



EMERGENCY HOME REPAIR PROGRAM

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

- Recipients of services 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 (or any persons in the household) who are convicted felons, who are incarcerated 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 acknowledge that the City may 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.
- Assisted home must be located within the Peoria city limits.
- Lifetime assistance to an individual, family, or household shall not exceed \$20,000.
- Lifetime assistance to an individual, family, or household residing in a **manufactured home on a rented/leased lot** shall not exceed \$5,000 or 75% of the Full Cash Value of the manufactured home, as reported by the Maricopa County Assessor's Office.
- Lifetime assistance to an individual, family, or household residing in a **manufactured home not on a rented/leased lot** shall not exceed \$20,000 or 75% of the Full Cash Value of the manufactured home, as reported by the Maricopa County Assessor's Office.
- The following items are disallowed by this program
 - 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.
 - Labor 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.
- Manufactured homes built prior to June 15, 1976 are not eligible for assistance.
- Program assistance related to air conditioning or evaporative cooler repair/replacement cannot exceed 50% of the total fiscal year program funding allocation. Please check with a Neighborhood & Revitalization staff member regarding funding allocation status.
- Program assistance related to septic system repair/replacement cannot exceed 10% of the total fiscal year program funding allocation. Please check with a Neighborhood & Revitalization staff member regarding funding allocation status.
- 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, at the time cumulative or current expenditures reach \$5,000.
- Applicants will be required to execute a promissory note for the monetary value of assistance provided.
- Applicants must occupy the property as their primary residence.
- 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.



EMERGENCY HOME REPAIR 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 Neighborhood Improvement Specialist.
- 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 field inspection will be scheduled to visually inspect the reported issues and document the current status of the housing unit with photographs.
- A U.S. Department of Housing and Urban Development (HUD) Environmental Review will be scheduled with the City's contract agency.
- Upon successful completion of the above items, an approval or denial letter will be mailed to the applicant. The applicant may also be notified by telephone with a follow-up letter. If approved, the letter will state the work to be performed.
- The applicant must sign a Work Order authorizing and agreeing to the work to be performed as well as providing the City the right to enter onto the property to perform the work.
- A Contractor will be selected by the City and the work will be scheduled.
- The City's Neighborhood Improvement Specialist will inspect and document the completed work with photographs.
- Applicant will sign the Work Order after completion of the work.
- Applicant will sign a lien and promissory note if the completed (or accumulated) work reaches a minimum of \$5,000.
- The completed lien and promissory note will be recorded with Maricopa County 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



EMERGENCY HOME REPAIR PROGRAM

Dear Peoria Homeowner:

Thank you for your interest in the City's Emergency Home Repair Program. This program is designed to assist eligible Peoria homeowners with emergency repairs to maintain the safety and habitability of individual homes.

If you are interested in applying for the Emergency Home Repair 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

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 be returned.

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

If you have questions regarding this application packet, please contact our Neighborhood Improvement Specialist at 623-773-7667

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**

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

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
<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.

Applicant's Signature Date

Document(s) verified by:

Initial Date

**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
- 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
<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: _____
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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.

Applicant's Signature

Date

Document(s) verified by:

Initial

Date



EMERGENCY HOME REPAIR APPLICATION

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. List other Social Security Numbers you have used in the past, if any:

4. 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: _____
5. 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: _____
6. Is your house currently for sale or are you preparing your house for sale? _____
7. Are you at risk for foreclosure on your residence? _____

Applicant Signature

Date

Co-Applicant Signature

Date

CONSENT AND ACKNOWLEDGEMENT

I/we understand and acknowledge the following:

- Recipients of services 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 (or any persons in the household) who are convicted felons, who are incarcerated 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 acknowledge that the City may verify any or all of the information provided by the applicant in connection with the application.
- Applicants 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.
- Assisted home must be located within the Peoria city limits.
- Lifetime assistance to an individual, family, or household shall not exceed \$20,000.
- Lifetime assistance to an individual, family, or household residing in a **manufactured home on a rented/leased lot** shall not exceed \$5,000 or 75% of the Full Cash Value of the manufactured home, as reported by the Maricopa County Assessor's Office.
- Lifetime assistance to an individual, family, or household residing in a **manufactured home not on a rented/leased lot** shall not exceed \$20,000 or 75% of the Full Cash Value of the manufactured home, as reported by the Maricopa County Assessor's Office.
- The following 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.
 - Labor 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.

 Applicant Signature

 Date

 Co-Applicant Signature

 Date

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.
- Applicants will be required to execute a promissory note for the monetary value of assistance provided.
- Applicants must occupy the property as their primary residence.
- 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.
- 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.

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.

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

EMERGENCY HOME REPAIR PROGRAM HOME REPAIR 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.

Please note: Most assistance is limited to one major system failure.

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

EMERGENCY HOME REPAIR PROGRAM
HOME REPAIR 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	