



City of Boulder Housing & Human Services

Coronavirus Emergency Assistance Program Application

The City of Boulder has established the Coronavirus Relief Fund (CVRF) Emergency Assistance Program utilizing funds meant to prevent, prepare for, and respond to the coronavirus (COVID-19). This program may provide up to three (3) months of emergency rental and/or utility assistance, up to the amount determined to be necessary by the program administrator in order to meet the need of the individual household. Qualifying households must live inside the City of Boulder limits and must certify they have been impacted by COVID-19. Only rent and/or utility charges incurred between March 1, 2020 and December 30, 2020 are eligible.

HOUSEHOLD INFORMATION

Head of Household Name: _____

Address: _____
City State Zip

Phone: _____ Email: _____ Household Size: _____

RENTAL ASSISTANCE

Do you have a lease or other written agreement? Yes No

Landlord Name: _____

Address: _____
City State Zip

Phone: _____ Email: _____

Balance Due: _____ Months Seeking Assistance: _____

UTILITY ASSISTANCE

Are you current on Utilities? Yes No

Electric Company Name: _____ Phone: _____

Acct. #: _____ Balance Due: _____ Months Due: _____

Gas Company Name: _____ Phone: _____

Acct. #: _____ Balance Due: _____ Months Due: _____

Water Service Provider: _____ Phone: _____

Acct. #: _____ Balance Due: _____ Months Due: _____

For Staff Use Only:

TOTAL ASSISTANCE DETERMINED NECESSARY: _____

SELF-CERTIFICATIONS AND SIGNATURE

- I certify that the rent and/or utility assistance requested will be applied to my primary residence.
- I certify that our household has experienced a loss or reduction of income due to COVID-19.
- I certify that our household did not receive rental assistance from any other local, state or federal program to pay rent or utilities for the same months that this assistance is requested.
- I certify that all the information provided herein is true and correct to the best of my knowledge.
- I understand that per Title 18, Section 1001 of the U.S. Code, providing false statements or information is grounds for termination of housing assistance.
- I authorize the City of Boulder and any of its duly authorized representatives to verify all information provided in this application.

Beneficiary Signature Date

Beneficiary Signature Date

To promote social distancing, the City of Boulder will accept the following in lieu of this signed form:

- a digitally signed copy of this application
- a photo of this signed form faxed, texted or emailed.

The City of Boulder and the Grantee does not, on the grounds of race, color, national origin, sex, handicap, age, marital status, religion or familial status, discriminate against persons in the provision of its programs, services or activities.

