

**NORTHERN ARIZONA COUNCIL OF GOVERNMENTS
OWNER OCCUPIED HOUSING REHABILITATION PROGRAM**

C/O NACOG REHAB SERVICES
1577 Plaza West Drive, Suite A-4, Prescott, AZ 86303
928-445-0211; Fax 928-773-1135

APPLICATION

IMPORTANT! Please carefully read and complete this application. Incomplete or unclear information delays the processing of your application. Please call us if you have any questions. All information on this application will remain confidential except as necessary to meet the requirements of the program and deliver services. Please return the completed application to the address above.

Date: _____ Do you own your own home and land? ___Yes ___No (If No, not eligible for program)

Applicant Name: _____

Street Address, City, State, Zip: _____

Mailing Address (if different) _____

Home Phone _____ Work Phone _____ Message Phone _____

1. HOUSEHOLD COMPOSITION AND INCOME

A. List head of household and all other members who are living in the home. For each household member, provide the relationship to head of household.

HOUSEHOLD MEMBER	SSN	RELATION	DATE OF BIRTH	AGE	SEX
1		Head of Household			
2					
3					
4					
5					
6					
7					
8					
9					

B. Please list any and all household members who are disabled (Verification of this information is required.)

HOUSEHOLD MEMBER	DESCRIPTION OF DISABILITY	PARTIAL OR TOTAL?
1		
2		
3		
4		

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

SINGLE RACE CATEGORIES:

MULTI-RACE CATEGORIES:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial |

D. Is the Head of Household of Hispanic Ethnicity? (Circle one) Y N
(Ethnicity information is required by the program funding agency and is used for statistical purposes only.)

E. Is the Head of Household a Veteran? (Circle one) Y N

F. If there are household members younger than age 18, is Head of Household a Single Parent? (Circle One) Y N

CALCULATING ANNUAL INCOME (before taxes and benefits are deducted)			
1. Head of Household: _____			
ASSETS			
<small>Asset Types: Checking Account (average monthly balance), Savings Account (average monthly balance), Certificates of Deposit, Annuities, Real estate or property (market value), IRA, Stocks, Bonds, Mutual Funds, Life Insurance policy (cash value)</small>			
HOUSEHOLD MEMBER	ASSET TYPE	CURRENT CASH VALUE	INCOME FROM ASSET
2. Net cash value:		\$	
3.* Total income from assets:		\$	

ANTICIPATED ANNUAL INCOME												
HOUSEHOLD MEMBER	WAGES, UNEMPLOYMENT	EMPLOYER RETIREMENT BENEFITS/PENSIONS	SOCIAL SECURITY BENEFITS	PUBLIC ASSISTANCE (TANF)	ALIMONY / CHILD SUPPORT	OTHER INCOME	TOTALS					
4. COLUMN TOTALS:							a	b	c	d	e	* f
* TOTAL INCOME (add 3. and 4.f.):												

X _____
 Head of Household Signature Date signed

2. CONDITION OF HOME

A. What health or safety related repairs are needed on your home? State briefly what element(s) need attention in the column that best describes the condition of the element.

HOME ELEMENTS	WORKS SOME/ NEEDS MINOR REPAIRS	DOES NOT WORK AT ALL/ NEEDS MAJOR REPAIRS	MY HOME DOES NOT HAVE....
Electrical hazard			
Plumbing			
Sewer lines			
Roofing			
Foundation			
Floors			
Walls			
Ceilings			
Windows			
Doors			
Water heater			
Furnace			
Vermin or rodent infestation			
Porches/steps			
ADA/Disability Improvements			

Additional comments regarding condition of home:

B. Year the home was built: _____

C. Is your home a mobile home? (You must own home and land) Yes _____ No _____

D. Have you previously received help for repairs to this home from any agency? Y N

If yes, agency name _____ Date _____

What types of repairs were done? _____

PRIVACY ACT NOTICE STATEMENT

This information is being collected to determine your eligibility for assistance through the State of Arizona Housing Trust Fund and the US Department of Housing and Urban Development HOME program. The information will be used to manage the NACOG Owner Occupied Housing Rehabilitation program, to protect the Government's financial interest, and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies (or their agents) when relevant, to civil, criminal or regulatory investigators and prosecutors.

PERMISSION TO RELEASE INFORMATION

I/we give permission to NACOG to release information in my application as necessary to obtain services on my behalf by making necessary referrals to community and State agencies. As necessary, my family and significant others may be contacted with regard to this application.

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 principal residence. I/we have lived at this address for _____ years.

DEFERRED PAYMENT LOAN

I/We agree not to sell the property listed on this application for a period of five years from completion of construction if the investment is \$5,000 - \$14,999; or ten years from the completion of construction if the investment is \$15,000 - \$39,999. I/we agree that should the title to the property change on the property identified by the address on this application within the applicable five (5) or ten (10) year period, I/we will repay NACOG the pro-rated amount, per the Housing Rehabilitation Program Guidelines. I/we agree that if within the time period stated above the property is sold by either my estate or my heirs, the person or estate selling the property will repay NACOG as stated above. I/we further agree that if the house is no longer my/our primary residence or rented to another party, the loan may be called due and payable.

CERTIFICATIONS

I/we certify that the information in this form is true and complete to the best of my/our knowledge and belief. I/we understand that I/we can be fined up to \$10,000, or imprisoned up to five years if I/we furnish false or incomplete information. I/we also understand that in the event the information is found to be incorrect I/we may become ineligible for the assistance provided.

WARNING: By signing this form, you are indicating that you have read the above Privacy Act Notice and are agreeing with the applicable certifications and statements.

Signature (Head of Household)

Date

Signature (Spouse/Co-Head of Household)

Date

Signature of person assisting with this form (if applicable)

name/phone #

Date