



EMERGENCY REPAIR PROGRAM GUIDELINES

The Emergency Repair Program provides assistance to homeowners in Glendale to perform emergency repairs to substandard housing conditions. 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 \$12,000**, including administrative costs. The **maximum number of jobs completed per household, per year, is two (2)**. 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. 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.

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

1. The total household income must be within the federal guidelines for low/moderate-income households. The annual GROSS income (before taxes) cannot exceed 80% of the Area Median Income (see table below)
2. The property must be located in Glendale.
3. The property must be owner-occupied for at least one year prior to application submittal.
4. Household members cannot own other residential property.

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.

2023 Annual Income Guidelines

Effective June 15, 2023. These limits are determined by the U. S. Department of Housing and Urban Development (HUD)

Size	1	2	3	4	5	6	7	8
Income Limit	\$52,400	\$59,850	\$67,350	\$74,800	\$80,800	\$86,800	\$92,800	\$98,750

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, skin 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 Habitat for Humanity Central Arizona. Homeowner's requesting Emergency Assistance shall request an Emergency Repair Application packet by contacting Habitat for Humanity Central Arizona directly. You must provide the following documentation:

1. Photo Identification – For all occupants over 18 years old
2. Income Verification – Provide copies for ALL PERSONS residing in home who receive income.
 - a. Income Tax- 1040 / W-2
 - b. Pay Stubs – last 3 months
 - c. Award Letters (Social Security/Disability/Retirement)
 - d. Other (may include Disability, Pension, Retirement, Child Support, Unemployment)
3. Ownership Verification – Copy of Deed
4. Mortgage Statement – Most recent statement
5. Homeowner's Insurance –Insurance Declarations Page
6. Bank Statements – 3 most recent statements, both checking and savings accounts
7. City of Glendale water bill – most recent
8. School Registration Confirmation – official enrollment confirmation for all occupants under 18 years

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.



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 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, signed, and dated 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 Deed to the property (Warranty, Joint Tenancy or Quit Claim Deed)?
- Have you included the following documentation for all occupants 18 years and older?
 - A copy of photo ID
 - Last three (3) months' worth of Pay Stubs for Employment
 - Bank Statement from the last 3 months, checking and savings accounts
 - Explanation of all deposits in each account
 - Most current Benefit Award letters (Social Security, Disability, Pension, Retirement, Child Support, Alimony, Welfare or other public assistance, Unemployment/Workers Compensation)
- Have you included the most current Glendale Utility Statement?
- Have you included a copy of your homeowner's insurance?



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? Yes 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 all 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 all persons living in the home:			
\$	Monthly	Annually	
Age of Home:	How long have you owned and lived in the home as your primary residence?		
Tax Parcel#:	Is your home a coop? Yes No		
Do you live in an HOA?	Yes	No	If "Yes" are you current on dues? Yes No N/A
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 N/A
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 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. _____

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



Certification of Income and Assets

Mark yes or no for each type of income/assets listed below. Include income/assets for all household members aged 18 years and older.

Yes	No	Type of Income
<input type="checkbox"/>	<input type="checkbox"/>	Wages from employment. If yes, do you work part-time or full-time? _____
<input type="checkbox"/>	<input type="checkbox"/>	Income from a business that you own
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment payments
<input type="checkbox"/>	<input type="checkbox"/>	Social Security
<input type="checkbox"/>	<input type="checkbox"/>	Disability/SSI
<input type="checkbox"/>	<input type="checkbox"/>	Pension
<input type="checkbox"/>	<input type="checkbox"/>	Regular financial assistance from those outside the household
<input type="checkbox"/>	<input type="checkbox"/>	Alimony
<input type="checkbox"/>	<input type="checkbox"/>	Child Support
<input type="checkbox"/>	<input type="checkbox"/>	Distributions from retirement accounts
<input type="checkbox"/>	<input type="checkbox"/>	Payments from annuities, insurance policies, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Income from rental properties
		Other (describe): _____

Yes	No	Type of Assets
<input type="checkbox"/>	<input type="checkbox"/>	Savings account(s)
<input type="checkbox"/>	<input type="checkbox"/>	Checking account(s)
<input type="checkbox"/>	<input type="checkbox"/>	Certificate(s) of Deposit (CDs), Money Market account(s)
<input type="checkbox"/>	<input type="checkbox"/>	Retirement accounts (pension, IRA, 401k, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Stocks, bonds, mutual funds, exchange traded funds, other investments
<input type="checkbox"/>	<input type="checkbox"/>	Life insurance policies
<input type="checkbox"/>	<input type="checkbox"/>	One-time payments (inheritances, lottery winnings, insurance settlements)
<input type="checkbox"/>	<input type="checkbox"/>	Equity in rental property
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe): _____

I declare under penalty of perjury (under the laws of the United States of America and the State of Arizona) that the information that I have provided in this document is true and correct.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Household Income Determination

NAME:

ADDRESS:

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.				5.			
2.				6.			
3.				7.			
4.				8.			

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: _____

2023 AMI

Revised: 6/15/2023

Size	1	2	3	4	5	6	7	8
Median								
80%	\$52,400	\$59,850	\$67,350	\$74,800	\$80,800	\$86,800	\$92,800	\$98,750
50%	\$32,750	\$37,400	\$42,100	\$46,750	\$50,500	\$54,250	\$58,000	\$61,750
30%	\$19,650	\$22,450	\$25,250	\$28,050	\$30,300	\$32,550	\$34,800	\$37,050

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.

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 will treat Habitat staff and contractors with courtesy and professionalism. Dishonest, disrespectful, threatening, harassing, ridiculing, or disparaging behavior will not be tolerated. Such prohibited behaviors include, but are not limited to, statements that endorse or promote discriminatory stereotypes, making false accusations, and any type of physical violence or threat of physical violence. These actions will result in denial of participation in this program.

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 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: _____

Verification of Citizenship

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 the list below or I have examined two documents presented by the applicant. I have recorded the 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 and they must be unexpired.) (All documents must be in English.)

Document Title	Issuing Authority	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 presented by an applicant:

1. Arizona driver's license or Arizona non-operating a. identification card issued after October 1, 1996.
2. A driver's license or non-operating license issued by another state or outlying possession 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 (current or expired).
6. Certificate of U.S. Citizenship (Form N-560 or N-561).
7. Certificate of Naturalization (Form N-550 or N-570).
8. Unexpired Foreign Passport with an 1-551 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 1-94 verifying current status as "Refugee", "Asylum Granted", "Parolee", or "Cuban- Haitian Entrant" with photograph.
13. Permanent Resident Card with photograph or alien Registration Receipt Card with photograph (Form 1-151) commonly referred to as "Green Card" or Form 1-551).
14. Unexpired Temporary Resident Card (Form 1-688).
15. Unexpired Employment Authorization Card (Form I- 688A).
16. Unexpired Reentry Permit (Form 1-327).
17. Unexpired Refugee Travel Document 9Form 1-571).
18. Unexpired Employment Authorization Document issued by Department of Homeland Security that contains a photograph (Form 1-6888).

If the applicant does not have any of the documents in the first column, any two (2) of the following documents are required to be presented:

19. Arizona driver's license or Arizona non-operating identification card issued on or before October 1, 1996.
20. A driver's license that does not indicate that the person has provided proof of United States citizenship or an identification card that does not indicate that the person has provided proof of United States citizenship issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.
21. Voter registration card.
22. U.S. Military card or draft record.
23. Military dependent's ID card.
24. U.S. Coast Guard Merchant Mariner card.
25. Native American tribal document.
26. Driver's license issued by a Canadian government authority.
27. United States social security card issued by the Social Security administration.
28. U.S. Citizen ID card (Form 1-197).
29. Identification Card for use of Resident Citizen in the United States (Form 1-179).
30. Unexpired Employment Authorization Document issued by Department of Homeland Security

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>		

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



Habitat for Humanity®
Central Arizona

EMERGENCY HOME REPAIR PROGRAM

Toxic Substance Acknowledgement

Lead based regulations at 24 CFR 35 and Radioactive Substances (i.e. Radon) regulations at 24 CFR Part 50 and 24 CFR Part 58

_____ **I/we have received the lead EPA brochures “Protect Your Family from Lead in Your Home” and “The Lead-Safe Certified Guide to Renovate Right”**

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.

_____ **I/we have received the EPA brochure “A Citizen’s Guide to Radon”.**

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.

Applicant Signature

Date

Co-Applicant Signature

Date



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

Job Number: _____

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.

Address: _____

Description of emergency: _____

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Accepted on behalf of the Rehabilitation Program:

_____ Date:

