



## City of Phoenix CARES ACT Application

Thank you for your interest in applying for the City of Phoenix CARES ACT PROGRAM. Enclosed you will find an application along with a list of documentation you will need to provide. **Please note the funds provided by this grant are limited and set to expire soon.**

Please submit your application along with the documentation within 2 weeks or by \_\_\_\_\_ to ensure your application is processed in a timely manner.

NOTE: If you submit an incomplete application, your application will not be processed.

Should you have questions pertaining to your application, feel free to contact our office at 602-268-9022 and ask to speak to a member of the Neighborhood Revitalization team.



Dear Phoenix Homeowner:

Thank you for your interest in the City of Phoenix's Owner-occupied Home Repair Program. This program is designed to assist eligible Phoenix homeowners with repairs to diminish substandard housing units, maintain and extend the life of affordable housing inventory, correct health and safety hazards in deteriorated housing units, and improve the quality of life for the homeowner population in the city of Phoenix to support sheltering in place needs as a response to the COVID-19 pandemic.

If you are interested in applying for the Home Repair Program, please complete the attached application and return to Habitat for Humanity Central Arizona's office. Applications must be submitted in person. Please bring the following supporting documentation when submitting your application.

- Proof of lawful presence in the United States— please see list of acceptable documents attached.
- Proof of most recent mortgage payment along with current mortgage statement and a utility bill.
- Proof of income for all household members such as:
  - Copy of most recent Federal Tax return along with W-2/1099 forms for all household members.
  - Copy of most recent Social Security Income statement or Social Security Disability Income statement.
  - Copies of two consecutive months of pay stubs (most recent)
  - Social Security Award Letter
  - Copy of record of child support and/or alimony received if applicable
  - Any other income including assistance through the Department of Economic Security (DES)
- Proof of ownership such as:
  - Warranty Deed
  - Joint Tenancy Deed
  - Quit Claim Deed
  - Certificate of Title
  - Deed of Trust

You will be contacted and advised about the status of your application. This program receives funding from the Federal government; all requested information must be provided in order for applications to be considered. Incomplete applications will be returned. Assistance is provided on a first-come, first-served basis. If you have questions regarding this application packet, please contact Habitat for Humanity Central Arizona's Program Case Manager at 602-268-9022, Extension 224.

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The City of Phoenix and Habitat for Humanity do not discriminate against any individual or program applicant on the basis of race, religion, color, sex, sexual orientation, gender identity, marital status, age, handicap, familial status or national origin.

Reasonable accommodations made upon request.

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

## ACCEPTABLE CITIZENSHIP DOCUMENTATION

Doc No.		Doc No.	
1.	<b>U.S. Birth Certificate</b> (birth in U.S. or Territories or possessions of the U.S.)	11.	<b>U.S. Certificate of Naturalization</b> (Form N-550, N-570)
2.	<b>U.S. Certificate of Birth abroad issued by the U.S. State Department</b> (Form FS 240)	12.	<b>American Indian Card</b> (Form 1-872 with classification code KIC noted plus photo and enrollment or ID number)
3.	<b>Certificate of Birth Abroad Issued Department of the State</b> (Form FS-545, or DPS-1350)	13.	<b>Current DDI or SSDI Award Letter</b>
4.	<b>United States Passport</b>	14.	<b>Bureau of Indian Affairs or Tribal Affidavit of Birth</b>
5.	<b>A Foreign Passport with a United States VISA</b>	15.	<b>A Tribal Certificate of Indian Blood</b>
6.	<b>I-97 Form with Photograph</b> (in the case of a nonimmigrant alien authorized to work for a specific employer, a foreign passport with the Form 1-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not expired)	16.	<b>U.S. Citizen Identification Card</b> (Form I-197 issued by former Immigration and Naturalization (INS) to naturalized U.S. citizens. This card is no longer issued but it is valid indefinitely)
7.	<b>Permanent Resident Card</b> (Form I-551 AKA Green Card. Personalized card with bearer's photo, name, USCIS number, alien registration number, date of birth, and laser-engraved fingerprint, card expiration)	17.	<b>Identification Card for Use of Resident Citizen in the United States</b> (Form I-197 issued by former Immigration and Naturalization (INS) to naturalized U.S. citizens. This card is no longer issued but it is valid indefinitely)
8.	<b>Verification from USCIS</b>	18.	<b>U.S. Department of Justice Certificate of Citizenship</b> (Form N-560, N-561)
9.	<b>Refugee Travel Document</b>	19.	<b>Identification Card for use of Resident Citizen</b> (Form I-179)
10.	<b>Northern Mariana ID</b> (Form I-873)	20.	<b>Alien Registration Receipt Card</b> (Form I-151)



# HOME REPAIR PROGRAM

## PROGRAM GUIDELINES

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Thank you for your interest in the City of Phoenix's Owner-occupied Home Repair Program. This program is designed to assist eligible Phoenix homeowners with repairs to diminish substandard housing units, maintain and extend the life of affordable housing inventory, correct health and safety hazards in deteriorated housing units, and improve the quality of life for the homeowner population in the city of Phoenix to support sheltering in place needs as a response to the COVID-19 pandemic.

**Please read the following program eligibility requirements and rules before completing and submitting your application:**

- Recipients of services must be income eligible per U.S. Department of Housing and Urban Development (HUD) definitions (24 CFR 570.3) and per published income limits which can be found at <https://www.huduser.gov/portal/datasets/il.html>
- Applicants (or any persons in the household) who are convicted felons, who are incarcerated or who have not had their civil rights restored, are not eligible to participate or receive funding from this program.
- Applicants (or any persons in the household) who have registered, or are required to register, as level two or level three sex offenders under Arizona Revised Statutes, Title 13, Chapter 38, Article 3 are not eligible to participate in or receive funding from this program.
- Financial assistance is not available to persons who are not in eligible status with respect to citizenship or noncitizen immigration status.
- Applicants will be required to acknowledge that Habitat and/or the City may verify any or all of the information provided by the applicant in connection with the application.
- Applicants will be required to acknowledge that Habitat and/or the City may remove the applicant from the program and seek a refund of any monies paid if Habitat and/or the City determines that any statement or information provided by the applicant is false or fraudulent.
- Assisted home must be located within the Phoenix city limits.
- Lifetime assistance to an individual, family, or household shall not exceed \$10,000.
- Applicants residing in a **manufactured home on a rented/leased lot** are not eligible for assistance.
- The following items are disallowed by this program
  - Costs of equipment, furnishings, or other personal property that is not an integral structural fixture, such as a window air conditioner or washer and dryer.
  - Labor costs for applicant(s) to rehabilitate their own property.
- No assistance will be provided for the purpose of preparing a residence for sale or title transfer.
- Mortgage and property taxes must be current.
- Participant(s) must not own additional properties (i.e. second home, rental property, etc.).
- Manufactured homes built prior to June 15, 1976 are not eligible for assistance.
- Property must pass an Environmental Review prior to any rehabilitation.

- Applicants must occupy the property as their primary residence. Occupancy is defined as 274 of the last 365 days.
- Payment for assistance will be made directly to the contractor(s); no payments shall be made directly to the qualified person, family or household.
- Applicants must disclose relations to or business with an employee, agent, consultant, officer, or elected/ appointed official of the City of Phoenix or Habitat for Humanity Central Arizona. No assistance will be provided if it is determined that a conflict of interest exists.

**Eligibility Standards**

The Home 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 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 home repairs for owner-occupied, income-eligible households within the City of Phoenix. Eligible repairs and/or replacement shall be made to components that affect the ability to shelter in place, as determined by the Program Manager. The completed application packet shall be returned to Habitat for Humanity Central Arizona's office with copies of the following information:

- Proof of lawful presence in the United States of all members of the household 18 years of age and older.
- Proof of most recent mortgage payment along with current mortgage statement, and utility bill.
- Proof of income for all household members, including a copy of the most recent Federal Tax return along with W-2/1099 forms for all household members
- Deed to property (Warranty, Joint tenancy or Quit Claim Deed)
- Bank Statement from the last 2 consecutive months
- Most current Benefit Award letters if available (Social Security, Disability, Pension, Retirement, Child Support, Alimony, Welfare or other public assistance, Unemployment/Workers Compensation)

The completed application is screened to determine if the applicant meets specific criteria required for the program (e.g., income eligibility rules) and to ensure there are no missing documents, information or signatures. Habitat will then schedule an inspection of your home and a U.S. Department of Housing and Urban Development (HUD) Environmental Review will be completed with the City. Upon successful completion of the above items, a Habitat case manager will notify the applicant of their approval or denial status. The applicant must sign a Work Order authorizing and agreeing to the work to be performed as well as providing Habitat and/or the approved contractors the right to enter onto the property to perform the work. At the completion of the job, Habitat will inspect and document the completed work with photographs and the applicant will sign the Completion Contract affirming all agreed upon work was completed.

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Applicant Signature

Date

Co-Applicant Signature

Date



**Habitat for Humanity®**  
Central Arizona



# HOME REPAIR PROGRAM

## RULES OF CONDUCT

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Rules of conduct for applicants, co-applicants and household members are as follows:

- Applicants, co-applicants, persons in the household or on the premise who are verbally abusive to, or threaten any City staff member, Habitat staff member, or contractor in any way, will be removed from the program and will become ineligible for future assistance. As necessary, any work in progress on the assisted household will cease and will not be completed. Completion of work will be the responsibility of applicant and no financial assistance will be provided by the City. The City will only reimburse contractors for work performed prior to the assistance being revoked.
- Applicants who do not comply with instructions from contractors regarding property preparation for work to be accomplished may be removed from the program. Examples of contractor requests are:
  - removal of debris from the property to provide adequate work space
  - moving furniture or debris to provide access to an area
  - locking up or removing a dangerous animal
- Applicants who do not allow access to the property at times mutually scheduled with the contractor(s) may be removed from the program.
- Any costs associated with a service call (including fuel surcharges) for a missed appointment will be billed directly to the applicant by the contractor and will not be paid by the City or the program.

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Applicant Signature

Date

Co-Applicant Signature

Date



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Central Arizona



# HOME REPAIR PROGRAM APPLICATION

<b>Date:</b>			
Applicant Name:	Date of Birth:	Are you Disabled? Yes      No	Are you a Veteran? Yes      No
Co-Applicant Name:	Date of Birth:	Are you Disabled? Yes      No	Are you a Veteran? Yes      No
<b>THE FOLLOWING INFORMATION IS FATHERED TO COMPLY WITH FEDERAL CDBG PROGRAM REQUIREMENTS.</b>			
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:			
Applicant: Female head of household?    yes    no      Elderly?    yes    no		Co-Applicant: Female head of household?    yes    no      Elderly?    yes    no	
TOTAL Number of Persons living in the household:			
Please list the names, relationships, and dates of birth of <u>all</u> other adults (18 years and older) in the household:			
Name:	Relationship:	Date of Birth:	Disabled    Veteran    Elderly (62+)
1.			yes no    yes no    yes no
2.			yes no    yes no    yes no
3.			yes no    yes no    yes no
4.			yes no    yes no    yes no
5.			yes no    yes no    yes no
6.			yes no    yes no    yes no
For <u>each</u> occupant of the home, use the following code for race:			
American Indian or Alaskan Native = 1		Black or African American = 6	
American Indian or Alaskan Native & Black or African American = 2		Black or African American & white = 7	
Black or African American = 2		Native Hawaiian or other Pacific Islander = 8	
American Indian or Alaskan Native & white = 3		Other multi racial = 9	
Asian = 4		White = 10	
Asian & white = 5			
Name:	Relationship:	Race Code:	Hispanic Heritage (yes/no)
1.			
2.			
3.			
4.			
5.			
6.			

Are you employed by or a relative of any employee of the City of Phoenix or Habitat for Humanity Central Arizona? Yes      No      If "Yes", please list names, relationship, agency, department and dates of employment.			
Names:	Relationship:	Agency:	Department:      Dates:
1. _____			
2. _____			
Age of Home:		How long have you owned <b>and</b> lived in the home as your primary residence?	
Is your home a mobile/manufactured home?	Yes      No	Yes      No      N/A	If "Yes", do you own the real property on which the home is located?
How did you hear about the program?			
Please certify each of the following statements by initialing next to the statement. <i>(If you cannot certify to each of the following, you may not qualify for assistance.)</i>			
A.	I have owned <b>and</b> occupied the home listed above for the past year or longer.		_____ (Initial)
B.	I understand the City of Phoenix may obtain a title and credit report to verify to verify qualification.		_____ (Initial)
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 Phoenix to prosecute violations.			
Signature of Applicant:			
_____			Date
Signature of Co-Applicant:			
_____			Date
<b>Please PRINT below and provide a brief description of your repair need:</b>			
A.	Cooling/Heating:		
B.	Plumbing:		
C.	Roofing:		
D.	Electrical:		
E.	Flooring:		
F.	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 Central Arizona  
City of Phoenix Home Repair Program  
9133 NW Grand Ave Suite #1  
Peoria, Arizona 85345





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Central Arizona



# HOME REPAIR PROGRAM

## APPLICANT INCOME ELIGIBILITY AND CERTIFICATION

NAME:

ADDRESS:

APPLICATION TYPE: HOME REPAIR

FAMILY STATUS:

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 <i>(see attachment if applicable)</i>	Amount

### ASSETS\*

Member No.	Description	Verification Document	Calculation <i>(see attachment if applicable)</i>	Amount

**Total Gross Income** \$



# HOME REPAIR PROGRAM INITIAL SCREENING CRITERIA

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**Please answer the following questions - If the answer is YES, please provide an explanation.**

1. Have you ever received financial assistance from the City of Phoenix or any of its partners?  Yes  No  
(e.g., emergency home rehabilitation, utility assistance, home repair assistance from FSL)

If yes, please describe: \_\_\_\_\_

When was assistance received? \_\_\_\_\_

If assistance was for home rehabilitation, what was the address this assistance was used on?  
\_\_\_\_\_

2. List other names you have used in the past or are currently using, including maiden and/or married names:  
\_\_\_\_\_

3. List other Social Security Numbers you have used in the past, if any:  
\_\_\_\_\_

4. Are you, or anyone residing in the residence, a convicted felon who is incarcerated or has not had his or her civil rights restored?  
Please write your answer as yes or no: \_\_\_\_\_

5. Are you, or anyone residing in the residence, registered or required to register as a level two or level three sex offender under Arizona Revised Status, Title 13, Chapter 38, Article 3?  
Please write your answer as yes or no: \_\_\_\_\_

6. Is your house currently for sale or are you preparing your house for sale? \_\_\_\_\_

7. Are you at risk for foreclosure on your residence? \_\_\_\_\_

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Applicant Signature	Date	Co-Applicant Signature	Date
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**Habitat for Humanity®**  
Central Arizona



## **HOME REPAIR PROGRAM CONSENT AND ACKNOWLEDGEMENT**

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**I/we understand and acknowledge the following:**

- Recipients of services must be income eligible per U.S. Department of Housing and Urban Development (HUD) definitions (24 CFR 570.3) and per published income limits which can be found at <http://www.huduser.org/datasets/pdrdatas.html>
- Applicants (or any persons in the household) who are convicted felons, who are incarcerated or who have not had their civil rights restored, are not eligible to participate or receive funding from this program.
- Applicants (or any persons in the household) who have registered, or are required to register, as level two or level three sex offenders under Arizona Revised Statutes, Title 13, Chapter 38, Article 3 are not eligible to participate in or receive funding from this program.
- Financial assistance is not available to persons who are not in eligible status with respect to citizenship or noncitizen immigration status.
- Applicants acknowledge that the City may verify any or all of the information provided by the applicant in connection with the application.
- Applicants acknowledge that the City may remove the applicant from the program and seek a refund of any monies paid if the City determines that any statement or information provided by the applicant is false or fraudulent.
- Assisted home must be located within the Phoenix city limits.
- Lifetime assistance to an individual, family, or household shall not exceed \$10,000.
- Applicants residing in a **manufactured home on a rented/leased lot** are not eligible for assistance.
- The following are disallowed by this program
  - Creation of a secondary housing unit attached to a primary unit.
  - Installation of luxury items, such as a swimming pool.
  - Costs of equipment, furnishings, or other personal property that is not an integral structural fixture, such as a window air conditioner or washer and dryer.
  - Labor costs for applicant(s) to rehabilitate their own property.
- No assistance will be provided for the purpose of preparing a residence for sale or title transfer.
- That the mortgage and taxes must be current on my property.
- Property must pass an Environmental Review prior to any rehabilitation. The City will provide the HUD Environmental Review to ensure it is performed by a licensed professional in compliance with HUD standards.
- Applicants must occupy the property as their primary residence.
- Payment for assistance will be made directly to the contractor(s); no payments shall be made directly to the qualified person, family or household.

- Applicants must disclose relations to or business with an employee, agent, consultant, officer, or elected/ appointed official of the City of Phoenix. No assistance will be provided if it is determined that a conflict of interest exists.
- I/we have received the EPA brochures *"Protect Your Family from Lead in Your Home"* and *"The Lead-Safe Certified Guide to Renovate Right"* and *"A Citizen's Guide to Radon."*  
Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting or occupying pre-1978 housing, household occupants must be aware of known lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.
- Lead-based paint tests are required if the house was built prior to 1978.
- Radon comes from the natural (radioactive) breakdown of uranium in soil, rock and water. Radon is found all over the United States and moves from the ground to the air. Radon exposure can lead to lung cancer.

I acknowledge that any discussion with any City employee regarding home rehabilitation assistance is only for informational purposes and may not be considered a binding commitment on the part of the City of Phoenix to provide monetary or technical assistance to the project. I further acknowledge that any rehabilitation activity begun prior to project approval is at the risk and expense of the property owner.

I certify that all statements and all information made on this application are true and correct.

I understand that this program receives funding from the Federal government and that it is a federal crime punishable by fine, imprisonment, or both, to knowingly make false statements concerning any of the facts applicable to receiving assistance.

Applicant consents to and acknowledges that the City may verify any or all of the information provided by the applicant in connection with the application. The City may remove the applicant from the program and seek a refund of any monies paid if the City determines that any statement or information provided by the applicant or co-applicant is false or fraudulent.

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Applicant Signature	Date	Co-Applicant Signature	Date
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## CARES Act Owner-Occupied Housing Shelter in Place Rehabilitation Program Conflict of Interest Disclosure Questionnaire

HEAD OF HOUSEHOLD: \_\_\_\_\_

NAME of other applicants (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### APPLICABLE INDIVIDUALS (COVERED PERSONS)

1. Are you a Habitat for Humanity Central Arizona or Foundation for Senior Living employee?  
 Yes       No  
If so, what department do you work in? \_\_\_\_\_
2. Are you a City of Phoenix employee?  
 Yes       No  
If so, what department do you work in? \_\_\_\_\_
3. Do you have any immediate family members (parents, children domestic partner, etc.) that work for Habitat for Humanity Central Arizona or Foundation for Senior Living?  Yes       No
  - a. Name of immediate family member(s)  
\_\_\_\_\_
  - b. What department do they work in?  
\_\_\_\_\_
  - c. What is their position?  
\_\_\_\_\_
4. Do you, your employer, or your immediate family members have any duties or responsibilities associated with Community Development Block Grant funds or other federally funded housing programs?  Yes       No  
Please explain any potential conflict: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Are you, your employer or any of your family members involved in making decisions related to any federally funded housing programs?  Yes       No  
Please explain any potential conflict: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Will you, your employer or your family members gain a financial benefit (see special note) in any federally funded housing program?  Yes  No

Please explain any potential conflict: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Note:** Having a **financial benefit** includes, but is not limited to, being paid by a HUD-funded program as a staff person, contractor or consultant.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## AFFIDAVIT OF ZERO INCOME

I, \_\_\_\_\_, affirm that I have no income at this time. When my income commences, I will immediately alert Habitat for Humanity Central Arizona.

The information I have provided is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. GOVERNMENT, AS TO ANY MATTER WITHIN ITS JURISDICTION; MISREPRESENTATION OF ANY INFORMATION IS GROUNDS FOR INELIGIBILITY/TERMINATION OF HOUSING ASSISTANCE.**

## AFFIDAVIT NO BANK ACCOUNT

I, \_\_\_\_\_, affirm that I have no bank account at this time. If that should change, I will immediately alert Habitat for Humanity Central Arizona.

The information I have provided is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIAL NOTES FOR FILE:**