



SINGLE FAMILY MAJOR REHABILITATION PROGRAM

Please read the following program eligibility rules and requirements before completing and submitting your application:

- Assisted home must be located within the Peoria city limits.
- Applicants for services under this Program must be income eligible per U.S. Department of Housing and Urban Development (HUD) definitions (24 CFR 570.3) and per published income limits which can be found at <http://www.huduser.org/datasets/pdrdatas.html>
- Applicants must own and occupy the property as their primary residence. Primary residence is described as: Occupancy of residence for no less than 274 out of the last 365 days.
- Assistance is a one time, lifetime assistance to an individual, family, household, and property. Each dwelling will have a minimum investment of \$20,001. Total investment will be based on the individual project and necessary scope of work. At no time will the maximum investment exceed the current per unit investment limits published by HUD for the HOME Program.
- Homeowner mortgage must be current if applying for major rehabilitation of property. Properties requiring reconstruction (complete tear down and rebuild) **must not have** any encumbrances (e.g. mortgage, lien, home equity loan, home equity line of credit, reverse mortgage, etc.)
- Applicants (or any persons in the household) who are convicted of a felony, or who have not had their civil rights restored are not eligible to participate or receive funding from this program.
- Applicants (or any persons in the household) who have registered, or are required to register, as level two or level three sex offenders under Arizona Revised Statutes, Title 13, Chapter 38, Article 3 are not eligible to participate in or receive funding from this program.
- Financial assistance is not available to persons who are not in eligible status with respect to citizenship or noncitizen immigration status.
- Applicants will be required to agree to allow the City to verify any or all of the information provided by the applicant in connection with the application.
- Applicants will be required to acknowledge that the City may remove the applicant from the program and seek a refund of any monies paid if the City determines that any statement or information provided by the applicant is false or fraudulent.
- Applicant must be current on property taxes, homeowner's insurance and flood insurance, if applicable.
- **Manufactured homes on a rented/leased lot are not eligible for assistance.** However, a manufactured home on a lot owned by the applicant is eligible.
- Manufactured homes built prior to June 15, 1976 are not eligible for assistance.
- The following items are disallowed by this program
 - Creation of a secondary housing unit attached to a primary unit.
 - Installation of luxury items, such as a swimming pool.
 - Costs of equipment, furnishings, or other personal property that is not an integral structural fixture, such as a window air conditioner or washer and dryer.
 - All costs for applicant(s) to rehabilitate their own property.
- No assistance will be provided for the purpose of preparing a residence for sale or title transfer.
- Property must pass an Environmental Review prior to any rehabilitation.
- A lien will be attached to the property, based on current HOME Program affordability period guidelines.
- Applicants will be required to execute a promissory note for the monetary value of assistance provided.
- Applicant must not currently own additional properties (i.e. second home, rental property, etc.)

Program eligibility rules and requirements (continued)

- Proposed property must not be used to conduct business, including businesses operated on a separate structure on the property.
- Payment for assistance will be made directly to the contractor(s); no payments shall be made directly to the qualified person, family or household.
- Applicants must disclose relations to or business with an employee, agent, consultant, officer, or elected/appointed official of the City of Peoria. No assistance will be provided if it is determined that a conflict of interest exists.
- Total liquid assets of the household, excluding retirement accounts and personal property, must not exceed \$25,000.
- The Single Family Major Rehabilitation Program is a voluntary program. If an application is approved, decisions to vacate the property during rehabilitation, including all moving expenses, are at the sole discretion of the applicant.
- If approved for the program, applicant and co-applicant, if applicable, must complete a homeowner education course. The course will cover topics including budgeting, credit, delinquency and foreclosure prevention, financial literacy training to strengthen money management and financial planning skills, and basic home maintenance.
- Ownership interest, in the form of sweat equity (actively participating during the construction process) will be required if approved for the program. The amount and form of sweat equity required will be based upon the amount of monetary assistance provided and the approved applicant's ability to perform such duties.
- As a condition of the program, properties rehabilitated through the Single Family Major Rehabilitation Program property must remain in compliance with all City Codes and Ordinances.



SINGLE FAMILY MAJOR REHABILITATION PROGRAM

Notice of Process

- An application is either picked up at the Development and Community Services Building located at 9875 N. 85th Avenue, mailed or downloaded through www.peoriaaz.gov
- The completed application, with all supporting documentation attached, is submitted to the City's Housing and Development Grants Coordinator for review.
- The completed application is screened to determine if the applicant meets specific criteria required for the program (e.g., income eligibility rules) and to ensure there are no missing documents, information or signatures.
- A U.S. Department of Housing and Urban Development (HUD) Environmental Review and Housing Quality Standards (HQS) inspection will be scheduled with the City's contract agency.
- Upon successful completion of the above items, a preliminary approval or denial letter will be mailed to the applicant. The applicant may also be notified by telephone and then with a follow-up letter.
- If an application receives preliminary approval, a field inspection will be scheduled to visually inspect the reported issues and document the current status of the housing unit with photographs. A scope of work will be created to determine the extent of the rehabilitation work needed.
- After the field inspection, the applicant will be notified of final approval/denial status. If approved, the letter will include the work to be performed.
- Applicant must sign Work Order authorizing and agreeing to the work to be performed, as well as providing permission to City staff and selected contractors to enter the property to perform work.
- A Contractor will be selected by the City and the work will be scheduled.
- A final HQS inspection will be scheduled at the conclusion of the project.
- Applicant will meet with contractor to obtain warranties, review scope of work and sign approval/satisfaction documentation.
- Applicant will be required to sign a lien and promissory note based upon the amount of monetary value of rehabilitation.
- The completed lien and promissory note will be recorded with the Maricopa County Recorder's Office and a copy of the recorded document will be mailed to the applicant.
- The project will be closed.

Applicant Signature

Date

Co-Applicant Signature

Date



SINGLE FAMILY MAJOR REHABILITATION PROGRAM

RULES OF CONDUCT

Rules of conduct for applicants, co-applicants and household members are as follows:

- Applicants, co-applicants, persons in the household or on the premise who are verbally abusive to, or threaten any City staff member or contractor in any way, will be removed from the program and will become ineligible for future assistance. As necessary, any work in progress on the assisted household will cease and will not be completed. Completion of work will be the responsibility of applicant and no financial assistance will be provided by the City. The City will only reimburse contractors for work performed prior to the assistance being revoked.
- Applicants who do not comply with instructions from contractors regarding property preparation for work to be accomplished may be removed from the program. Examples of contractor requests are:
 - removal of debris from the property to provide adequate work space
 - moving furniture or debris to provide access to an area
 - locking up or removing a dangerous animal
- Applicants who do not allow access to the property at times mutually scheduled with the contractor(s) may be removed from the program.
- Any costs associated with a service call (including fuel surcharges) for a missed appointment will be billed directly to the applicant by the contractor and will not be paid by the City or the program.

Applicant Signature

Date

Co-Applicant Signature

Date



SINGLE FAMILY MAJOR REHABILITATION PROGRAM

Dear Peoria Homeowner:

Thank you for your interest in the City's Single Family Major Rehabilitation Program. This program is designed to assist eligible Peoria homeowners with comprehensive repairs to provide a decent, safe and sanitary home that is in compliance with all adopted City Codes.

If you are interested in applying for the Single Family Major Rehabilitation Program, please complete the attached application and return to our office. Applications must be submitted in person. Please bring the following supporting documentation when submitting your application.

- Proof of lawful presence in the United States– please see list of acceptable documents attached.
- Proof of most recent mortgage payment along with current mortgage statement.
- Proof of income for all household members such as:
 - Copy of most recent Federal Tax return along with W-2/1099 forms for all household members.
 - Copy of most recent Social Security Income statement or Social Security Disability Income statement.
 - Copies of two consecutive months of pay stubs (most recent)
 - Social Security Award Letter
 - Copy of record of child support and/or alimony received if applicable
 - Any other income including assistance through the Department of Economic Security (DES)
- Proof of ownership such as:
 - Warranty Deed
 - Joint Tenancy Deed
 - Quit Claim Deed
 - Certificate of Title
 - Deed of Trust
- Proof of homeowner's insurance

You will be contacted and advised about the status of your application. This program receives funding from the Federal government; all requested information must be provided in order for applications to be considered. Incomplete applications will not be processed and will be returned.

Assistance is provided on a first-come, first-approved basis.

If you have questions regarding this application packet, please contact the Community Assistance Division at 623-773-7250 or communityassistance@peoriaaz.gov.

The City of Peoria does not discriminate against any individual or program applicant on the basis of race, religion, color, sex, sexual orientation, gender identity, marital status, age, handicap, familial status or national origin.

Reasonable accommodations made upon request.



**AFFIDAVIT DEMONSTRATING LAWFUL
PRESENCE IN THE UNITED STATES**

CO-APPLICANT

ARS §1-502 requires that any person who applies to the City for a local public benefit (defined as a grant, contract, or loan) must demonstrate, through the presentation of the following documents, that he/she is lawfully present in the United States.

LAWFUL PRESENCE IN THE UNITED STATES CAN BE DEMONSTRATED BY PRESENTATION OF:

One (1) document from List A, or

One (1) document from List B **and** one (1) document from List C (An item from List C can satisfy List A if includes photo)

All documents must be unexpired

LIST A Documents that establish both identity and lawful presence	LIST B Documents that establish identity	List C Documents that establish lawful presence <i>This can satisfy LIST A IF includes photo</i>
<input type="checkbox"/> Arizona driver's license or ID card issued on or after 1996 First 4 numbers/letters: _____	<input type="checkbox"/> Arizona driver's license or ID card issued prior to 1996 First 4 numbers/letters: _____	<input type="checkbox"/> Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States Last 4 numbers: _____
<input type="checkbox"/> U.S. Passport or U.S. Passport Card First 4 numbers/letters: _____	<input type="checkbox"/> Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address First 4 numbers/letters: _____ Issuing state: _____	<input type="checkbox"/> Certification of Birth Abroad issued by the Department of State (Form FS-545) Year of birth: _____ Place of birth: _____
<input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551) First 3 alien resident numbers: _____	<input type="checkbox"/> School ID card with a photograph First 4 numbers of ID: _____ Name of school: _____	<input type="checkbox"/> Certification of Report of Birth issued by the Department of State (Form DS-1350) Year of birth: _____ Place of birth: _____
<input type="checkbox"/> Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa First 4 numbers/letters on passport: _____ Passport valid through: _____ First 4 numbers/letters on Visa: _____	<input type="checkbox"/> Voter's registration card First 4 numbers: _____	<input type="checkbox"/> Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Year of birth _____ Place of birth _____
<input type="checkbox"/> Employment Authorization Document that contains a photograph (Form I-766) First 4 numbers/letters of doc.: _____	<input type="checkbox"/> U.S. Military card or draft record First 4 numbers: _____	<input type="checkbox"/> U.S. Citizen ID Card (Form I-197) First 4 numbers: _____
<input type="checkbox"/> In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form First 4 numbers of I-94: _____	<input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card First 4 numbers: _____	<input type="checkbox"/> Identification card for use of resident citizen in the United States (Form I-179) First 4 numbers: _____
<input type="checkbox"/> Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 indicating nonimmigrant admission under the Compact of Free Association between the United States the FSM or RMI First 4 numbers of passport: _____	<input type="checkbox"/> Native American tribal document Date of issuance: _____ Name of Tribe: _____	<input type="checkbox"/> Employment authorization document issued by the Department of Homeland Security First 4 numbers: _____
	<input type="checkbox"/> Driver's license issued by a Canadian government authority First 4 numbers/letters: _____	<input type="checkbox"/> Refugee travel document Date of Issuance: _____ Refugee Country: _____
		<input type="checkbox"/> United States Certificate of Naturalization First 4 numbers of CIS Reg. No. _____

In accordance with the requirements of State Law, I do swear or affirm under penalty of perjury that I am lawfully present in the United States and that the document(s) I presented to establish this presence is true and correct.

Co-Applicant's Signature

Date

Document(s) verified by:

Initial

Date



SINGLE FAMILY MAJOR REHABILITATION PROGRAM

Applicant Information				Co-Applicant Information (if applicable)				
Full Name				Full Name				
Birthdate				Birthdate				
Home Address				Home Address				
City	State	Zip Code	Years at address	City	State	Zip Code	Years at address	
Home Phone #		Other Phone #		Home Phone #		Other Phone #		
Are you the owner of the address listed above? Yes No				Is the home a mobile/manufactured home? Yes No If yes, is your home on rented/leased lot? Yes No Manufactured Date: _____				
HOUSEHOLD INFORMATION (Please include all members of the household)								
	Applicant		Co-Applicant		Occupant		Occupant	
Please print name								
Last 4 digits of Social Security Number								
Monthly Gross Income								
Wages, Salary	\$		\$		\$		\$	
Social Security	\$		\$		\$		\$	
Retirement/Pension	\$		\$		\$		\$	
Disability Income	\$		\$		\$		\$	
Veteran's Admin	\$		\$		\$		\$	
DES Cash Assistance	\$		\$		\$		\$	
DES Food Stamps	\$		\$		\$		\$	
Alimony/Child Support	\$		\$		\$		\$	
Other	\$		\$		\$		\$	
Total Annual Income from above sources	\$		\$		\$		\$	
Female Head of Household?	Yes	No						
Disabled?	Yes	No	Yes	No	Yes	No	Yes	No
Elderly (62+)?	Yes	No	Yes	No	Yes	No	Yes	No

EMPLOYMENT INFORMATION

Applicant

Employer _____ Job Title _____ Phone Number _____

Address _____ City _____ Zip code _____ Wage _____ Hrs. per wk. _____ Hire date _____

Gross monthly income: \$ _____ How are you paid? Weekly Bi-weekly Monthly

Additional Employment _____ Job Title _____ Wage _____ Hrs. per wk. _____ Hire date _____

Previous Employer _____ Job Title _____ Length of employment _____

Co-Applicant

Employer _____ Job Title _____ Phone Number _____

Address _____ City _____ Zip code _____ Wage _____ Hrs. per wk. _____ Hire date _____

Gross monthly income: \$ _____ How are you paid? Weekly Bi-weekly Monthly

Additional Employment _____ Job Title _____ Wage _____ Hrs. per wk. _____ Start date _____

Previous Employer _____ Job Title _____ Length of employment _____

Please list all assets of all household members (Checking Accounts, Savings, Stocks, Bonds, etc.)

Family Member	Type of Asset	Bank Name	Current Balance	Maturity Date (if applicable)

RACE AND ETHNICITY DATA:

Home Occupant Information

The City of Peoria collects occupant information so we may ensure that our programs benefit all Peoria residents regardless of race, gender, physical ability or sexual orientation. This information will not affect your grant eligibility in any way.

For each occupant of the home, use the following code for race:

Race Codes

American Indian or Alaskan Native = 1

American Indian or Alaskan Native &

Black or African American = 2

American Indian or Alaskan Native & white = 3

Asian = 4

Asian & white = 5

Black or African American = 6

Black or African American & white = 7

Native Hawaiian or other Pacific Islander = 8

Other multi racial = 9

White = 10

Name List yourself first	Relationship to you	Race code from above	Hispanic Heritage? Yes/No

APPLICANT INITIAL SCREENING CRITERIA

Please answer the following questions - If the answer is YES, please provide an explanation.

1. Have you ever received financial assistance from the City of Peoria? Yes No
(e.g., emergency home rehabilitation or utility assistance)
If yes, please describe: _____
When was assistance received? _____
If assistance was for home rehabilitation, what was the address this assistance was used on?

2. List other names you have used in the past or are currently using, including maiden and/or married names:

3. Are you, or anyone residing in the residence, a convicted felon who is incarcerated or has not had his or her civil rights restored?
Please write your answer as yes or no: _____
4. Are you, or anyone residing in the residence, registered or required to register as a level two or level three sex offender under Arizona Revised Status, Title 13, Chapter 38, Article 3?
Please write your answer as yes or no: _____
5. Is this property your primary residence? Primary residence is described as: Occupancy of residence for no less than 274 out of the last 365 days. Yes No
If no, please explain: _____
6. How long have you occupied the property as your primary residence? _____
7. Is your house currently for sale or are you preparing your house for sale? _____
8. Are you at risk for foreclosure on your residence? _____
9. Do you currently run a business out of your residence, or operate a business out of a separate structure on the property? Yes No
10. Do you currently have any encumbrances on your residence (e.g. mortgage, lien, home equity loan, home equity line of credit, reverse mortgage, etc.)? Yes No
 - a. If yes, please list the type of encumbrance and the balance:
Type: _____ Balance: _____
11. Are payments current for the following:
 - a. Property taxes? Yes No
 - b. Homeowner's Insurance? Yes NoIf you answered no, please explain: _____

12. Do you currently own additional properties (e.g. second home, rental property, etc.)? Yes No

Applicant Signature

Date

Co-Applicant Signature

Date

CONSENT AND ACKNOWLEDGEMENT

I/we understand and acknowledge the following:

- Assisted home must be located within the Peoria city limits.
- Applicants for services under this Program must be income eligible per U.S. Department of Housing and Urban Development (HUD) definitions (24 CFR 570.3) and per published income limits which can be found at <http://www.huduser.org/datasets/pdrdatas.html>
- Applicants must own and occupy the property as their primary residence. Primary residence is described as: Occupancy of residence for no less than 274 out of the last 365 days.
- Assistance is a one time, lifetime assistance to an individual, family, household, and property. Each dwelling will have a minimum investment of \$20,001. Total investment will be based on the individual project and necessary scope of work. At no time will the maximum investment exceed the current per unit investment limits published by HUD for the HOME Program.
- Homeowner mortgage must be current if applying for major rehabilitation of property. Properties requiring reconstruction (complete tear down and rebuild) **must not have** any encumbrances (e.g. mortgage, lien, home equity loan, home equity line of credit, reverse mortgage, etc.)
- Applicants (or any persons in the household) who are convicted of a felony, or who have not had their civil rights restored are not eligible to participate or receive funding from this program.
- Applicants (or any persons in the household) who have registered, or are required to register, as level two or level three sex offenders under Arizona Revised Statutes, Title 13, Chapter 38, Article 3 are not eligible to participate in or receive funding from this program.
- Financial assistance is not available to persons who are not in eligible status with respect to citizenship or noncitizen immigration status.
- Applicants will be required to agree to allow the City to verify any or all of the information provided by the applicant in connection with the application.
- Applicants will be required to acknowledge that the City may remove the applicant from the program and seek a refund of any monies paid if the City determines that any statement or information provided by the applicant is false or fraudulent.
- Applicant must be current on property taxes, homeowner's insurance and flood insurance, if applicable.
- **Manufactured homes on a rented/leased lot are not eligible for assistance.** However, a manufactured home on a lot owned by the applicant is eligible.
- Manufactured homes built prior to June 15, 1976 are not eligible for assistance.
- The following items are disallowed by this program
 - Creation of a secondary housing unit attached to a primary unit.
 - Installation of luxury items, such as a swimming pool.
 - Costs of equipment, furnishings, or other personal property that is not an integral structural fixture, such as a window air conditioner or washer and dryer.
 - All costs for applicant(s) to rehabilitate their own property.
- No assistance will be provided for the purpose of preparing a residence for sale or title transfer.
- Property must pass an Environmental Review prior to any rehabilitation. The City will provide the HUD Environmental Review to ensure it is performed by a licensed professional in compliance with HUD standards.
- A lien will be attached to the property, based on current HOME Program affordability period guidelines.
- Applicants will be required to execute a promissory note for the monetary value of assistance provided.

CONSENT AND ACKNOWLEDGEMENT (CONTINUED)

- Sale or transfer of the assisted property prior to expiration of the lien will result in full repayment of the lien amount to the City.

Lien terms are based upon HUD’s HOME Program Period of Affordability and are as follows:

Amount of Assistance	Period of Affordability
\$20,001 - \$40,000	10 years
\$40,000.01 and above	15 years

- Applicant must not currently own additional properties (i.e. second home, rental property, etc.).
- Proposed property must not be used to conduct business, including businesses operated on a separate structure on the property.
- Payment for assistance will be made directly to the contractor(s); no payments shall be made directly to the qualified person, family or household.
- Applicants must disclose relations to or business with an employee, agent, consultant, officer, or elected/appointed official of the City of Peoria. No assistance will be provided if it is determined that a conflict of interest exists.
- Total liquid assets of the household, excluding retirement accounts and personal property, must not exceed \$25,000.
- I/we have received the EPA brochures “*Protect Your Family from Lead in Your Home*” and “*The Lead-Safe Certified Guide to Renovate Right*”
Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting or occupying pre-1978 housing, household occupants must be aware of known lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.
- Lead-based paint tests are required if the house was built prior to 1978.
- The Single Family Major Rehabilitation Program is a voluntary program. If an application is approved, decisions to vacate the property during rehabilitation, including all moving expenses, are at the sole discretion of the applicant.
- If approved for the program, applicant and co-applicant, if applicable, must complete a homeowner education course. The course will cover topics including budgeting, credit, delinquency and foreclosure prevention, financial literacy training to strengthen money management and financial planning skills, and basic home maintenance.
- Ownership interest, in the form of sweat equity (actively participating during the construction process) will be required if approved for the program. The amount and form of sweat equity required will be based upon the amount of monetary assistance provided and the approved applicant’s ability to perform such duties.
- As a condition of the program, properties rehabilitated through the Single Family Major Rehabilitation Program property must remain in compliance with all City Codes and Ordinances.

CONSENT AND ACKNOWLEDGEMENT (CONTINUED)

I acknowledge that any discussion with any City employee regarding home rehabilitation assistance is only for informational purposes and may not be considered a binding commitment on the part of the City of Peoria to provide monetary or technical assistance to the project. I further acknowledge that any rehabilitation activity begun prior to project approval is at the risk and expense of the property owner.

Applicant acknowledges that the Single Family Major Rehabilitation Program is a voluntary program. If approved for the program, decisions to vacate the property during construction, including all moving expenses, are at the sole discretion of the applicant.

I certify that all statements and all information made on this application are true and correct.

I understand that this program receives funding from the Federal government and that it is a federal crime punishable by fine, imprisonment, or both, to knowingly make false statements concerning any of the facts applicable to receiving assistance.

Applicant consents to and acknowledges that the City may verify any or all of the information provided by the applicant in connection with the application. The City may remove the applicant from the program and seek a refund of any monies paid if the City determines that any statement or information provided by the applicant or co-applicant is false or fraudulent.

Applicant Signature

Date

Co-Applicant Signature

Date

Toxic Substance Acknowledgement

Lead based regulations at 24 CFR 35 and Radioactive Substances (i.e. Radon) regulations at 24 CFR Part 50 and 24 CFR Part 58

_____ I/we have received the lead EPA brochures “*Protect Your Family from Lead in Your Home*” and “*The Lead-Safe Certified Guide to Renovate Right*”

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting or occupying pre-1978 housing, household occupants must be aware of known lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

_____ I/we have received the EPA brochure “*A Citizen’s Guide to Radon*” and a Radon test kit.

Radon comes from the natural (radioactive) breakdown of uranium in soil, rock and water. Radon is found all over the United States and moves from the ground to the air. Radon exposure can lead to lung cancer.

Applicant Signature

Date

Co-Applicant Signature

Date

GRIEVANCE PROCEDURE

In the event of a disagreement between any parties involved in the Single Family Major Rehabilitation Program, a formal grievance procedure must be followed. Steps and timeframes are as follows:

Step 1 - First Level Determination - The first step in the grievance process involves a request for reconsideration of the denied benefits or services. The complainant must submit their written request within 10 calendar days from receipt of notification of denied benefits or services. The request must be submitted to the City of Peoria’s Housing and Development Grants Coordinator. A written decision will be issued within 10(ten) calendar days from receipt of grievance. If complainant is dissatisfied with the first level decision, the complainant shall continue the grievance process at Step 2.

Step 2 - Second Level Determination - The decision at the first level review is appealable to the Community Assistance Manager. A complainant must submit their written request for a second level determination within 10 (ten) calendar days from receipt of the first level decision.

A written decision will be issued by the Community Assistance Manager within 10 (ten) calendar days from receipt of request for a second level determination. If a complainant is still not satisfied with the second level decision, the complainant shall continue the grievance process at Step 3.

Step 3 - Third Level Determination - The decision at the second level review is appealable to the Planning and Community Development Director. A complainant has 10 (ten) calendar days to submit a written request for a third level review.

A written decision will be issued by the Planning and Community Development Director within 10 (ten) calendar days from receipt of request for a third level determination. If a complainant is still not satisfied with the third level decision, the complainant shall continue the grievance process at Step 4 of this policy.

Step 4 – Fourth Level Determination – If the complainant would like a final review, they may appeal to the Office of the City Attorney which will issue a final decision. A complainant has 10 (ten) calendar days to make a written request for a final review determination. The decision of the Office of the City Attorney is not appealable. A final decision will be issued within 30 calendar days from date of request for a final determination.

All complaints must be provided in writing.

Complaints must include the following:

- A narrative or statement describing the request for services or benefits.
- A narrative or statement describing the reasons why the applicant believes the request should not be denied.
- Any other documentation to more fully explain or identify the nature of the complaint or grievance.
- A narrative and/or statement identifying any recommended corrective actions to solve the complaint or grievance.

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities or upon request.

Personal interviews may be performed at any time during the grievance process if determined necessary or helpful to the reviewing parties.

I/We have read and understand the above grievance procedure.

Applicant Signature

Date

Co-Applicant Signature

Date

SINGLE FAMILY MAJOR REHABILITATION PROGRAM EVALUATION

Please complete each area for which you are applying for assistance. Leave areas blank if they do not apply. Completed answers will assist us in evaluating the nature of your emergency.

Homeowners Name: _____

Homeowners Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Age of Home: _____

Electrical

Please explain current electrical problem: _____

Do any outlets spark? Yes No

Are there exposed wires?

Yes No

Please indicate if you have breakers or fuses? _____

Are there any extension cords running to any fixtures or appliances? Yes No

If yes, please list location(s) and explain: _____

Plumbing

Please explain current plumbing problem: _____

Are there currently leaks or broken pipes in the plumbing system? Yes No

If yes, please indicate which areas: Walls Floors Ceiling Sinks Exterior pipes

Is the water discolored? Yes No

Is water pressure low? Yes No

SINGLE FAMILY MAJOR REHABILITATION
EVALUATION (CONTINUED)

Roofing- (please attach a photo if damage is visible)

Age of roof: _____

Please explain current roofing problem: _____

Is the roof currently leaking? Yes No

Are there any shingles missing? Yes No

If yes, please explain where: _____

Cooling/Heating

Age of unit: _____

Please explain current cooling/heating problem: _____

Please indicate what type of cooling unit you have: Evaporative Cooler Air Conditioner Both None

Are any of the cooling units currently working? Yes No If yes, which one: _____

Do you currently have a heating unit in your home? Yes No

If no, please explain what source of heat is currently being used: _____

Cooling unit is located on the: Roof Ground Other _____

Flooring

Please explain current flooring problem: _____

Are there holes in the floor? Yes No Are there soft spots in the floor? Yes No

FOR OFFICE USE ONLY

Income Data:

Very Low (30%)	
Low (50%)	
Moderate (80%)	
TOTAL	

Other Data:

Female Headed Household	
Elderly (Age 62 or older)	
Handicapped/Disabled	