRAM FUNDING GUIDELINES

1. Funding is restricted to those who are experiencing financial hardship due to COVID-19, defined as an individual or household who; a. suffers a decrease in income or is unable to work as a direct or indirect result of COVID-19, and; b. does not have the financial resources to make rental and mortgage payments without leaving them unable to make necessary purchases of goods and services such as food.
2. Funding for applicants all income statements are required, including, but not limited to, all bank statements, investments and other pertinent documents. All applications are reviewed on a first come, first served basis. Emergency requests may supersede applications. Incomplete applications and documentation will be rejected.
3. This Fund provides emergency, short term rental and mortgage assistance to households that are most vulnerable to eviction or foreclosure in Clear Creek County including municipalities.
4. For full time residents only.
5. Individuals should be applying for assistance in the form of rental assistance, move-in assistance (due to eviction caused by CoVID19 circumstances), or mortgage assistance. If you are seeking mortgage assistance you must provide proof of a request for forbearance.
6. This Fund will be used specifically for housing assistance by providing direct payments to applicants' housing providers.
7. The Grand Foundation will not participate in any political campaign on behalf of any issues or candidates.
8. If an individual receives duplicate funding for a request, the COVID Emergency Assistance monies awarded must be returned.
9. Distribution of funds will be made to the housing providers as the funds are needed and requested. Special circumstances may apply.
10. Requests not following the Application Requirements and Fund Guidelines will not be considered for funding. Incomplete applications will not be accepted.
11. Request for monies incurred prior to March 15th for housing assistance will not be considered for funding (i.e. back rent).
12. Grand Foundation will make funding decisions based on economic need and applicants will be notified of funding decisions. Please realize that it takes several days to reach all individuals.

13. Collect and complete application - once you have completed all fields, collected all required documents and submitted your request, your file will be reviewed. You will be contacted by email and/or telephone of status.
14. All funding decisions by the Grand Foundation Board are to be considered final.
15. Until further notice, Applicants can only apply once during this CoVid19 public health emergency.



CLEAR CREEK COUNTY EMERGENCY COVID-19 HOUSING ASSISTANCE PROGRAM GRANT APPLICATION

Please read the guidelines carefully to ensure that you are complying with the submission requirements.

I. Completed APPLICATION SUMMARY

II. INDIVIDUAL INFORMATION – 2 pages maximum

- a. Describe yourself.
- b. Describe your current housing location/situation as well as your place of employment.
- c. Describe the hardship
- d. Have you received other resources for this request?

III. PURPOSE OF GRANT – 2 pages maximum

- a. Describe the housing assistance requested to be funded, including a needs statement.
- b. Describe the goals and objectives of the grant.
- c. Describe the timetable for implementing this assistance.
- d. How does this assistance benefit the individual?
- e. Include financial information on not only the individual applying, but the need for assistance.
- f. Why should the Clear Creek County Emergency COVID-19 Fund provide funding to you?
- g. Are you funded by other sources? Yes or No (Include reductions in costs due to subsidized housing, vouchers, discounts, other granting sources, etc.)

IV. ATTACHMENTS

- a. Include a quote and/or invoice for your housing needs. (I.e. lease, eviction notice, mortgage statement, foreclosure statement, etc.)
- b. Include the individual's and/or family's tax return for 2019 and/or proof of paychecks through March 16, 2020 your most recent paycheck stub including unemployment but not stimulus check.
- c. Any other documentation that may help support your application



**CLEAR CREEK COUNTY EMERGENCY COVID-19
HOUSING ASSISTANCE PROGRAM
APPLICATION SUMMARY**

APPLICANT: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

EMAIL: _____

PHONE: _____

PLACE OF EMPLOYMENT: _____

ORGANIZATION TO BE PAID: _____

ORGANIZATION CONTACT: _____

EMAIL: _____ PHONE: _____

PURPOSE OF GRANT:

- Rental Assistance
- Mortgage assistance
- Other

TYPE OF AGENCY:

- Landlord/Management Co.
- Lender
- Housing Department

AMOUNT OF REQUEST: _____ DATES OF NEED: _____

BRIEF DESCRIPTION OF REQUEST:

Signature

Date



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Checklist:

Please attach the following checklist to ensure you are submitting a complete application. Incomplete applications will not be accepted.

- Organizational Summary (Cover Sheet)
- Purpose of the Grant
- Invoice and/or quote for housing assistance requested
- Tax Returns (including both return for dual households)
- Copy of your Most Recent Paycheck Stub

Have you received or are you receiving any other rental or down payment assistance from another entity. (I.e. Housing Authority, Family Resource Center, Human Services, etc.)?

If yes, from whom?

Please list any other sources of funding you have applied to and/or have received funding for this activity?