

**City of Prescott
Housing Rehabilitation Program**

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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, 2009 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