



Owner-Occupied Housing Rehabilitation Program Application

Dear Applicant,

Thank you for your interest in the Owner-Occupied Housing Rehabilitation Program (OOHR) administered by Housing Solutions of Northern Arizona. Housing Solutions' OOHR program is funded by CDBG funds from the department of Housing and Urban Development, passed through the City of Flagstaff.

In order to apply for OOHR assistance, you must submit the following documents:

1. Completed application form (attached to this cover letter) signed by all owners of the home.
2. Proof of gross income and assets for all household members who had income within the most recent 12 months. Examples of common required documentation includes:
 - a. Two months' paycheck stubs for all wage earners. Paycheck stubs should show year-to-date totals, as well as earnings during the pay period.
 - b. Most recent Social Security, retirement or disability award letter
 - c. Documentation of child support
 - d. Signed statement of no income, if an adult household member has no income in the past 12 months. Blank form included in application packet.
 - e. Three most recent bank statements for all bank accounts, including checking accounts, savings accounts and retirement accounts. Bank statements must include all pages.
3. Copies of Social Security cards for all household members.
4. Current year property tax statement.
5. Most recent monthly mortgage statement (showing outstanding balances).
 - a. Include any reverse mortgage documents, if applicable
6. Proof of homeowner's insurance.

Please note that additional documents may be requested to substantiate income, including Federal income tax filings, investment and retirement account statements, or documentation of income derived from other sources such as rentals or cash sales and services.

Missing required information could result in delay or denial of processing your application for home repair services. We look forward to receiving your application. Please contact us if you have questions or need assistance in completing this application.

Drop off completed application at:
Housing Solutions of Northern Arizona
2304 N. Third St., Flagstaff, AZ 86004

Mail completed application to:
Housing Solutions of Northern Arizona
PO Box 30134, Flagstaff, AZ 86003



Owner-Occupied Housing Rehabilitation Program Application

Please answer each question as completely as possible. If you need assistance completing this application, please contact Housing Solutions of Northern Arizona’s main office at (928) 214-7456 or via email at info@housingnaz.org and you will be connected to a housing counselor to help you complete the application and/or answer your questions.

Household Information

Applicant Name:	Co-Applicant Name:
Date of Birth:	Date of Birth:
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
May we Text You?	May we Text You?
Email:	Email:
Preferred Contact Method:	Preferred Contact Method:
Address:	Address:
City: State: Zip:	City: State: Zip:
Limited English Proficient? <input type="checkbox"/> Yes <input type="checkbox"/> No	Limited English Proficient? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you lived in Flagstaff?	How long have you lived in Flagstaff?

Other household members residing in home or dependents that applicant/co-applicant has legal custody of:

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Demographic Information

Applicant	Co-Applicant
Education: (check all that apply) <input type="checkbox"/> No High School Diploma <input type="checkbox"/> High School Diploma/Equivalent (GED) <input type="checkbox"/> 2-year College/Associate’s Degree <input type="checkbox"/> Bachelor’s Degree <input type="checkbox"/> Master’s Degree <input type="checkbox"/> Above Master’s/Doctoral Degree <input type="checkbox"/> Vocational Certification/Other Certs <input type="checkbox"/> Prefer not to Respond	Education: (check all that apply) <input type="checkbox"/> No High School Diploma <input type="checkbox"/> High School Diploma/Equivalent (GED) <input type="checkbox"/> 2-year College/Associate’s Degree <input type="checkbox"/> Bachelor’s Degree <input type="checkbox"/> Master’s Degree <input type="checkbox"/> Above Master’s/Doctoral Degree <input type="checkbox"/> Vocational Certification/Other Certs <input type="checkbox"/> Prefer not to Respond

Demographic Information (cont.)

Applicant	Co-Applicant
<p>Citizenship Status: (check one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> US Citizen 	<p>Citizenship Status: (check one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> US Citizen
<p>Race: (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to Respond 	<p>Race: (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to Respond
<p>Ethnicity: (check one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to Respond 	<p>Ethnicity: (check one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to Respond
<p>Marital Status: (check one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unmarried/Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to Respond 	<p>Marital Status: (check one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unmarried/Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to Respond
<p>Demographic Info: (To which gender do you most identify? Check if you are disabled or a US Veteran)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gender: _____ <input type="checkbox"/> Disabled <input type="checkbox"/> US Veteran <input type="checkbox"/> Prefer not to Respond 	<p>Demographic Info: (To which gender do you most identify? Check if you are disabled or a US Veteran)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gender: _____ <input type="checkbox"/> Disabled <input type="checkbox"/> US Veteran <input type="checkbox"/> Prefer not to Respond
<p>Household Type: (check only one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Female headed single parent household <input type="checkbox"/> Male headed single parent household <input type="checkbox"/> Single adult <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Married with children <input type="checkbox"/> Married without children <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to Respond 	<p>Household Type: (check only one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Female headed single parent household <input type="checkbox"/> Male headed single parent household <input type="checkbox"/> Single adult <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Married with children <input type="checkbox"/> Married without children <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to Respond
<p>Immigrant Status: (check one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Foreign Born <input type="checkbox"/> US Born <input type="checkbox"/> Prefer not to Respond 	<p>Immigrant Status: (check one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Foreign Born <input type="checkbox"/> US Born <input type="checkbox"/> Prefer not to Respond

Household Income

List all household income on a monthly basis.

Income Type	Applicant	Co-Applicant	Other Adults in Household
Salary/Employment	\$ _____	\$ _____	\$ _____
Alimony/Child Support	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Disability Income	\$ _____	\$ _____	\$ _____
Self-employment Income	\$ _____	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____	\$ _____
Dependent Social Security	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____	\$ _____

Household Assets

List all household assets including real estate, land, stocks, bonds, retirement accounts, etc.

Asset Type	Applicant	Co-Applicant	Other Adults in Household
Checking	\$ _____	\$ _____	\$ _____
Savings	\$ _____	\$ _____	\$ _____
Other Cash	\$ _____	\$ _____	\$ _____
IRA/401K	\$ _____	\$ _____	\$ _____
Stocks/Bonds	\$ _____	\$ _____	\$ _____
Property/Land	\$ _____	\$ _____	\$ _____
Retirement Pension	\$ _____	\$ _____	\$ _____
Trust Fund	\$ _____	\$ _____	\$ _____
Monetary Gifts	\$ _____	\$ _____	\$ _____
Other Assets: _____	\$ _____	\$ _____	\$ _____
Other Assets: _____	\$ _____	\$ _____	\$ _____
Other Assets: _____	\$ _____	\$ _____	\$ _____

Are you about to receive additional funds (e.g. tax return funds, property sales, inheritance)? Yes No

IF YES: Amount: \$ _____	IF YES: Amount: \$ _____	IF YES: Amount: \$ _____
--------------------------	--------------------------	--------------------------

Additional Questions

How did you hear about this program?

- Flier/Mailer Newspaper Website/Online Friend/Neighbor

Do you own your own home?

- Yes No

Is the home identified as your address (above) your principal place of residence?

- Yes No

Is the home a pre-manufactured or mobile home?

- Yes No

Do you own the land underneath your home or have a long-term ground lease as part of a Community Land Trust? (Homes that are located in a "park" where space is rented on a monthly basis do not qualify for the OOHR program.)

- Yes No

Monthly mortgage payment amount, if any, and current outstanding mortgage balance:

Monthly Payment: \$_____ Balance Owed: \$_____

Briefly describe the nature of problems and requested repairs to your home:

Privacy Act Notice Statement

The information on this form is being collected to determine your eligibility for assistance under the Community Development Block Grant program (CDBG), funded by the Dept. of Housing and Urban Development. It will be used to manage the CDBG program, to protect the Government’s financial interest and to verify the accuracy of the information furnished. It may be release to appropriate City, State or Federal agencies (or their agents), when relevant, to civil, criminal or regulatory investigators and prosecutors.

Permission

I give permission to Housing Solutions of Northern Arizona (HSNA) and/or the City of Flagstaff 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 in regard to this application.

Authorizations

I hereby consent to the inspection, copying and obtaining by interview any and all information concerning my financial status, credit and character by Housing Solutions of Northern Arizona and/or the City of Flagstaff, or any representative thereof. Such information shall include, but is not limited to, all financial records, documents and reports from banks, mortgage companies, credit agencies, law enforcement agencies and interview with employers, landlords, neighbors and personal references, etc.

I authorize Housing Solutions and/or the City of Flagstaff to:

- Obtain verifications of all information from any source(s) named in this application
- Check my credit and employment history
- Examine my personal documents and to inquire into my financial affairs in order to determine my qualification for assistance under the Owner Occupied Housing Rehabilitation program.
- I consent to the sharing of information (as necessary) with partner agencies.
- I consent to allow my property and family to be photographed and/or filmed for any purpose associated with the Owner Occupied Rehabilitation Program.
- I understand and agree that all photographs and/or film are the sole property of Housing Solutions of Northern Arizona, Inc. and I will not claim any royalty or other sum due for use of such photographs and/or films.

Certifications

I certification, under penalty of perjury, that all the statements I have made on this application are true to the best of my knowledge. I understand false statements can be cause for disqualification for assistance. I understand all information will be held in confidence by Housing Solutions and the City of Flagstaff. A credit report may be pulled by HSNA to verify information provided.

I certify that the property listed at the address on the application for rehabilitation is to be occupied by the owner as their principal residence.

Applicant Date

Co-Applicant Date

Person Assisting with this form, if applicable Date

Drop off completed application at:
Housing Solutions of Northern Arizona
2304 N. Third St., Flagstaff, AZ 86004

Mail completed application to:
Housing Solutions of Northern Arizona
PO Box 30134, Flagstaff, AZ 86003



Mail PO Box 30134, Flagstaff, AZ 86003 Office 2304 N 3rd St, Flagstaff, AZ 86004
Phone (928) 214-7456 Fax (928) 774-6937
Relay Service for Hearing Impaired 711

Credit Report Authorization and Privacy Disclosure Form

I hereby authorize and instruct Housing Solutions of Northern Arizona, Inc. to obtain and review my credit report. I understand and agree that Housing Solutions of Northern Arizona, Inc. intends to use the credit report for the purpose of evaluating my financial readiness to engage in counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to Housing Solutions of Northern Arizona, Inc. in connection with such evaluation.

Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I hereby

- authorize
- do not authorize

Housing Solutions of Northern Arizona, Inc. to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying Housing Solutions of Northern Arizona, Inc. in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Address

Address

City, State, Zip

City, State, Zip

Date

Date

Zero Income Affidavit

(to be used by adult household members to document zero income, if appropriate)

Date: _____

Name: _____

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits;
- e. Unemployment or disability payments;
- f. Allowances such as alimony or child support;
- g. Sales from self-employed resources (Avon, Mary Kay, etc.).

2. Choose One:

- Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.

- Currently, I have no income of any kind and I will not be earning any income for the next twelve (12) months.

3. I will be using the following sources of funds to pay for living expenses and other necessities:

Under penalty of perjury, I certify that the information presented above is true and accurate to the best of my knowledge. I understand that providing false representations herein constitutes an act of fraud and that providing misleading or incomplete information may result in disqualification in the program.

Applicant

Date