



Habitat for Humanity®
Central Arizona

GLENDALE EMERGENCY HOME REPAIRS FILE CHECK LIST

Job No. _____ District: _____

Tele No.: _____ Census Tract: _____ Block: _____

Client Name: _____

Complete Address: _____

Email Address: _____

Date of Application: _____

Application (Left side before job begins):

- _____ Applicant Certification
- _____ Certification & Conflict of Interest
- _____ Income Eligibility
- _____ Application
- _____ Verification of Residency/
Citizenship
- _____ Proof of Income (3 paystubs)
Benefit Award ltr- SSI etc.
Copy of 401k,
Retirement Statements
- _____ Bank Statements (3 months)
- _____ Mortgage Statement/ Space Rent
- _____ Utility Statement
- _____ Demographic info
- _____ Affidavit of Truthfulness
- _____ Proof of Ownership
- _____ Toxic Substance receipt
- _____ Environmental Review

Job Summary (Right side after job complete):

- _____ Job Summary
- _____ Scope of Work
- _____ Check Request and Invoices
- _____ Repair Contract
- _____ Completion Contract
- _____ Authorization to Exceed
- _____ Invitation to Bid
- _____ Bids / Approved Bids

Lead Testing

Year Constructed: _____

Testing Completed: Yes N/A

- _____ Lead Testing Results
- _____ Lead Renovating Record
- _____ Lead Renovate Right Receipt

NOTES:

_____ Application Approval

_____ File Completion Approval



COMMUNITY DEVELOPMENT BLOCK GRANT EMERGENCY REPAIR PROGRAM

PROGRAM GUIDELINES

The Emergency Repair Program provides assistance to homeowners in Glendale to perform emergency repairs to substandard housing conditions. Substandard conditions include those posing a serious threat to the health, safety or welfare of the household or affecting the immediate livability of the home. Emergency assistance shall be granted based on priority and eligibility of emergency.

The level of assistance is limited solely to the amount required to address the specific emergency. The maximum amount of assistance per household, per year is \$5,000, including administrative costs. For repairs that exceed \$1,000, special approval is required from the City. Emergency Repairs are limited to those issues that affect the habitability of the home such as: lack of running water, electricity, or heating/cooling.

Homes in need of more extensive, but less urgent repairs and/or replacements that isn't eligible for the Emergency Repair Program (such as cabinetry, upgrading electrical systems or addressing aging heating/cooling systems that are operable) may be addressed through the Housing Rehabilitation Program and/or other Community Resources.

Eligibility Standards

The Emergency Repair Program is only available to income eligible, homeowner-occupied applicants. Assistance is provided to those applicants who meet low-to-moderate income standards, mandated by the Department of Housing and Urban Development (HUD). These guidelines are frequently updated and reflect income categories based on family size. The household income cannot exceed 80% of the Area Median Income. Eligibility for Emergency Assistance or determination of ineligibility is based on the total gross annual income for the household size in accordance with HUD's income standards. Income qualification is required, even if the applicant is certified as disabled or elderly. In addition to meeting the income guidelines, applicants must own and live in their homes.

Program Operation

The Program shall provide emergency repairs and/or replacement for owner-occupied, income-eligible households within the City of Glendale. Eligible repairs and/or replacement shall be made to components that affect the immediate livability of the home, as determined by the Emergency Repair Manager. Repairs and/or replacement may include the following types of assistance:

Heating/Cooling Systems:

- Lack of or inadequate heating or cooling (unit shall currently exist)
- Hazardous or defective system

Plumbing Systems:

- Lack of hot and cold running water
- Defective sewage system
- Leaking waterlines and gas lines or dangerous conditions in plumbing and gas systems
- Leaking or improperly functioning bathroom plumbing fixtures (toilets, sink faucets, tubs/showers) when only one bathroom facility exists or when all facilities are inoperable

Electrical System:

- Lack of electricity
- Exposed or dangerous electrical wiring

Roofing:

- Leaking systems
- Severely deteriorated and structurally dangerous

Carpentry:

- Inoperable door/window locks
- Broken windows or inoperable exterior doors
- Structural deficiencies posing an immediate safety issue

Application Process

The Emergency Repair Program is administered through a partnership between the City and a non-profit agency, Habitat for Humanity Central Arizona. Homeowner's requesting Emergency Assistance shall request an Emergency Repair Application packet through the City's Community Revitalization Division Office or by contacting Habitat for Humanity Central Arizona directly. The application packet will include a cover letter explaining the assistance process, and an application for assistance.

The completed application packet shall be returned to Habitat for Humanity Central Arizona's Peoria office with copies of the following information, as indicated in the cover letter:

- Deed to property (Warranty, Joint tenancy or Quit Claim Deed)
- Last three (3) Pay Stubs for Employment
- Bank Statement from the last 3 months for both checking and savings accounts
- Most current Benefit Award letters if available (Social Security, Disability, Pension, Retirement, Child Support, Alimony, Welfare or other public assistance, Unemployment/Workers Compensation)
- Most current Utility Statement, include all that apply, (Electric, Water, Gas)
- Most current Mortgage statement or space rent
- Photo ID for everyone over 18
- Copy of Homeowner's insurance

Glendale residents may obtain information about this program by contacting the City of Glendale at 623-930-3670 or by contacting the Emergency Repair Manager at Habitat by calling 602-262-8643.

We proudly work with AZ Relay Services (TTD) 711 to provide access to the hearing impaired.



Habitat for Humanity®
Central Arizona



COMMUNITY DEVELOPMENT BLOCK GRANT EMERGENCY REPAIR PROGRAM

CHECKLIST

PLEASE BE SURE YOU HAVE INCLUDED ALL OF THE REQUIRED INFORMATION LISTED BELOW WITH YOUR EMERGENCY REPAIR APPLICATION.

APPLICATIONS SHALL NOT BE PROCESSED IF THEY ARE INCOMPLETE AND ALL OF THE REQUESTED INFORMATION HAS NOT BEEN RECEIVED.

- Have you completed all of the questions on both pages of the application?
- Have you included your gross annual household income on the first page of the application?
- Have you initialed and signed all the appropriate spaces on the second page of the application?
- Have you included all names and social security numbers for all occupants 18 years and older?
- Have you included the following documentation for all occupants 18 years and older?
 - Deed to property (Warranty, Joint Tenancy or Quit Claim Deed)
 - Last three (3) Pay Stubs for Employment
 - Bank Statement from the last 3 months, checking and savings accounts
 - Most current Benefit Award letters (Social Security, Disability, Pension, Retirement, Child Support, Alimony, Welfare or other public assistance, Unemployment/Workers Compensation)
 - Most current Utility Statement, include all that apply (Electric, Water, Gas)



COMMUNITY DEVELOPMENT BLOCK GRANT EMERGENCY REPAIR PROGRAM

2022 ANNUAL INCOME GUIDELINES

HOUSEHOLD (PERSONS)	INCOME LIMIT
1	\$49,500
2	\$56,550
3	\$63,600
4	\$70,650
5	\$76,350
6	\$82,000
7	\$87,650
8	\$93,300

Effective June 15, 2022

These limits are determined by the U. S. Department of Housing and Urban Development (HUD)

REHABILITATION APPLICATION AND APPLICANT CERTIFICATION

NAME:

ADDRESS:

SOCIAL SECURITY #:

PHONE:

APPLICATION TYPE: **Emergency Home Repair**

FAMILY STATUS:

ETHNIC CODE:
(i.e., W, B, H, A, I, O)

NUMBER IN FAMILY:
NUMBER PERSONS UNDER 18:

Name	Relation	Age	Sex	Name	Relation	Age	Sex
1.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

ANNUAL GROSS INCOME

Member No.	Description	Verification Document	Calculation 12(TYD/M)	Amount

ASSETS*

Member No.	Description	Verification Document	Calculation	Amount
Total Gross Income				\$

ELIGIBILITY DETERMINATION

80% Income Limit \$ _____

Total Gross Annual Income \$ _____

Income based on _____ member family

Program Manager has determined that the applicant is (*circle one*):

ELIGIBLE NOT ELIGIBLE

Program Manager Initials: _____ Date: _____

2022 AMI

Size	1	2	3	4	5	6	7	8
Median								
80%	\$49,500	\$56,550	\$63,600	\$70,650	\$76,350	\$82,000	\$87,650	\$93,300
50%	\$30,650	\$35,350	\$39,750	\$44,150	\$47,700	\$51,250	\$54,750	\$58,300
30%	\$18,550	\$21,200	\$23,850	\$26,500	\$28,650	\$30,750	\$32,900	\$35,000

APPLICANT CERTIFICATION

I certify that all the information provided here in writing, and that which I may state is true and complete to the best of my knowledge. I recognize that false, fictitious or fraudulent statements, or representations to defraud the United States Government of funds voids my application for assistance, and is punishable by fines not to exceed \$10,000 or imprisonment for not more than five years, or both under U.S.C. Title 18, subsection 1001. I understand that it is the obligation of the City of Glendale to prosecute violations.

I further certify that I am the owner of this property as of _____ and the occupant of the property described in this application, and that the rehabilitation proceeds will be used only for the work and materials necessary to meet the City of Glendale Rehabilitation Standards, as applicable, which are prescribed for the Property and described in the Scope of Work attached to the Rehabilitation Contract.

I will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development as stipulated in Title VI of the Civil Rights Act of 1964 (78 Stat. 252). I agree not to discriminate upon the basis of race, color, sex, religion, age, handicap, familial circumstance, or national origin in any fashion in connection with the use of CDBG funds.

I understand that according to 24 CFR 570.611, if I am employed by the City of Glendale or am an elected or appointed official, I am expressly ineligible for Housing Rehabilitation assistance if I have any direct relationship to implementation of CDBG program activities (e.g., Financial Services, Purchasing, and One Stop Shop), and that other City Employees must file a disclosure of conflict of interest to be eligible for program participation. The Community Assistance Manager will assist any employee with the correct filing of a conflict of interest disclosure.

I understand that if I am a relative of an employee of the City of Glendale, I must declare a conflict of interest (real or apparent) and that the City will assist such an applicant in properly declaring a conflict of interest.

I certify that I DO or DO NOT have a conflict of interest: initials _____

Verification of any of the information contained in my application for assistance may be obtained from any source by use of this document to which I now affix my signature.

I agree to authorize disbursement of funds as specified in the contract. Funds used will be for the purpose of rehabilitation to the property as stated in the Scope of Work. Any funds not used to pay the contractor for specified work shall be retained by the City of Glendale.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Accepted on behalf of the Rehabilitation Program:

Date



COMMUNITY DEVELOPMENT BLOCK GRANT EMERGENCY REPAIR PROGRAM APPLICATION

Please PRINT and complete ALL pages of this application in its entirety and sign the last page. List the type of Emergency you are experiencing on the next page. Please note that assistance is based on priority of emergency at the discretion of the Program Coordinator. Your application may be placed on a waiting list in accordance to priority.

Date:			
Head of Household Name:	Date of Birth:	Disabled? <input type="radio"/> Yes <input type="radio"/> No	
Spouse's Name:	Date of Birth:	Disabled?	
THE FOLLOWING INFORMATION IS FATHERED TO COMPLY WITH FEDERAL CDBG PROGRAM REQUIREMENTS.			
Address: (Number) (Street)	(City)	(State)	(Zip)
Phone Number:	Alternate Phone Number:	Message Phone Number:	
Do you own any other real estate property? Yes No If "Yes", please list address:			
Head of Household Social Security #:		Spouse's Social Security #:	
TOTAL Number of Persons living in the household:			
Please list the names, relationships, social security numbers and dates of birth of <u>all</u> other adults (18 years and older) in the household:			
Name:	Relationship:	Social Security #:	Date of Birth:
1.			
2.			
3.			
4.			
5.			
6.			
Approximate combined gross income (<i>before taxes</i>) of <u>all</u> persons living in the home:			
\$ Monthly Annually			
Age of Home:		How long have you owned <u>and</u> lived in the home as your primary residence?	
Tax Parcel#:		Is your home a coop? Yes No	
Is your home a mobile/manufactured home? Yes No		If "Yes", do you own the real property on which the home is located? Yes No	
Do you operate a business out of your home? Yes No			

If "Yes", please give name and nature of business: _____

Are you employed by or a relative of any employee of the City of Glendale or any non-profit?
 Yes No If "Yes", please list names, relationship, agency, department and dates of employment.

Names:	Relationship:	Agency:	Department:	Dates:
1. _____				
2. _____				

How did you hear about the program?

Please certify each of the following statements by initialing next to the statement.
(If you cannot certify to each of the following, you may not qualify for assistance.)

A. I have owned and occupied the home listed above for the past year or longer. _____ (Initial)

B. I understand the City of Glendale may obtain a title and credit report to verify _____ (Initial)
 to verify qualification.

Co-operative and Mobile Homeowners ONLY:
 I understand that my home may be eligible for the Emergency Repair Program, but _____ (Initial)
 Shall not be eligible for the Housing Rehabilitation Program.

I certify that all the information I have given and will give in connection with this application, either in writing or orally is true and correct. I understand that false, fictitious or fraudulent statements, or representations to defraud the United States Government of funds voids my application for assistance and is punishable by fines not to exceed \$10,000 or imprisonment for not more than five years, or both under U.S.C. Title 18, Sec. 1001. I understand that it is the obligation of the City of Glendale to prosecute violations.

Signature of Applicant: _____ Date _____

Signature of Co-Applicant: _____ Date _____

Please PRINT below and provide a brief description of your emergency:

A. Air Conditioning/Heating:
B. Plumbing:
C. Roofing:
D. Electrical:
E. Other:

Credit and title reports may be processed on each person and their property receiving rehabilitation. If IRS tax liens or tax certificates are found, your application will automatically be disqualified, unless written satisfaction of lien is presented to the Program Coordinator.

Please send this completed application to:

Habitat for Humanity
 City of Glendale Emergency Home Repair Program
 2830 W Glendale Ave, Suite #33
 Phoenix, Arizona 85051



Form B

Verification of United States Citizenship or Lawful Immigration Status by Presentation of Documents by Client

Legal Name of Applicant:

I have examined one document presented by the applicant from below or I have examined two documents by the applicant. I have recorded title, number and expiration date, if any, of the document(s) presented. (Note: An applicant must present original documents or copies certified by the issuing agency. All documents must be in English.)

Document Title	Issuing Authority	A Document Number (if any)	Expiration Date (if any)

The document(s) that I have listed above (1) appear to be genuine original documents or genuine copies certified by the issuing agency, and (2) relate to the applicant.

Print Name of Employee or Designee: _____

Signature of Employee or Designee: _____ Date: _____

Only one of the following documents is required to be present by an applicant:

1. Arizona driver's license or Arizona non-operating identification card issued after October 1, 1996.
2. A driver's license or non-operating license issued by another state or outlying possessions of the United States if the license indicates on its face that the person has provided proof of United States Citizenship.
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
4. A United States certificate of birth abroad.
5. U.S. passport (correct or expired).
6. Certificate of U.S. Citizenship (Form N-560 or N-561).
7. Certificate Naturalization (Form N-550 or N-570).
8. Unexpired Foreign Passport with an I-551 stamp.
9. Unexpired Foreign Passport indicating nonimmigrant visa status and such visa status either has not expired or has been extended.
10. A tribal certificate of Indian blood.
11. A tribal or bureau of Indian affairs affidavit of birth.
12. Form I-94 verifying current status as "Refugee", "Asylum Granted", "Parolee", or "Cuban-Haitian Entrant", with photograph.



Habitat for Humanity®
Central Arizona

Form A

**AFFIDAVIT CONCERNING TRUTHFULNESS
OF DOCUMENTS PRESENTED**
(Arizona Revised Statutes A.R.S._1_§§501-502)

Under oath and penalty, I swear that the documents I have submitted to

The City of Glendale, as required by my application for any federal, state

or local public benefit, are true and accurate as presented.

X _____
Signature

Date

STATE OF ARIZONA)
)ss.
County of Maricopa)

On this _____ day of _____, 20_____, before me personally
appeared _____ (name of signer), whose identity
was proved to me on the basis of satisfactory evidence to be the person whose name
is subscribed to this instrument, and knowledge that he/she executed the same. That
he/she affirms under penalty perjury that the statements in this document are true to
the best of his/her knowledge and belief.

Notary Public

My Commission Expires:

Affidavit for out of office Notary Acknowledgment

A separate affidavit must be completed for each signer

Notary's Affidavit

STATE OF Arizona

COUNTY OF Maricopa

I hereby certify, under the penalty of perjury, that I am authorized to act as a Notary Public, in and for the above County and State, and that in performing my duties as a Notary Public I have complied with all applicable State and Local Laws.

I notarize the signature of: _____

Date of Notarial acknowledgement: _____

Capacity of signer: _____ (I.e. individual, president, Broker)

Identification used: _____

Title and Date of Documents: AFFIDAVIT CONCERNING TRUTHFULNESS OF DOCUMENTS PRESENTED

Notary Public's Signature

Print Notary Name

Address of Notary

Phone No. of Notary: _____ Cell Phone No. of Notary _____

NOTE:

This document is for internal purposes only, not to be recorded.

****PLEASE INCLUDE A COPY OF ID****

Habitat for Humanity Central Arizona

Demographic Information		
in the table listed below, please indicate the number of people within the home in the race category that best describes your race and please write yes or no if your ethnicity is Hispanic		
Race/Ethnicity of persons Served	Current	
	Total	Hispanic
White		
Black or African American		
Asian		
American Indian or Alaska Native		
Native Hawaiian or other Pacific Islander		
American Indian or Alaska Native and White		
Asian and White		
Black or African American and White		
American indian or Alaska Native and Black		
Other Multi Racial		
Income Status (%of Median Family Income)	Current Total	
Extremely Low (0-30% of Median Income)		
Very Low (31-50% of Median Income)		
Low (51-80% of Median Income)		
Greater than 80% of Median Income		
Family Size	Current Total	
Small (4 or Less)		
Large (5 or More)		
	Current Total	
Number of Adults		
Number of Children		
Single Female Head of Household		
Number of Males		
Number of Females		
Elderly		
Disabled		
Youth on Own		
Seriously Mentally Ill		
Chronic Substance Abuser		
Veteran		
HIV/AIDS		
Domestic Violence		
Other, <i>Define</i>		
Please answer Yes or No		
Housing Constructed before 1978		
Exempt: Constructed between 1978 and Present Day		
Exempt: Hard Costs Below \$5,000		
Otherwise Exempt		
Lead Safe Work Practices (24 CFR 35.930((b)) Hard Cost Below \$5,000)		
Interim Controls or Standard Practices (24 CFR 35.930((c)) Hard Cost \$5,000-\$25,000)		
Abatement (24 CFR 35.930 ((d)) Hard Cost Greater than \$25,000		

I have read and understand that this program receives funding from the federal government, and that is a federal crime punishable by fine, imprisonment or both to knowingly make false statements concerning any of the facts applicable to receiving assistance as specified under the provisions of Title 18, United States Code, Section 1014

I also understand that demographic information is required for federal reporting purposes and will not affect eligibility for the above program unless specifically stated in the federal regulations.

Applicant or Legal Guardian Signature

Date

Applicant or Legal Guardian Signature

Date



Bringing people together to **build homes, communities and hope.**

Job # _____

REPAIR CONTRACT

This agreement is between Habitat for Humanity Central Arizona (herein known as HFHCAZ and _____ (herein known as customer) and shall cover the work to be performed by HFHCAZ and all sub-contractors used in the repair.

I _____ authorize HFHCAZ and all sub-contractors to complete the work necessary to alleviate the emergency situation. This only covers required work as explained by HFHCAZ.

Location Address: _____

Description of emergency: _____

Signature of Customer

_____ Date: _____

HFHCAZ Authorized Representative

_____ Date: _____

Representative's title with HFHCAZ



