

Pima County Home Repair Programs Owner Occupied



ROOFING

SEPTIC SYSTEMS

WEATHERIZATION

HEATING & COOLING

MAJOR SYSTEMS REPAIR

**Pima County Community Development and
Neighborhood Conservation Department
Community Development Block Grant
2797 E. Ajo Way - 3rd Floor
Tucson, Az 85713
(520) 243-6696**

PIMA COUNTY HOME REPAIR PROGRAMS

Pima County has received funds from the U.S. Department of Housing and Urban Development's Community Development Block Grant Program; U. S. Department of Energy, Trico Electric Cooperative, Inc., Tucson Electric Power Company, U. S. Department of Health and Human Services Low Income Homeowner Emergency Assistance Funds (from the Arizona Department of Economic Security), and Arizona Department of Commerce, for the following owner occupied home repair programs for low income residents:

Homes Are Defined As:

1) Conventional Homes 2) Mobile Homes 3) Double-Wides 4) Manufactured Homes
R.V'S/TRAVEL TRAILERS AND MOTOR HOMES DO NOT QUALIFY FOR THESE PROGRAMS.

Roof Repair Program

- Conventional and Mobile Home Roofs - replace deteriorated roof systems such as: shingles, built up roofs, rolled roofs, metal roofs, and mobile home roofs. Includes replacement of damaged wood sheathing and fascia.

Heating And Cooling Repair/Replacement Program

- Heating and Cooling – repair or replacement of major heating and cooling systems including furnace, evaporative cooler, air conditioning, heat pump, water heater and other related items.

Septic System Repair/Replacement Program

- Septic system - Connection, repair or replacement.

Weatherization Program

- This program is designed to help you cut down on your utility bills by making repairs to your home that will lower heating and cooling costs. Typical repairs include caulking areas where outside air can get in the house, repairing doors and weather stripping, furnace and evaporative cooler repair, repairing broken windows, insulating ceilings, installing sunshades, and other improvements repairs that can make your home more energy efficient.

Major Systems Repair

- This program is designed to help the homeowner replace costly major home systems such as roofs, air conditioning systems, furnaces, evaporative coolers, water heaters, electrical, gas and water service upgrades, and other related items.

Note: Pima County will provide a work write-up and all work will be done by a licensed contractor. Program funding sources, rules and regulations are subject to change.

MINIMUM REQUIREMENTS

- (1) You must own and live in your home a minimum of 12 months prior to applying to program.
- (2) The property must be located in Unincorporated Pima County; this does NOT include the City Of Tucson.
- (3) Your income must not exceed the limits listed below. (Income from all persons residing in the home must be included in the total annual income.)
- (4) You agree not to sell your home for a minimum of one year from the final inspection date on the (Certificate of Completion) for the home repairs.

ANNUAL INCOME LIMITS

Roof Repair Programs, Heating & Cooling Program,
Major Systems Repair Program, and Septic Program

<u>HOUSEHOLD SIZE</u>	<u>ANNUAL INCOME</u>
1 Person	\$20,650
2 Persons	\$23,600
3 Persons	\$26,550
4 Persons	\$29,500
5 Persons	\$31,900
6 Persons	\$34,250
7 Persons	\$36,600
8 Persons	\$38,950

Updated: 3/06/15

ANNUAL INCOME LIMITS

Weatherization Program

<u>HOUSEHOLD SIZE</u>	<u>ANNUAL INCOME</u>
1 Person	\$23,540
2 Persons	\$31,860
3 Persons	\$40,180
4 Persons	\$48,500
5 Persons	\$56,820
6 Persons	\$65,140
7 Persons	\$73,460
8 Persons	\$81,780

Updated: 2/19/15

PIMA COUNTY HOME REPAIR PROGRAMS

CHECKLIST AND APPLICATION

PLEASE COMPLETE THE FOLLOWING PAGES (1-13) AND PROVIDE THE REQUIRED DOCUMENTS AS SOON AS POSSIBLE. IF A PAGE DOES NOT APPLY TO YOU WRITE (N/A). YOU MUST SIGN THE PAGE EVEN IF IT DOES NOT APPLY TO YOU, THAT INFORMS US YOU HAVE READ THE PAGE.

WHEN COMPLETED, RETURN THE APPLICATION IN THE ENCLOSED RETURN-MAIL ENVELOPE OR IN PERSON.

AS SOON AS WE RECEIVE ALL OF THE REQUIRED PAPERWORK AND YOUR FILE IS 100% COMPLETE, YOUR APPLICATION WILL BE PROCESSED.

IF YOU HAVE ANY QUESTIONS, YOU MAY CALL US AT 243-6696. OUR OFFICE HOURS ARE 8:00 A.M. TO 5:00 P.M. MONDAY THROUGH FRIDAY.

AJO APPLICANTS MAY CALL 1-800-775-7462 TOLL FREE TO TUCSON.

DUE TO THE LARGE NUMBER OF APPLICANTS FOR THESE PROGRAMS, THE RELATIVELY LIMITED FUNDING, AND THE REQUIRED PROCESSING TIME, THERE WILL BE A WAITING PERIOD FROM THE TIME YOU APPLY UNTIL WORK IS ACTUALLY STARTED.

**PIMA COUNTY
COMMUNITY DEVELOPMENT AND
NEIGHBORHOOD CONSERVATION DEPARTMENT
HOME REPAIR PROGRAM
2797 E. Ajo Way - 3rd. Floor
Tucson, Arizona 85713
(520) 243-6696**

IMPORTANT

*If You Live In The City Of Tucson STOP!! Your Property Is NOT Eligible.
Contact The City Of Tucson Home Repair Program At 791-4636.*

Dear Applicant:

This packet contains the information and forms necessary for you to apply for assistance under the following Pima County Home Repair Programs: Conventional Roof, Heating & Cooling, Major Systems Repair, Mobile Home Roof, Septic System and Weatherization.

<p>IN ORDER TO MOVE AHEAD WITH PROCESSING YOUR APPLICATION, WE HAVE ENCLOSED THE FOLLOWING DOCUMENTS THAT MUST BE SIGNED AND RETURNED TO OUR OFFICE:</p>

- A) **Application** (Pgs 1-14)
Please complete and return.
- B) **General Release Form** (Pg. 5)
Please sign, date and return.
- C) **Relocation Waiver Form** (Pg. 5)
Please sign, date and return.
- D) **Social Security Administration** (Pg. 6)
If you receive any monies from the Social Security Administration, please sign, date and return.
- E) **Request for Verification of Employment** (Pg. 7)
If you (or anyone in your household) are employed, please sign and date this form. Also, fill in your employer's name, address, and phone number. Then you may take it to your employer for them to complete the rest of the form.
- F) **Other Sources of Income** (Pg. 8)
If you receive funds from other sources, please fill in the name, address, telephone number and your ID# (if any) of this source of other income. Also, fill in your name and Social Security Number (optional) sign, date, and return.

- G) **Listing of Real Estate Owned/ Number of Residences on Property** (Pg. 9)
Please fill this out completely, sign, date, and return
- H) **Federal Income Tax Status** (Pg. 10)
Please check one status, sign, date and return. (If you do file federal income tax, send a copy of last year's taxes.)
- I) **Mold Release Form** (Pg. 10)
Booklet "A Brief Guide to Mold, Moisture, and your Home" is for your information. Please sign page, date, and return.
- J) **Lead Hazard Information Form** (Pg. 11)
Booklet "Renovate Right" is for your information. Please sign page, date, and return.
- K) **Physician's Statement - Handicapped/Disabled Status** (Pg. 12)
Complete this form only if you are Handicapped/Disabled. Please complete, give to your doctor to sign, and return to us. (If you already have a written statement from your doctor, there's no need to complete this page.)
- L) **Utility History Request Form** (Pg. 13)
Please fill out completely, sign, date and return. The person whose name appears on the utility bill must sign this form.
- M) **Agreement Between Homeowner and County** (Pg. 14)
Please sign, date and return.

THE FOLLOWING COPIES ARE REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION

1. Copy of last year's Federal Income Tax return as indicated on page (10).
2. Copy of your recorded Property Deed. If your deed lists another person's name as joint tenants with rights of survivorship, and that person has deceased, please include a copy of the death certificate. Mobile home owners must send a copy of the mobile home title. Title must be in your name.
3. If you receive a monthly check, please provide the following: a copy of that check or a copy of the Award Letter or other documents you have that state the monthly amount you are entitled to receive. If you are sending a copy of an award letter, please send the most recent.
4. If you are employed, please complete *Employment Verification Form* page (7) and send copies of your last (4) four check stubs.
5. If you are self-employed, please send income verification for the last four (4) months.
6. If you are not employed and receive assistance from a friend or a relative, a notarized statement from that person is required stating the monthly amount he/she is providing you with.

NOTE: Income from everyone in the household must be reported.

PIMA COUNTY - HOME REPAIR APPLICATION

HOMEOWNER: _____ AGE: _____ No. of persons living at home: _____

SPOUSE: _____ AGE: _____ Home Phone: _____

ADDRESS: _____ Work Phone: _____

_____ Cell Phone: _____

CITY STATE ZIP CODE

E-MAIL _____

Mailing Address If Different From Above: _____

PLEASE CHECK THE BOX NEXT TO YOUR ANSWER FOR EACH OF THE FOLLOWING QUESTIONS:
(Check all that apply – Information on race is gathered for statistical reporting purposes only.)

RENT OR OWN:

I own (or am buying) the home I live in.

I own (or am buying) the land I live on.

I rent the land I live on.

TYPE OF HOME:

I live in a conventional home.

I live in a mobile home.

A portion of my home is a mobile home.

			Check Box Below If Also Hispanic
1.	American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
2.	Asian	<input type="checkbox"/>	
3.	Black or African American	<input type="checkbox"/>	
4.	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	
5.	White	<input type="checkbox"/>	
6.	American Indian or Alaska Native and White	<input type="checkbox"/>	
7.	Asian and White	<input type="checkbox"/>	
8.	Black or African American and White	<input type="checkbox"/>	
9.	American Indian or Alaska Native and Black or African American	<input type="checkbox"/>	
10.	Balance/Other	<input type="checkbox"/>	

NOTE: R.V.'S/MOTOR HOMES OR TRAVEL TRAILERS ARE NOT ELIGIBLE.

OTHER:

YES NO I have received home repair assistance from Pima County in the past.

I purchased my home in: _____ (Year) Age of home: _____

HOUSEHOLD INCOME (Complete all that apply)

WAGES (MONTHLY AMOUNT) \$ _____ ANNUAL AMOUNT \$ _____

PENSION (MONTHLY AMOUNT) \$ _____ ANNUAL AMOUNT \$ _____

SOCIAL SECURITY
(MONTHLY AMOUNT) \$ _____ ANNUAL AMOUNT \$ _____

A.F.D.C. (MONTHLY AMOUNT) \$ _____ ANNUAL AMOUNT \$ _____

INCOME FROM OTHER REAL
ESTATE (MONTHLY AMOUNT) \$ _____ ANNUAL AMOUNT \$ _____

OTHER (MONTHLY AMOUNT) \$ _____ ANNUAL AMOUNT \$ _____

HOUSEHOLD INCOME SUMMARY

What is your family's total income?

MONTHLY AMOUNT \$ _____ ANNUAL AMOUNT \$ _____

HOUSEHOLD MEMBERS

Starting with yourself list ALL household members who live in your home and those listed on the property deed as owners and fill out all information requested below for EACH person.

	NAME	AGE	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	ANNUAL INCOME FROM ALL SOURCES
1							
2							
3							
4							
5							
6							
7							
8							

Note: 1) All income must be verified. 2) Please send copies of your Social Security cards and picture identification cards from all members of the household.

I AM APPLYING FOR THE FOLLOWING PROGRAMS:

You may select any or all of these programs. A Housing Rehabilitation Specialist will assess your home to determine which one program will best meet your needs within the program guidelines.

ROOF REPAIR (Select Type of Roof)

Shingle Roof Built Up (Flat) Roof Metal Mobile Home Roof Single Double Wide

Please describe why you are applying for a new Roof.

HEATING AND COOLING

Please describe why you are applying for the repair or replacement of your Furnace, Cooler, and Water Heater.

SEPTIC SYSTEM

Please describe why you are applying for the repair or replacement of your Septic System.

WEATHERIZATION

Please describe why you are applying for repairs which will reduce your utility heating and cooling costs by sealing cracks, insulating, weather stripping, etc.

MAJOR SYSTEMS REPAIR

Please describe why you are applying for Major Systems Repair.

ADDITIONAL INFORMATION:

Is your property in a flood zone? **Yes** **No** **Don't know**

If your property is in a flood zone, do you currently have flood insurance on your property?

Yes **No** **If yes, name, address and phone number of agent:**

Do you have Homeowner's Insurance? **Yes** **No**

If yes, name, address and phone number of agent:

I currently occupy the property that needs repairs: **Yes** **No**

How did you hear about the program? _____

PIMA COUNTY HOME REPAIR PROGRAMS

GENERAL RELEASE FORM

I/We, _____ hereby authorize PIMA COUNTY or its designated agents to obtain and receive all records and information pertaining to eligibility for the Home Repair Program, including employment, income, (including IRS returns), credit, residency, homeowner insurance and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives PIMA COUNTY the right to request all information that we can or could obtain from any persons, companies, or firms on any matter referred to above. I (we) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to PIMA COUNTY for purposes of the program. The term of this authorization shall commence on the date of signature and be in force for a period of two (2) years.

Signature

Date

Signature

Date

Address: _____

RELOCATION WAIVER FORM

I/We _____, Owner(s) of the

home located at: _____

having received a home repair grant from the Pima County Home Repair Program, waiver any and all rights I have under the Uniform Relocation Assistance Act. I/We do not require temporary housing and agree to remain in the home during the course of the construction work.

Signature Homeowner

Date

Signature Homeowner

Date

PIMA COUNTY
COMMUNITY DEVELOPMENT AND
NEIGHBORHOOD CONSERVATION DEPARTMENT
HOME REPAIR PROGRAM
2797 E. Ajo Way - 3rd Floor
Tucson, Arizona 85713
(520) 243-6696

Social Security Administration
3500 N. Campbell, Ste. 100
Tucson, Arizona 85719

Date of Birth

Full Name _____ SS# _____

Full Name _____ SS# _____

have/has applied for a housing rehabilitation grant from the Pima County Home Repair Program. The applicant/s have/has authorized Pima County in writing to obtain verification of the status of the income he/she receives from your agency. The requested information is for the confidential use by the Pima County Home Repair Program. The information needed is the monthly amount received, future increases or decreases in this amount, and the length of time the applicant will continue to receive the income. Please send information in the provided self-addressed envelope.

AUTHORIZATION OF APPLICANT

I authorize your agency to furnish the Pima County Home Repair Program with the information listed above.

Signature Homeowner/Recipient Date

Signature Homeowner/Recipient Date

Pima County Community Development and
Neighborhood Conservation Department
Privacy Act Disclosure Notice

Providing your Social Security Number (SSN) for the Pima County Home Repair Programs is voluntary. Your (SSN) is used to verify your income. If you choose not to provide your (SSN) your benefits will still be provided but may be delayed.

Employment Verification Form

The person below has made application to Pima County Community Development and Neighborhood Conservation Department for assistance through our Home Repair Program. Your firm was listed as having currently or formerly employed this person. The applicant, by his/her signature below, has authorized you to release his/her employment information. Your assistance in providing employment information will be sincerely appreciated. Thank you.

Employee Name: _____

Social Security Number: _____

Current Address: _____

Employer Information: _____

Date(s) of Employment: _____

Applicant's Authorization of this Inquiry:

I hereby consent to the release of my employment verification.

Employee's Signature

Date

Request Submitted By: _____

Title: _____

Phone: _____ Date: _____

Employer's Comments

Employment Dates: (FROM) _____ (TO) _____

Position Held: _____

Gross Salary or Wage: \$ _____ per ; month _____ week _____ hour _____
(If hourly wage, please specify approximate number of hours worked weekly (_____)

Other Comments: _____

Signature: _____ Title: _____ Date: _____

***** The above information is furnished in strict confidence, in response to your request. *****

Please return this form to:

**Pima County Community Development and
Neighborhood Conservation Department
Home Repair Program
2797 E. Ajo Way - 3rd. Floor
Tucson, Arizona 85713**

PIMA COUNTY
COMMUNITY DEVELOPMENT AND
NEIGHBORHOOD CONSERVATION DEPARTMENT
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OTHER SOURCES OF INCOME

Name of Other Source of Income

Telephone Number

Street Address

What type of income is this?

City, State, Zip Code

Your Account No. or other ID# with them

(Your) Full Name: _____ (Your) SS#: _____ has applied for the Pima County Home Repair Program. The applicant has authorized Pima County in writing to obtain verification of the status of the income he/she receives from your agency. The requested information is for the confidential use of the Pima County Home Repair Program. The information needed is the monthly amount received, future increases or decreases in this amount, and the length of time the applicant will continue to receive the income. Please send information in the provided self-addressed envelope.

AUTHORIZATION OF APPLICANT

I authorize your agency to furnish the Pima County Home Repair Program with the information listed above.

Signature

Signature

Date

Date

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Providing your Social Security Number (SSN) for the Pima County Home Repair Programs is voluntary. Your (SSN) is used to verify your income. If you choose not to provide your (SSN) your benefits will still be provided but may be delayed.

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LISTING OF REAL ESTATE OWNED
AND
NUMBER OF RESIDENCES LOCATED ON PROPERTY

Please provide us with the following information:

- 1. Other housing (mobile home, guest house, etc.) which is located on the property where you now live, by whom it is occupied, and the amount of income it provides, if any.

- 2. A complete list of ALL real estate you own (including your current residence).

ADDRESS _____
CITY _____
STATE _____ ZIP _____

Signature

Date

Signature

Date

FEDERAL INCOME TAX STATUS

Check One and Sign Below:

I/We are not required to file Income Tax because _____

I/We did file Income Tax for the previous year. Copy enclosed.

Signature

Date

Signature

Date

MOLD RELEASE FORM

Mold can be a problem in any home, but especially in those where there is an excessive amount of moisture or humidity present. In addition, homes cooled with evaporative coolers, those occupied by several people, or that have pets, plants, or fish aquariums present, provide excellent conditions for mold to grow. The Pima County Home Repair Program is not designed to provide direct mitigation of existing mold problems.

By signing this form I acknowledge that I have received the EPA booklet entitled "A Brief Guide to Mold, Moisture, and Your Home" and that as participant in the Pima County Home Repair Program I agree to hold Pima County and those contracted to make repairs on my home harmless for any existing or future mold problems.

Homeowner

Date

Homeowner

Date

LEAD HAZARD INFORMATION FORM

- I have received a copy of the lead hazard information pamphlet Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.
- (A) I confirm that I own and live in this property, that no child under the age of 6 resides here, that no pregnant woman resides here, and that this property is not a child-occupied facility.

Note: A child resides in the primary residence of his or her custodial parents, legal guardians, foster parents, or informal caretaker if the child lives and sleeps most of the time at the caretaker's residence.

Note: A child-occupied facility is a pre-1978 building visited regularly by the same child, under 6 years of age, on at least two different days within any week, for at least 3 hours each day, provided that the visits total at least 60 hours annually.

If Box A is checked, check either Box B or Box C, but not both.

- (B) I request that the renovation firm use the lead-safe work practice required by EPA'S Renovation, Repair and Painting Rule; or
- (C) I understand that the firm performing the renovation will not be required to use the lead-safe work practices required by EPA'S Renovation, Repair and Painting Rule.

Printed Name of Owner(s)

Signature of Owner(s)

Signature Date

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PHYSICIAN'S STATEMENT - HANDICAPPED/DISABLED STATUS

Take this form to your doctor and have your doctor fill it out and return it to you. When completed attach to your completed application and return to Pima County Community Development and Neighborhood Conservation Department.

YOUR NAME: _____ DATE: _____

YOUR ADDRESS: _____

YOUR DISABILITY: _____

I hereby authorize the release of information from my files relating to my physical or mental condition to the Community Development and Neighborhood Conservation Department.

SIGNED: _____

Dear Sir/Madam:

The Community Development and Neighborhood Conservation Department is verifying certain information provided us by an applicant to our Home Repair Program. We would appreciate your cooperation and immediate attention in providing the information below:

- 1. Is patient's condition
 - Correct as stated.
 - Incorrect as stated-if so, please give your diagnosis.

- 2. Length of time patient's condition is expected to last:
 - Less than one (1) year.
 - One (1) year or longer and cannot be gainfully employed.

- 3. Prior to receiving this form, when did you last see this patient

- 4. Is this person considered to be handicapped or disabled? _____

- 5. Comments/Remarks: _____

I certify that the information I have given above is full, true and complete to the best of my professional knowledge.

Physician's Signature

Office Phone Number

Physician's Name and Degree

Date

THIS FORM MUST BE COMPLETELY FILLED OUT FOR ALL PROGRAMS

UTILITY HISTORY REQUEST FORM
PIMA COUNTY HOME REPAIR PROGRAMS

NAME: _____

SPOUSE'S NAME: _____

ADDRESS _____ City/Town _____ State _____ Zip Code _____

Home Phone No. _____ Work Phone No. _____

CHECK ALL THAT APPLY AND FILL OUT INFORMATION REQUESTED

- I DO NOT HAVE NATURAL GAS SERVICE AT MY HOME.
- I HAVE PROPANE SERVICE AT MY HOME.
- I DO NOT HAVE ELECTRIC SERVICE AT MY HOME.
- I HAVE ALL ELECTRIC SERVICE AT MY HOME. (NO GAS or PROPANE)

I HAVE THE FOLLOWING ELECTRIC SERVICE AT MY HOME:

- | <u>UTILITY COMPANY:</u> | <u>ACCOUNT NUMBER</u> |
|---|-----------------------|
| <input type="checkbox"/> TUCSON ELECTRIC POWER CO.
P.O. BOX 27327
TUCSON, AZ 85726 | # _____ |
| <input type="checkbox"/> TRICO ELECTRIC COOPERATIVE, INC
8600 W. TANGERINE
MARANA, AZ 85653 | # _____ |

I HAVE THE FOLLOWING NATURAL GAS SERVICE AT MY HOME:

- SOUTHWEST GAS CO. # _____
P.O. BOX 26500
TUCSON, AZ 85726
- OTHER: _____

I, the undersigned, authorize the above named utility companies to release information to Pima County concerning my utility bills and energy consumption in order to determine savings from the weatherization of my home or for other reasons pertinent to services I may receive through the Pima County Community Development and Neighborhood Conservation Department. I also authorize the future release of information so that Pima County may compare pre-weatherization and post-weatherization usage.

APPLICANT'S SIGNATURE

DATE

APPLICATION
AGREEMENT BETWEEN HOMEOWNER AND PIMA COUNTY
"HOME REPAIR PROGRAM"

Includes: Major Systems Repair, Conventional and Mobile Home Roofing, Heating & Cooling (HVAC), Weatherization and Septic System Programs

The HOMEOWNER shall be responsible for all actions hereinafter set forth, and agrees to carry out said actions in the manner stipulated herein:

- A. HOMEOWNER agrees that the PROGRAM shall have final approval authority on all specifications, drawings, and bid requirements prepared for the purpose of soliciting bids.
- B. HOMEOWNER agrees that the PROGRAM will have final approval authority on the contractor selection and the resulting contract award.
- C. HOMEOWNER agrees that the PROGRAM shall represent the HOMEOWNER in the control, supervision, and direction of the work to be performed under this contract. A copy of all written communications between the HOMEOWNER and the contractor must be sent to the PROGRAM.
- D. HOMEOWNER will not at any time permit changes in specifications or drawings, without prior written approval of PROGRAM.
- E. PROGRAM shall have the right at all reasonable times to enter upon the property to observe progress, inspect work, and direct correction of any work which does not comply with the drawings and specifications set forth in the work write-up.
- F. HOMEOWNER agrees that upon completion of said work, PROGRAM will have authority to make final inspection and shall have sole authority for final acceptance.
- G. HOMEOWNER shall remove all trash, junk and debris from the property prior to commencement of work and shall maintain the property free from such trash, junk and debris.
- H. HOMEOWNER shall be aware that landscaping will be altered due to use of heavy equipment, such as backhoes, and that PROGRAM will not be responsible for re-landscaping or replanting in areas where construction has disturbed the ground.
- I. I certify that all the information that I have supplied in this application is true.
- J. I hereby authorize administrators of the Pima County Home Repair Program to request and obtain all information necessary to the processing and completion of my application. I understand that all information obtained will be held in strict confidence and used for no other purpose.
- K. I have read a description of the program and I understand and agree to comply with the rules and guidelines explained therein.
- L. HOMEOWNER understands that the PROGRAM is a one time repair and the homeowner may not re-apply for a period of ten years beginning the date of repair completion.
- M. HOMEOWNER understands that new applications take precedence over those re-applying for the program after a period of ten years.
- N. The HOMEOWNER acknowledges that the PROGRAM will choose the contractor. If the HOMEOWNER refuses service the application will be re-evaluated after pending work on other applications has been completed.

Property Address

City

State

Zip Code

Dated this _____ day of _____, 201 _____

Homeowner

Homeowner

AFFIDAVIT THAT DOCUMENT(S) IS/ARE TRUE

I, _____, swear or affirm, under penalty of
Printed or typed name
Perjury, that the document(s) presented by me to prove U.S. citizenship, U.S. national, or alien status are true.

DOCUMENT(S) PRESENTED:

Signature of applicant

Date

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age of Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible.

NOTE: See reverse side for additional information and a list of acceptable documentation. Provide COPIES only for all members of the household.

1-502. Eligibility for state or local benefits; documentation; violation; classification; citizen suits; definition (Eff. 11/24/09)

A. Notwithstanding any other state law and to the extent permitted by federal law, any agency of this state or a political subdivision of this state that administers any state or local benefit shall require each person who applies for the state or local public benefit to submit at least one of the following documents to the entity that administers the state or local public benefit demonstrating lawful presence in the United States.

1. An Arizona driver license issued after 1996 or an Arizona nonoperating identification license.
2. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
3. A United States certificate of birth abroad.
4. A United States passport.
5. A foreign passport with a United States visa.
6. An I-94 form with a photograph.
7. A United States citizenship and immigration services employment authorization document or refugee travel document.
8. A United States certificate of naturalization.
9. A United States certificate of citizenship.
10. A tribal certificate of Indian blood.
11. A tribal or Bureau of Indian Affairs affidavit of birth.

B. For the purposes of administering the Arizona health care cost containment system, documentation of citizenship and legal residence shall conform with the requirements of title XIX of the social security act.

C. To the extent permitted by federal law, an agency of this state or political subdivision of this state may allow tribal members, the elderly and persons with disabilities or incapacity of the mind or body to provide documentation as specified in section 6036 of the federal deficit reduction act of 2005 (P.L. 109-171; 120 Stat. 81) and related federal guidance in lieu of the documentation required by this section.

D. Any person who applies for state or local public benefits shall sign a sworn affidavit stating that the documents presented pursuant to subsection A are true under penalty of perjury.

E. Failure to report discovered violations of federal immigration law by an employee of an agency of this state or a political subdivision of this state that administers any state or local public benefit is a class 2 misdemeanor. If that employee's supervisor knew of the failure to report and failed to direct the employee to make the report, the supervisor is guilty of a class 2 misdemeanor.

F. This section shall be enforced without regard to race, color, religion, sex, age, disability or national origin.

G. Any person who is a resident of this state has standing in any court or record to bring suit against any agent or agency of this state or its political subdivisions to remedy any violation of any provision of this section, including an action for mandamus. Courts shall give preference to actions brought under this section over civil actions or proceedings.