

**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; cvanhoose@nacog.org**

**APPLICATION**

**IMPORTANT!** Please carefully read and complete this application. Incomplete or unclear information delays the processing of your application. Call us 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 & if applicable, Name of Representative with Power of Attorney:

\_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Contact Information: \_\_\_\_\_ Email: \_\_\_\_\_

The following questions will help us determine applicant eligibility.

Please answer all of the following questions to the best of your ability:

- Do all owners live in the home? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is your home a mobile home? (*Applicant must own home and land to be eligible*) Yes \_\_\_\_\_ No \_\_\_\_\_
- Has the homeowner lived in the home a minimum of 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is the home insured? (*Home must be insured for the duration of the forgivable loan term*) Yes \_\_\_\_\_ No \_\_\_\_\_
- Is the home located in a floodplain? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are there any back taxes owed and/or liens on the property? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is the home held in a Trust? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is there a reverse mortgage on the home? Yes \_\_\_\_\_ No \_\_\_\_\_
- Can the home be brought to code without extensive reconstruction? Yes \_\_\_\_\_ No \_\_\_\_\_

Any housing rehabilitation work through this program will be funded through a forgivable loan that requires that the homeowner reside in the home for a period of 10 years following completion of the work. For each year after the homeowner signs off on the completed project, 10% of the loan is forgiven, until the 10-year period has expired. Should a homeowner sell the property before this period ends, the homeowner will be required to compensate NACOG for the remaining balance of the forgivable loan.

In order to secure this commitment, NACOG requires that the homeowner sign a certified Promissory Note confirming this agreement before any work is done. This enables us to keep the program going for more homeowners into the future.

**Have you read the above program description?** Yes \_\_\_\_\_



**1. HOUSEHOLD COMPOSITION AND INCOME**

A. List the head(s) of the household and all other members who are living in the home.

HOUSEHOLD MEMBER	SSDI Certified Disabled? (Verification of this information will be required)	RELATION	DATE OF BIRTH	AGE
1.		Head of Household		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

B. How many residents are below the age of 18? \_\_\_\_\_

C. How many residents are over the age of 62? \_\_\_\_\_

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

D. 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 Pacific 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

E. Is the Head of Household of Hispanic Ethnicity? Yes \_\_\_\_\_ No \_\_\_\_\_

F. Is the Head of Household a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

## 2. CONDITION OF HOME

A. This federal grant requires 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 **mark the box that best describes the needs of each item below:**

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

B. Additional comments regarding condition of home:

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

- C. Year the home was built: \_\_\_\_\_
- D. Would any residents in the home benefit from the addition of/repair to accessibility ramps, an accessible shower, or other accessibility improvements? Yes \_\_\_\_\_ No \_\_\_\_\_
- E. Have you previously received help for repairs to this home from any agency? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, agency name \_\_\_\_\_ Date \_\_\_\_\_
- What types of repairs were done? \_\_\_\_\_



**CALCULATING ANNUAL INCOME (before taxes and benefits are deducted) FOR ALL PERSONS IN HOUSEHOLD**

Documentation will need to be provided to verify the income of all household members at a later stage in the qualifying process.

Totals must be pre-tax, and as accurate as possible. False information may result in disqualification. Call phone # on Page 1 if questions.

**ANTICIPATED PRE-TAX ANNUAL INCOME (IF MONTHLY AMOUNT PUT "/M")**

HOUSEHOLD MEMBER	WAGES (including unemployment)	RETIREMENT BENEFITS/ PENSIONS	SOCIAL SECURITY BENEFITS	PUBLIC ASSISTANCE (TANF ONLY)	ALIMONY / CHILD SUPPORT	OTHER INCOME	TOTALS
<b>2. COLUMN TOTALS:</b>	a	b	c	d	e	f	<b>g \$</b>

TOTAL ANNUAL INCOME FOR ALL PERSONS LIVING IN THE HOME \$

**ASSETS**

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)

HOUSEHOLD MEMBER	ASSET TYPE	CURRENT CASH VALUE	INCOME FROM ASSET

3. Net cash value: .....\$

4. Total income from assets: .....\$

X \_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date signed

## 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 CDBG or 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 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 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.

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Signature (Head of Household)

Date

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Signature (Spouse/Co-Head of Household)

Date

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Signature of person assisting with this form (if applicable)

name/phone #

Date