Rebuild Program Application Checklist

Please upload, fax, or email the following documents to our office for review: https://recovery.zipforhome.com/

Required:

_____ Proof of current subject property ownership and the owner of record on the disaster date

_____ Permit application or other documentation of current permit status

_____ Government Issued ID

_____ Homeowners Insurance Settlement and Claim Documentation

_____ Award or Denial letter from FEMA and Small Business Administration

_____ Documentation of any other financial assistance received for rebuilding
  (Loans, grants, gifts received or anticipated, etc.)

_____ Documentation of rebuild or repair costs estimates

_____ Copy of receipts from repairs that have already been made to the property

_____ Signed Release Form and E-Consent Form

For additional grant funding eligibility, please be prepared to provide:

_____ Income Verification (All that apply):

  • Most recent federal tax return (including all schedules)
  • For self-employed applicants: 2 years tax returns and YTD P&L if self-employed
  • W-2’s AND 30-day pay stubs

If applicable:

  • Most recent social security and/or social security disability award letter
  • Retirement asset account(s) statements including distributions
  • Pension award letter
  • Unemployment compensation documentation

Upon initial review of your application, additional information may be requested.

Primary Applicant: ____________________________ Co-Applicant: ____________________________

Email Address: ________________________________ Email Address: ____________________________

As Applicable:

Construction Lender: __________________________ Contact: ________________________________

Phone: __________________________________________ Email: ________________________________

Builder/Contractor: __________________________ Contact: ________________________________

Phone: __________________________________________ Email: ________________________________

Impact Development Fund
970.494.2022 Fax
recovery@impactdf.org
Client Information: (please print)

Client Name: ___________________________ Date of Birth: ____________

Requesting Agency: Impact Development Fund (IDF)

Address: 200 E. 7th Street, Suite 412 City: Loveland State: CO Zip: 80537
Phone 970-494-2021 Email: recovery@impactdf.org

I authorize IDF to the release and receipt of the following information

☐ My Case File including:
  ▪ Documentation of economic injury,
  ▪ Amount of assistance received,
  ▪ Identifying information including Name, Address, and Date of Birth
  ▪ Contact information including email and phone number

☐ Other: ____________________________________________

For the purpose of receiving help and assistance in determining eligibility, acquiring relief resources, and for the coordination of disaster assistance.

I hereby consent to the release of information identified above as necessary to engage with the following entities:

▌ Impact Development Builders, LLC
▌ Boulder County Building Department
▌ Boulder County Assessor
▌ Community Foundation of Boulder County
▌ Colorado Department of Local Affairs
▌ Businesses, insurance agencies, or contractors necessary to the disaster recovery effort
▌ Any other organization that is a member in good standing of either the National Voluntary Organizations Active in Disasters (NVOAD) or that is participating in a State recognized Long Term Recovery Group (LTRG) for this event

By signing, I consent to the release of information found on this form for use by the requesting agency.

I understand that my records and/or those of any individual(s) listed above are protected under federal and state confidentiality statutes and regulations. This information cannot be disclosed without my written consent, unless otherwise specifically provided for in the regulations. I understand that I may revoke this consent at any time. Copies of this form may be used in lieu of the original. I understand and agree that this release may be sent to the agencies and persons identified above.
Disclosure Notice to Recipients of information: This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulation (42 CFR Part 2) prohibits you from making any further disclosure of it without specific written consent for the person to whom it pertains or as otherwise permitted by such regulations.

This consent expires one year from the date signed or 90 days after closure of the disaster recovery project, however, it is subject to revocation at any time.

Signature

Date

If not the client, please print and state your legal authority to sign for client

I hereby revoke this Consent to Release Information.

Consumer Signature Date Witness Signature Date

ACCESS AUTHORIZATION TO DISASTER AGENCY RESPONSE TECHNOLOGY (DART)

In order to best support my household’s disaster recovery following Marshall Fire and Wind Event, I authorize sharing of my household’s information from DART, a secure database, with Impact Development Fund.

I understand that information about my household including contact information, details about my recovery plan, the type of assistance I am receiving and other information used to coordinate my recovery may be shared with certain authorized agencies providing, coordinating or administering disaster recovery assistance programs. My information may be shared with these volunteer agencies as needed to help further my recovery.

I understand that I may revoke this consent at any time by contacting Impact Development Fund at 970-494-2021 and I also understand that it may not be possible to remove my information entirely.

Do you authorize the sharing of your information as described above? □ Yes □ No

________________________________________
Client Name

________________________________________
Co-Applicant Name

________________________________________
Client Signature

Co-Applicant Signature