



CITY OF ELOY

OWNER OCCUPIED HOUSING REHABILITATION PROGRAM

Application Update

1. Please complete this application and provide copies of documentation listed on pages 8 and 9.
2. MAIL/ DROP OFF the original application and required documentation to:

City of Eloy
628 N. Main Street
Eloy, AZ 85131

3. Individuals with special accessibility needs may contact Lorena LaSalde-Rios, ADA Coordinator for the City of Eloy at 520-466-9201 or 520-466-7455 (TDD). If possible such request should be made 72 hours in advance.



**IF YOU HAVE ANY QUESTIONS, PLEASE CALL CITY OF ELOY AT
520/464-3426**



It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.

**City of Eloy
Program Application
Owner-Occupied Housing Rehabilitation Program**

PLEASE PRINT CLEARLY

Date: _____	Property Address: _____		
Mailing Address: _____		Date Purchased _____	Historic District <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICANT		CO-APPLICANT #1 (18 years or older)	
Name: _____		Name: _____	
Is this Address Your Permanent and Principal Place of Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this Address Your Permanent and Principal Place of Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth: _____	Social Security No.: _____	Date of Birth: _____	Social Security No.: _____
Home Phone: _____	Work Phone: _____	Home Phone: _____	Work Phone: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
<p>The following information is requested by the Federal Government in order to monitor the Fair Housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. <i>Check all that apply:</i></p> <p>Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> African American and White <input type="checkbox"/> American Indian or Alaskan Native and African American <input type="checkbox"/> Other Multi-racial</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Household type: <input type="checkbox"/> Elderly (62+) <input type="checkbox"/> Disabled</p> <p>Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>The following information is requested by the Federal Government in order to monitor the Fair Housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. <i>Check all that apply:</i></p> <p>Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> African American and White <input type="checkbox"/> American Indian or Alaskan Native and African American <input type="checkbox"/> Other Multi-racial (Hispanic, etc.)</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Household type: <input type="checkbox"/> Elderly (62+) <input type="checkbox"/> Disabled</p> <p>Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Name and address of employer: _____ _____ _____		Name and address of employer: _____ _____ _____	
Type of Business: _____		Type of Business: _____	
Position: _____		Position: _____	
Date of Employment: _____		Date of Employment: _____	

If a "Yes" answer is given to a question in this column, please explain on attached sheet. Are you a U.S. citizen? If "No" , are you a resident alien? If "No" , are you a non-resident alien?	Applicant Yes or No _____ _____ _____	If a "Yes" answer is given to a question in this column, please explain on attached sheet. Are you a U.S. citizen? If "No" , are you a resident alien? If "No" , are you a non-resident alien?	Co-Applicant Yes or No _____ _____ _____
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OTHER OCCUPANTS

(If additional space needed, please attach another sheet, over 18, complete information needed beginning on page 7)

NAME	Relationship to Applicant	Date of Birth	Full time Student	Elderly	Disabled

**GROSS MONTHLY INCOME FOR ALL MEMBERS OF THE HOUSEHOLD
FOR THE LAST 12 MONTHS (18 years or older)**

	Applicant	Co-Applicant	Other	Total
Wages, Salaries				
Income from Assets				
Self Employment				
Social Security				
Unemployment				
Retirement Pension				
Public Assistance				
Rental Income				
Interest/Dividends				
Spousal Support				
Disability				
Child Support				
Other				
Totals				

BANKING INFORMATION

Checking Account: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint <input type="checkbox"/> Individual	Account Number:	Name and address of bank:
Secondary Checking Account: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint <input type="checkbox"/> Individual	Account Number:	Name and address of bank:

Savings Account: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint <input type="checkbox"/> Individual	Account Number:	Name and address of bank:
Secondary Savings Account: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint <input type="checkbox"/> Individual	Account Number:	Name and address of bank:
Other liquid Assets: Type: _____ Balance: \$	Account Number:	Name and address of bank:
Other liquid Assets: Type: _____ Balance: \$	Account Number:	Name and address of bank:

Are there any children that are 6 years of age, or younger, living in this house? Yes No

Is anyone living in this house pregnant? Yes No

Are mortgage payments made on this house? Yes No

If yes, what is the amount of the mortgage payment? \$ _____

Do you have property insurance? Yes No

If yes, what is the policy #: _____ and provider: _____

Is the house in a flood plain? Yes No

Do you own or have any interest in any real property other than the property to be approved by this application? Yes No If yes, please list: _____

Have you been issued any notices by the Building Department or Code Enforcement? Yes No

Do you owe property taxes of more than one installment? Yes No

Do any of the properties that you own or have an interest therein have zoning violations? Yes No

If yes to any of the above questions, please explain: _____

Is any part of your home used for other than residential purposes? Yes No

If Yes, please explain: _____

Are you aware of any work completed on the house without a permit? Yes No

Are you aware of any work completed with a permit that was not finalized? Yes No

If yes, please explain: _____

List repairs needed: _____

CONFLICT OF INTEREST

Federal, State and County law prohibit employees and public officials of the City of Eloy from participating in any Residential Rehabilitation Program, in which they have a financial interest, or in which they perform any policy or decision making functions. The following questions determine if the applicant exercises any functions or responsibilities with respect to the programs and would, therefore, be in conflict of interest:

Are you currently, or within the past 12 months, been a City of Eloy employee, Governing Board member, or in any way affiliated with the City of Eloy?

Yes No

If yes, please list the department with which you are/were employed, or affiliated, and the date you left, if applicable: _____

Is any member of your immediate family, a City of Eloy employee, an Advisory Committee member, Governing Board member, Commission member, or in any way affiliated with the City of Eloy?

Yes No

If yes, please list immediate family members name, the department with which the family member is employed, or affiliated, and his/her relationship to you: _____

****Current or past employment with the City of Eloy may not disqualify you from receiving benefits.***

HOMEOWNER'S AUTHORIZATION

- I/We grant permission to the City of Eloy to obtain photographs of my home to use for the "before and after" display section of my program application file.
- I/We grant permission to the City of Eloy to obtain photographs of my home to submit to the State Historic Preservation Office if my home is over fifty (50) years old.
- I/We grant permission to the City of Eloy to obtain photographs of my home to use for the "before and after" display portfolio/album, which may be viewed by future rehabilitation applicants or the public. The information contained in the portfolio/album will contain only "before and after" photos of the homes as well as the location of the home. Names and confidential information will not appear in the portfolio.
- I/We grant permission to the City of Eloy to obtain Lead, Mold, and Asbestos Inspections for possible removal/abatement, if applicable.
- I/We grant permission to the City of Eloy, all Inspectors, and Contractors, and workers, to include utility companies and their designated agents to enter my property for the purpose of doing all related work and monitor the work being completed on this project.
- I/We release the City of Eloy and any of their designated agents or employees from claims for any future damage to my home or personal injury caused to me in the course, or arising from, such work.

Applicant _____ Date _____

Co-Applicant _____ Date _____

Adult Household Member _____ Date _____
(18 years of age or older)

Adult Household Member _____ Date _____
(18 years of age or older)

HOMEOWNER AFFIRMATION AND AUTHORIZATION

I hereby affirm that I as owner(s) and/or resident of the property located at the address below and grant authorization to obtain the information indicated below, to the City of Eloy:

- To investigate my eligibility and to contact any source necessary to establish the accuracy of any information given or which pertains to my eligibility through 3rd-Party Verification from Employers and Financial Institutions, i.e. Banks, Credit Unions, etc.
- To conduct a Title Search, for proof of ownership, verification of current property taxes, property liens and encumbrances.

PRIVACY ACT NOTIFICATION

As part of the Owner Occupied Housing Rehabilitation Program, the City of Eloy, must maintain certain records. Under Section 1(e)(3) of the Privacy Act of 1974, any agency that maintain records must let the individuals who provide the information in those records known: (1) the authority for maintenance of such records: U.S. Housing and Urban Development and Arizona Department of Housing regulations; (2) to determine eligibility; (3) information provided will be used by the City of Eloy, to monitor and evaluate the effectiveness and success of the Owner Occupied Housing Rehabilitation Program (4) this information is provided on a voluntary basis.

HOME OWNERS' STATEMENT OF UNDERSTANDING (MUST READ BEFORE SIGNING)

I/We certify that I/we am/are the owner/s and occupant/s of this property and that to the best of my/our knowledge, all statements made in this application are true and correct and are made for the purpose of obtaining assistance. I/WE authorize the City of Eloy to verify the information to determine my eligibility, to contact any source necessary to establish the accuracy of any information given or which pertains to my eligibility and to conduct an inspection of my property. I understand that the City of Eloy is authorized to require correction of fire, life, and safety hazards first. I/We have no claim for defamation, violation of privacy or other claims against any person or firm or corporation by reason of any statement or information released by them to The City of Eloy.

I/We understand that the selection of a contractor or dealer, acceptance of material used and work performed is my/our responsibility. The City of Eloy does not guarantee the material or workmanship.

I/We understand that Section 1001 of Title 18 of the U.S. Code, states, "Whoever, in any matter with the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes any false, fictitious or fraudulent statements of representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five (5) years, or both."

Printed Name of Applicant	Printed Name of Co-Applicant
Signature of Applicant	Signature of Co- Applicant
Date	Date

FOR HOUSEHOLDS WITH ADDITIONAL OCCUPANTS OVER THE AGE OF 18.

Printed Name of Adult Household Member	Printed Name of Adult Household Member
Signature of Adult Household Member	Signature of Adult Household Member
Date	Date

**COMPLETE THIS SECTION ONLY WHEN OTHER HOUSEHOLD MEMBERS LISTED IN SECTION I ARE
OVER 18 YEARS**

HOUSEHOLD MEMBER (18 years or older)	HOUSEHOLD MEMBER (18 years or older)
Name: _____	Name: _____
Name and address of employer: _____ _____ _____ Type of business: _____ Position: _____ Date of employment: _____	Name and address of employer: _____ _____ _____ Type of business: _____ Position: _____ Date of employment: _____
Name and address of other income source: _____ _____ _____ Type of Income: _____	Name and address of other income source: _____ _____ _____ Type of Income: _____

**APPLICATION
ELIGIBILITY DOCUMENTATION
CHECKLIST**

Proof of Ownership:

- Copy of Current Mobile Home Registration, **or**, Certificate of Title Affixture
- Copy of death certificate for any deceased title holder
- Copy of divorce settlement for any divorced title holder
- Proof of current property tax payment
- Title and/or deed to property
- 99 year lease agreement

Proof of Homeowner's Insurance:

- Certificate of Insurance, issued by Insurance Company
- Proof of current payment

Proof of Mortgage Payments:

- Statement showing account number and proof of current payment

Verification of Citizenship / Immigration Status:

- Applicant Co-Applicant Co-Applicant #2 Co-Applicant #3
- Birth Certificate
- INS Documentation and/or Picture I.D

Social Security:

- Copy of Social Security Cards for **all Household Members**

Income Verification of All Title Holders and All Occupants over the Age of 18:

- Applicant Co-Applicant Co-Applicant #2 Co-Applicant #3
- Employment and/or Other Income:
 - Most recent W-2, **and** State and Federal tax returns for past 2 years
 - Pay stubs for past 3 months
 - Four recent bank statements
 - Other assets, CD's, stocks, bonds, real estate, interest & dividend statement
 - For any household members over the age of 18 who are full-time students:
Employment income AFTER the first \$480.00
 - Other assets

Aid to Families with Dependent Children:

- Verification statement from Arizona Department of Economic Security

Social Security Benefits SSA/SSI:

- Copy of check **or** verification of annual benefit from Social Security Administration, **or** Bank Statement

Veterans Benefits:

- Copy of check **or** benefit letter from Veterans Administration **and or** bank statement

Child Support / Alimony:

- Copy of final divorce papers, child support order if applicable

Retirement / Pension:

- Copy of check **or** verification statement from Pension Fund **and or** bank statement

- Unemployment Benefits:
 - Copy of check **or** verification statement from Arizona Department of Economic Security
 - Disability Benefits:
 - Copy of check **or** statement of verification from payer
- Self-Employed:
 - Copies of year-to-date profit/loss statement **and** previous two years Federal tax returns
 - If incorporated, previous two years Business tax returns
- Rental Income:
 - Copy of operating statement showing rents received, expenditures **and** net income; **AND**
 - Copy of previous two years State and Federal tax returns, including “*Schedule of Real Estate Owned*”

Authorization for Release of Information

I hereby authorize the City of Eloy to release/exchange information from my records in order to determine my eligibility for the City of Eloy Owner Occupied Housing Rehabilitation Program.

I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.

The doctrine of informed consent has been explained to me, and I understand the contents to be released/exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire one year from the date shown below. I also acknowledge that a copy of this form is as valid as the original.

Printed Name of Applicant	Printed Name of Co-Applicant
Signature of Applicant	Signature of Co- Applicant
Date	Date

FOR HOUSEHOLDS WITH ADDITIONAL OCCUPANTS OVER THE AGE OF 18.

Printed Name of Adult Household Member	Printed Name of Adult Household Member
Signature of Adult Household Member	Signature of Adult Household Member
Date	Date

CLIENT GRIEVANCE PROCEDURE

Clients may be denied services if they do not meet the eligibility requirements of the Eloy Owner Occupied Housing Rehabilitation Program.

The following procedures will be followed in order to resolve disputes that may arise.

- a) All participants will be provided a copy of the complaint procedures and will be required to provide a signature to document receipt of the articles.
- b) Complaints arising from disputes regarding the OOHR Program will be addressed verbally or in writing to the Grants Coordinator. Complaints shall be brought to the attention of the Grants Coordinator within 10 days after the client becomes aware of the problem.
- c) The Grants Coordinator will attempt to resolve the dispute within five (5) working days after receipt of the initial complaint.
- d) If the issue is not resolved within five (5) working days with the Grant Coordinator, the participant may refer his/her complaint in writing to the City Manager.
- e) The City Manager will be responsible for review and response to the written complaint within 10 working days of receipt.
- f) Participants who wish to appeal the decision of the City Manager will have 10 working days from receipt of the written decision to notify the City Manager of his/her intention to appeal the decision to the City Council.
- g) All complaints submitted to final appeal shall be addressed to the Mayor.
- h) The City Council shall have 15 working days from the date the complaint was received to render a final decision.

I hereby acknowledge receipt of this notice.

Printed Name of Applicant	Printed Name of Co-Applicant
Signature of Applicant	Signature of Co- Applicant
Date	Date

***The City of Eloy Owner Occupied Housing Rehabilitation Program is an Equal Opportunity Lender
Affirmatively Furthering Fair Housing***

