**HOUSING REHABILITATION APPLICATION AND CERTIFICATION FORM**

Dear Housing Rehabilitation Applicant:

Thank you for your interest in applying for the City's Housing Rehabilitation Program. The program will provide lower income households with a maximum funding amount of $35,000 to repair health and safety hazards within their homes. After submitting your application, you may be contacted by the City for more specific information. The City looks forward to working with you to improve the habitability and safety of your home.

**Who Qualifies?**
All homeowners in the designated area (south of the I-10, east of Litchfield Road, west of Goodyear City limits, and north of Western Avenue) and whose gross annual household income is less than:

| | |
|---|---|
| 1 person household - $32,800 | 5 person household - $50,650 |
| 2 person household - $37,500 | 6 person household - $54,400 |
| 3 person household - $42,200 | 7 person household - $58,150 |
| 4 person household - $46,900 | 8 person household - $61,900 |

**PRIORITY WILL BE GIVEN TO THE HOUSEHOLDS WHO HAVE THE FOLLOWING:**

a. Very poor living conditions
b. Lowest income levels
c. Disabled persons living in the home
d. Elderly persons living in the home

**Eligible Improvements include:**
Only improvements to address health and safety hazards are eligible. Eligible repairs include, but are not limited to, the following:

a. Repairs or replacement of inefficient or dangerous heating and cooling systems
b. Repairs or upgrading of electrical systems and fixtures
c. Replacement of defective plumbing, including sinks, tubs, and toilets
d. Reduction of lead paint hazards (interior and exterior)
e. Repairs to roofs, downspouts, and gutters
f. Repairs to decayed flooring, steps, and porches
g. Exterior ramps to accommodate wheelchairs/walkers
h. Retrofitting of entryways and bathrooms to accommodate wheelchairs and walkers
i. Elimination of insects and /rodents infestations

**To obtain an Application:**
Pick it up at City Hall: 190 North Litchfield Road, Goodyear AZ, 85338
Or contact Katie Coble with questions or application requests at:
190 North Litchfield Road Goodyear AZ, 85338
E-mail: **katie.coble@goodyearaz.gov**
Phone: 623-882-7948 or Fax: 623-932-7748

Goodyear ARIZONA

Date:

## HOUSING REHABILITATION APPLICATION AND CERTIFICATION FORM

HOUSEHOLD NAME:_____
Last Name First Name Co-applicant's first name

SOCIAL SECURITY NUMBER: _____AGE:_____M/F_____

ADDRESS:_____

CITY:_____

HOME TELEPHONE NUMBER:_____

BUSINESS PHONE NUMBER: _____

For Office Use Only
APPLICATION DATE:

PROGRAM:_____

FUND:_____

Total gross income $_____
Based on _____ family members

What Income Limits __ _____%

**Eligible: Yes No**

_____
**Signature Date**

HOME OWNERSHIP INFORMATION

*This information is necessary and all questions must be answered to determine your home's eligibility for the program for which you are applying:*

This house is for sale now?_____. We intend to put the house up for sale_____

Do you own this Home?_____ Is this your principal residence?_____ How long have you lived in this house?_____

What is the year the house/residence was built?_____

THIS PROGRAM IS INTENDED TO ASSIST LOW AND MODERATE INCOME FAMILIES AND THE LIMITS ARE SET ACCORDING TO FAMILY SIZE AND INCOME.

## HOUSEHOLD MEMBERSHIP INFORMATION

| NAME (List all members of the household) Please Print or Type | Date of Birth/Age |
|---|---|
| **Head of Household Name Here:** **M/F** | |
| **2.** **M/F** | |
| **3.** **M/F** | |
| **4.** **M/F** | |
| **5.** **M/F** | |
| **6.** **M/F** | |
| **7.** **M/F** | |
| **8.** **M/F** | |

## Federal Data Collection Requirements

Please check the correct boxes that best describe your household. Thank you

**RACE/Ethnicity**
( ) Native American/Alaskan Native
( ) Asian/Pacific Islander
( ) African American/Black – non Hispanic origin
( ) Hispanic
( ) White – non Hispanic Origin

**Status**
( ) Disabled
( ) Family (5 or more)
( ) Female Head of Household
( ) Male Head of Household

Please Remember – **Attach all verification**: of income, proof of ownership of your home, and other back-up documentation/materials before sending in this application. When the eligibility process is complete you will receive written notification. **Thank you for your Cooperation.**

# III.G. - 5. HOUSING REHABILITATION APPLICATION AND CERTIFICATION FORM

**HOUSEHOLD INCOME INFORMATION**
**Income Documentation must be attached. See attached instruction sheet for required.**

| **NAME** (LIST ALL MEMBERS) | **GROSS MONTHLY INCOME** | **SOURCE** | **ADDRESS** |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

OTHER ASSETS: Please list any other assets such as checking account, savings account, IRA's, bonds, stocks, boats, livestock, RV's or real estate that you have available to you or your household.

| Type of Asset | Amount | Attached Documentation |
|---|---|---|
| 1._____ | $_____ | _____ |
| 2._____ | $_____ | _____ |
| 3._____ | $_____ | _____ |

**Checklist:**

- **Copy of the last six (6) pay stubs and letter from employer verifying income for all working individuals that reside in the home.**
- **Copy of all social security cards from all persons residing in the home**
- **A notarized letter verifying that any persons that do not work are not employed**
- **Any dependents over the age of 18 must provide proof of school status.**
- **A copy of the last two months savings account statements or notarized statement explaining that no account exist**
- **A copy of the last 401 K/ stocks and/or stocks and bonds statements if applicable**
- **Copy of the deed for the home**
- **Verification of Home Owners Insurance (minimum of fire insurance required)**

**Additional information may be required.**

**APPLICANT CERTIFICATION STATEMENT AND SIGNATURE**

I/We understand that persons employed by the City/Town and its elected or appointed officials, are expressly ineligible for the Forgivable Loan Housing Rehab assistance if they have any direct relationship to implementation of CDBG/HOME program activities and that other City/Town employees must file a disclosure of interest to be eligible for program participation. The City/Town will assist any employee with the correct filing of a conflict of interest disclosure.

I/We understand that an applicant who is a relative of an employee, either appointed or elected, of the City/Town must declare a conflict of interest (real or apparent) according to 24 CFR 570.611(d). The City/Town will assist such an applicant in properly declaring a conflict of interest.

I/We will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and urban Development as stipulated in Title VI of the Civil Rights Act of 1964 (78 Stat. 252). I/We agree not to discriminate upon the basis of race, sex, color, creed, disability, or national origin in any fashion connected with the use of CDBG/HOME funds.

I/We guarantee that the information provided is true and correct to the best of my/our knowledge. I/We fully understand that it is a federal crime punishable by fines not to exceed $10,000 or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code. I/We understand that it is the obligation of the City/Town to prosecute violations.

I/We understand that the City/Town may verify any income source and homeownership and I/We authorize them to do so.

Applicant's Signature:_____ Date:_____

Co-Applicant Signature:_____ Date:_____

City/Town Representative:_____ Date:_____

The completion and submission of an application is no promise or guarantee of forthcoming funding or assistance of any type.

**All supporting documentation must be included prior to application be accepted for review and approval.**

Completed applications should be returned to
City of Goodyear, Community Development Department
190 N. Litchfield Road, Goodyear AZ, 85338