

**City of Prescott
Housing Rehabilitation Program**

433 North Virginia Street Prescott, AZ 86301
Phone 928-777-1143 FAX 928-771-5929

APPLICATION

This application for Housing Rehabilitation will determine your eligibility for the City of Prescott housing rehabilitation services. Please note that these funds are limited, and since services are determined and prioritized by need, not all applicants will be selected. Note also that funds are to be used for home repairs only, that is, issues directly and immediately affecting safety or welfare of home occupants. All information on this application will remain confidential except as necessary to meet the requirements of the program and deliver services.

IMPORTANT! Please read and complete this application carefully. Incomplete or unclear information or missing documentation delays the processing of your application. Please answer **all** questions, and call us if you have any questions about the application (contact information is at the top of this page).

Date of application: _____ Do you own your home? Yes No *(if No, you are not eligible)*

Do you own the land your home resides upon? Yes No *(if No, you are not eligible)*

Have you received funding from a prior City of Prescott CDBG Rehabilitation Program? Yes No

Applicant name _____

Street address/directions _____

Mailing address _____

City, state, zip code _____

Home phone _____ Work phone _____ Message phone _____

1. HOUSEHOLD COMPOSITION AND INCOME

A. List the Head of Household and all other members who are/will be living in the home. Give the relationship of each household resident to the Head of Household.

Name	Social Security number	Relation	Birth date	Age	Sex
1		Head of Household			
2					
3					
4					
5					
6					
7					
8					

B. List the names of any persons who are disabled and complete a VERIFICATION OF DISABILITY form for each household member with a disability (call for other acceptable proof of disability):

Name	Total or partial disability	Briefly describe the disability

C. List the names of any persons who are homebound (lack of physical mobility confines them to the home)

Name	Briefly describe the nature of the physical mobility impairment

D. Ethnicity of Head of Household (mark 1 & 2): 1) Is the Head of Household of Hispanic Ethnicity? Y N

2) RACE: White

Black/African Am Asian

Am Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

MULTI-RACE CATEGORIES:

American Indian/Alaskan Native & White Asian & White

Black/African American & White Am Indian/Alaskan Native & Black/African American

Other Multi-Racial

Ethnicity information is required by the program funding agency and is used for statistical purposes only.

E. If there are household members younger than age 18, is the Head of Household a Single Parent? Y N

F. On each type of income that your household receives, give the source of the income and the amount of income that has been received from that source during the past 12 months. Sources for income include but might not be limited to wages, cash, unemployment, alimony payments, welfare assistance, social security, pension, annuity, trust fund, royalty payments, property rental, property sale, military allotments, interest from savings, stocks, bonds, or certificate of deposit if over \$50 per month each.

In order to verify your gross income you need to attach (and return with this completed application) latest year-to-date pay stubs, 2009 Social Security/Disability award letters, 2008 tax information, statement from employers, etc. for each household member. Note in the table below, third column, what verification documentation is to be attached and returned. *Monthly bank statements are not proof of income.*

Name	Source of income	How verified	12 month income
1			
2			
3			
5			
6			
7			
8			

2. CONDITION OF HOME

A. What repairs does your home need? State briefly what item needs attention in the column best describing the condition. *Remember only repairs are covered under this program.*

Home elements	Works somewhat/ needs minor repairs	Does not work at all/ needs major repairs	My home does not have...
Electrical hazard			
Plumbing			
Sewer lines			
Roofing			
Foundation			
Floors			
Walls			
Ceilings			
Windows			
Doors			
Water heater			
Furnace			
Vermin or rodent infestation			
Weatherization/Insulation			
Exterior paint			
Porches/steps			
Other _____			
Other _____			

Additional comments on home condition and/or repairs needed: _____

B. Was your home built before 1959? Yes No (circle one)

C. Was your home built before 1978? Yes No (circle one)

D. Is your home a mobile home? Yes No (circle one)
 (You must own both home and land)

E. What year was your home built? _____

F. Does your home have:
 Running Water Yes No (circle one)
 Electricity Yes No (circle one)
 Sewer/ Septic Yes No (circle one)

Carefully read, understand, and initial (as indicated) below before signing

PRIVACY ACT NOTICE STATEMENT: The information on this form is being collected to determine your eligibility for assistance for the Department of Housing & Urban Development CDBG Grant Fund. It will be used to manage the Housing Rehabilitation Program, to protect the Government's financial interest, and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies (or their agents) when relevant, to civil, criminal or regulatory investigators and prosecutors.

PERMISSION TO RELEASE INFORMATION: I give permission to the City of Prescott to release information in my application as necessary to obtain services in my behalf by making necessary referrals to community and State agencies. As necessary my family and significant others may be contacted in regard to this application. Head of Household initial _____

PRINCIPAL RESIDENCE: I/we certify that the property listed at the address on the application for rehabilitation is to be occupied by the owner as the principal residence. Head of Household initial _____

INSURANCE: I/we certify that if my application to this program is successful, I/we will maintain fire insurance and if I/we live in a floodplain I/we must maintain flood insurance, and in both instances I/we will name City of Prescott as a beneficiary on such policies. Head of Household initial _____

GRIEVANCE PROCEDURES: I/we have received a copy of the Housing Rehabilitation Program Grievance Procedures. Head of Household initial _____

LEAD PAINT: I/we have received a copy of the HUD Notification Watch Out for Lead Based Paint Poisoning. Head of Household initial _____

CERTIFICATIONS: I/we certify that the information in this form is true and complete to the best of my/our knowledge and belief. I/we understand that I/we can be fined up to \$10,000, or imprisoned up to five years if I/we furnish false or incomplete information. I/we also understand that in the event the information is found to be incorrect I/we may become ineligible for the assistance provided. Head of Household initial _____

WARNING: By signing this form, you are indicating that you have read the above Privacy Act Notice and are agreeing with the applicable certifications and statements.

Signature (Head of Household)

Date

Signature (Spouse/Co-Head of Household; if applicable)

Date

Signature of person assisting with this form (if applicable)

Date

Head of Household: if you wish to designate another person as an additional contact for purposes of this program, please sign here: _____

Print additional contact person name here: _____ Phone: _____

Federal regulations prohibit us from discussing your application or any particulars related to your application with anyone without your signed permission.

Return this application to the address on the first page of this application package. Questions? call 928-777-1143



NOTIFICATION –

Watch Out For Lead-Based Paint Poisoning

If this property was constructed before 1978 there is a possibility it contains lead-based paint. Please read the following information concerning lead-based paint poisoning.

Sources of Lead-Based Paint

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, windowsills, doors and doorframes. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lampposts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, windowsills or other items when parents are not around. Children may also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

Hazards of Lead-Based Paint

Lead poisoning is dangerous-especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

Symptoms of Lead-Based Paint Poisonings

Has your child been especially cranky or irritable? Is he/she eating normally? Does your child have stomachaches and vomiting? Does he/she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no signs of lead poisoning at all. Because there are no symptoms do not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

Advisability and Availability of Blood Lead Level Screening

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood level, you should immediately notify the Redevelopment Agency or other Agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

Precautions to Take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doors, doorframes and windowsills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, there are some things you can do immediately to protect your child:

- a. Cover all furniture and appliances.
- b. Get a broom or stiff brush and remove all loose paint from walls, woodwork, window wells, and ceilings.

Lead-Based Paint Poisoning (continued)

- c. Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trashcan. **DO NOT BURN THEM:** Do not leave paint chips on the floor or in window well. Damp mop floors and windowsills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important; and

- d. Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

**HOMEOWNER MAINTENANCE AND TREATMENT OF
LEAD-BASED PAINT HAZARDS**

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repainting, all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repainted with two (2) coats of non-lead paint. Instead of scraping and repainting, the surface may be covered with other material such as wallboard, gypsum, or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

Tenant and Homebuyer Responsibilities

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing, or a defective roof. You should co-operate with that office's effort to repair the unit.

I have reviewed the Notice entitled "Watch Out for Lead-Based Paint Poisoning."

Print Full Name: _____

Signature

Date

Print Full Name: _____

Co-applicant's Signature

Date