YAVAPAI COUNTY HOME REPAIR PROGRAM
Yavapai County Environmental Unit
1120 Commerce Dr. Prescott, AZ. 86305.
(928) 771-3214; Enviro.Services@yavapaiaz.gov

APPLICATION

IMPORTANT! Please carefully read and complete this application. Incomplete or unclear information delays the processing of your application. Call (928) 771-3214 if you have any questions. All information on this application will remain confidential and will only be utilized as necessary to meet the requirements of the program and deliver services. Please return the completed application to the address or email listed above.

Date: _____

Name of Applicant Homeowner or if applicable, Name of Representative with Power of Attorney:

_____

Street Address, City, State, Zip: _____

Mailing Address (if different): _____

Primary Phone: _____ Primary Email: _____

Alternate Contact Name (optional): _____

Alternate Phone: _____ Alternate Email: _____

THE FOLLOWING QUESTIONS WILL HELP US DETERMINE APPLICANT ELIGIBILITY:

- Are you a resident of Yavapai County and a legal resident of the U.S.? Yes ☐ No ☐
- Have you occupied the home full-time, year-round, for at least 12 months? Yes ☐ No ☐
- Do you certify that you plan to occupy property as your principal and only residence for at least five years? Yes ☐ No ☐
- Are all property taxes paid up to date? Yes ☐ No ☐
- Is the home currently insured/insurable? Yes ☐ No ☐
- Do you as homeowner have Fee Simple title to the property? Yes ☐ No ☐

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1. HOUSEHOLD COMPOSITION & INCOME

A. For each type of income that your household receives, give the source of the income and the amount of income received from that source during the past 12 months. Sources of income include but are not limited to wages, cash, unemployment, alimony payments, welfare assistance, social security pension, annuity, trust fund, royalty payments, property rental, property sale, military allotments, and interest of over $50 per month from savings, stocks, bonds, and certificates of deposit.

HOUSEHOLD MEMBER*	SOURCE OF INCOME	AMOUNT OF MONTHLY INCOME	BIRTHDATE	SEX
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

*Is the Head of Household a Single Parent? Yes ☐ No ☐

Race and ethnicity information is required by the funding agency and is used for statistical purposes only.

B. Race of Head of Household (Please check one and only one):

SINGLE RACE CATEGORIES:

___White
___Black/African American
___Asian
___American Indian/Alaskan Native
___Native Hawaiian/Other Pac Islander

MULTI-RACE CATEGORIES:

___American Indian/Alaskan Native **&** White
___Asian **&** White
___Black/African American **&** White
___American Indian/Alaskan Native **&** Black/African American
___Other Multi-Racial

C. Is the Head of Household of Hispanic Ethnicity? Yes ☐ No ☐

D. Is anyone in the household disabled? Yes ☐ No ☐
# of Disabled Residents in Home: _____

2. CONDITION OF HOME / REPAIR(S) NEEDED

A. This federal grant requires Yavapai County, the Verde Valley Habitat for Humanity (VVHFH), and NACOG to prioritize issues that affect a home's code compliance, beginning with health and safety. What health or safety related repairs are needed on your home? **Please circle the items below that are a health/safety concern for the people in the home:**

~~Electrical hazards~~	Plumbing – **Yard Line Only**	Sewer / Septic / Cesspool
~~Roofing~~	~~Foundation~~	~~Furnace~~
~~Floors~~	~~Doors or windows~~	~~Vermin or rodent infestation~~
~~Water leaks~~	~~Porches/steps~~	~~Disabled accessibility~~

B. Additional comments regarding condition of home and/or repairs needed:

_____

_____

_____

***Note: A final determination of the severity of need for a repair will be made by a Yavapai County, VVHFH, or NACOG representative. These estimates help us understand the relative needs of the home.*

C. Year the home was built: _____

3. CERTIFICATIONS

PRIVACY ACT NOTICE STATEMENT: This information is being collected to determine your eligibility for assistance through the US Department of Housing and Urban Development CDBG program. It may be released to appropriate Federal, State, and local agencies (or their agents) when relevant, to civil, criminal or regulatory investigators and prosecutors.

PRINCIPAL RESIDENCE: I/we certify that I/we own the property listed at the address in this application and that the property is occupied as my/our principal residence. I/we have lived at this address for _____ years.

PLAN TO OCCUPY: I/we certify that I/we plan to occupy the property as my/our principal and only residence for at least five years.

WARNING: By signing this form, you are indicating that you have read and understand the above Privacy Act Notice and the "Yavapai County Home Repair Program Eligibility Information" document and certify that the information provided in this application is true, accurate and complete.

_____ _____

Signature (Head of Household) Date

_____

Signature of person assisting with this form (if applicable)

_____ _____

Name/Phone # of person assisting with this form Date