



Dear Peoria Homeowner:

Thank you for your interest in the City of Peoria's Emergency Home Repair Program. This program is designed to assist eligible Peoria homeowners with emergency repairs to maintain the safety and habitability of individual homes.

If you are interested in applying for the Emergency 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 Emergency home Repair Case Manager at 623-340-6567.

The City of Peoria 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.



Habitat for Humanity®
Central Arizona



EMERGENCY HOME REPAIR PROGRAM

PROGRAM GUIDELINES

The Emergency Repair Program provides assistance to homeowners in Peoria 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.

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 Peoria city limits.
- Lifetime assistance to an individual, family, or household shall not exceed \$20,000.
- Lifetime assistance to an individual, family, or household residing in a **manufactured home on a rented/leased lot** shall not exceed \$5,000 or 75% of the Full Cash Value of the manufactured home, as reported by the Maricopa County Assessor's Office.
- Lifetime assistance to an individual, family, or household residing in a **manufactured home not on a rented/leased lot** shall not exceed \$20,000 or 75% of the Full Cash Value of the manufactured home, as reported by the Maricopa County Assessor's Office.
- 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.
- A lien will be attached to the property, based on current HOME Program affordability period guidelines, at the time cumulative or current expenditures reach \$5,000. Five (5) year lien (\$5,000-\$14,999.99); 10 year lien (\$15,000-\$20,000)
- Applicants will be required to execute a promissory note for the monetary value of assistance provided.
- 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 Peoria or Habitat for Humanity Central Arizona. No assistance will be provided if it is determined that a conflict of interest exists.

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 Peoria. 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.

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 Assistance Division Office or by contacting Habitat for Humanity Central Arizona directly. Applications will also be available for pick up at the Development and Community Services Building located at 9875 N. 85th Avenue, mailed, or downloaded through www.peoriaaz.gov.

The completed application packet shall be returned to Habitat for Humanity Central Arizona's Peoria 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 scheduled with the City’s contract agency.

Upon successful completion of the above items, an approval or denial letter will be mailed to the applicant. The applicant may also be notified by telephone with a follow-up letter. If approved, the letter will state the work to be performed. 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 Work Order affirming all agreed upon work was completed. The applicant will sign a lien and promissory note if the completed (or accumulated) work reaches a minimum of \$5,000. Five (5) year lien (\$5,000-\$14,999.99); 10 year lien (\$15,000-\$20,000). The completed lien and promissory note will be recorded with Maricopa County and a copy of the recorded document will be mailed to the applicant.

Peoria residents may obtain information about this program by contacting the City of Peoria at 623-773-5140 or by contacting the Emergency Repair Case Manager at Habitat by calling 623-340-6567.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____



Habitat for Humanity[®]
Central Arizona



EMERGENCY HOME REPAIR PROGRAM

RULES OF CONDUCT

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.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

**AFFIDAVIT DEMONSTRATING LAWFUL
PRESENCE IN THE UNITED STATES**

APPLICANT

ARS §1-502 requires that any person who applies to the City for a local public benefit (defined as a grant, contract, or loan) must demonstrate through the presentation of the following documents that he/she is lawfully present in the United States.

LAWFUL PRESENCE IN THE UNITED STATES CAN BE DEMONSTRATED BY PRESENTATION OF:

One (1) document from List A, or

One (1) document from List B **and** one (1) document from List C (An item from List C can satisfy List A if includes photo)

All documents must be unexpired

| LIST A Documents that establish both identity and lawful presence | LIST B Documents that establish identity | List C Documents that establish lawful presence <i>This can satisfy LIST A IF includes photo</i> |
|---|--|---|
| <input type="checkbox"/> Arizona driver's license or ID card issued on or after 1996 First 4 numbers/letters _____ | <input type="checkbox"/> Arizona driver's license or ID card issued prior to 1996 First 4 numbers/letters _____ | <input type="checkbox"/> Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States Last 4 numbers: _____ |
| <input type="checkbox"/> U.S. Passport or U.S. Passport Card First 4 numbers/letters _____ | <input type="checkbox"/> Driver's license or ID card 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 First 4 numbers/letters _____ Issuing state: _____ | <input type="checkbox"/> Certification of Birth Abroad issued by the Department of State (Form FS-545) Year of birth: _____ Place of birth: _____ |
| <input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551) First 3 alien resident numbers _____ | <input type="checkbox"/> School ID card with a photograph First 4 numbers of ID: _____ Name of school: _____ | <input type="checkbox"/> Certification of Report of Birth issued by the Department of State (Form DS-1350) Year of birth: _____ Place of birth: _____ |
| <input type="checkbox"/> Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa First 4 numbers/letters on passport: _____ Passport valid through: _____ First 4 numbers/letters on Visa: _____ | <input type="checkbox"/> Voter's registration card First 4 numbers: _____ | <input type="checkbox"/> Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Year of birth _____ Place of birth _____ |
| <input type="checkbox"/> Employment Authorization Document that contains a photograph (Form I-766) First 4 numbers/letters of doc.: _____ | <input type="checkbox"/> U.S. Military card or draft record First 4 numbers: _____ | <input type="checkbox"/> U.S. Citizen ID Card (Form I-197) First 4 numbers: _____ |
| <input type="checkbox"/> In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-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 yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form First 4 numbers of I-94: _____ | <input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card First 4 numbers: _____ | <input type="checkbox"/> Identification card for use of resident citizen in the United States (Form I-179) First 4 numbers: _____ |
| <input type="checkbox"/> Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 indicating nonimmigrant admission under the Compact of Free Association between the United States the FSM or RMI First 4 numbers of passport: _____ | <input type="checkbox"/> Native American tribal document Date of issuance: _____ Name of Tribe: _____ | <input type="checkbox"/> Employment authorization document issued by the Department of Homeland Security First 4 numbers: _____ |
| | <input type="checkbox"/> Driver's license issued by a Canadian government authority First 4 numbers/letters: _____ | <input type="checkbox"/> Refugee travel document Date of Issuance: _____ Refugee Country: _____ |
| | | <input type="checkbox"/> United States Certificate of Naturalization First 4 numbers of CIS Reg. No. _____ |

In accordance with the requirements of State Law, I do swear or affirm under penalty of perjury that I am lawfully present in the United States and that the document(s) I presented to establish this presence is true and correct.

Applicant's Signature Date

Document(s) verified by:

Initial Date

**AFFIDAVIT DEMONSTRATING LAWFUL
PRESENCE IN THE UNITED STATES**

CO-APPLICANT

ARS §1-502 requires that any person who applies to the City for a local public benefit (defined as a grant, contract, or loan) must demonstrate, through the presentation of the following documents, that he/she is lawfully present in the United States.

LAWFUL PRESENCE IN THE UNITED STATES CAN BE DEMONSTRATED BY PRESENTATION OF:

- One (1) document from List A, or
 - One (1) document from List B **and** one (1) document from List C (An item from List C can satisfy List A if includes photo)
- All documents must be unexpired*

| LIST A Documents that establish both identity and lawful presence | LIST B Documents that establish identity | List C Documents that establish lawful presence <i>This can satisfy LIST A IF includes photo</i> |
|---|---|---|
| <input type="checkbox"/> Arizona driver's license or ID card issued on or after 1996 First 4 numbers/letters: _____ | <input type="checkbox"/> Arizona driver's license or ID card issued prior to 1996 First 4 numbers/letters: _____ | <input type="checkbox"/> Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States Last 4 numbers: _____ |
| <input type="checkbox"/> U.S. Passport or U.S. Passport Card First 4 numbers/letters: _____ | <input type="checkbox"/> Driver's license or ID card 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 First 4 numbers/letters: _____ Issuing state: _____ | <input type="checkbox"/> Certification of Birth Abroad issued by the Department of State (Form FS-545) Year of birth: _____ Place of birth: _____ |
| <input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551) First 3 alien resident numbers: _____ | <input type="checkbox"/> School ID card with a photograph First 4 numbers of ID: _____ Name of school: _____ | <input type="checkbox"/> Certification of Report of Birth issued by the Department of State (Form DS-1350) Year of birth: _____ Place of birth: _____ |
| <input type="checkbox"/> Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa First 4 numbers/letters on passport: _____ Passport valid through: _____ First 4 numbers/letters on Visa: _____ | <input type="checkbox"/> Voter's registration card First 4 numbers: _____ | <input type="checkbox"/> Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Year of birth _____ Place of birth _____ |
| <input type="checkbox"/> Employment Authorization Document that contains a photograph (Form I-766) First 4 numbers/letters of doc.: _____ | <input type="checkbox"/> U.S. Military card or draft record First 4 numbers: _____ | <input type="checkbox"/> U.S. Citizen ID Card (Form I-197) First 4 numbers: _____ |
| <input type="checkbox"/> In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-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 yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form First 4 numbers of I-94: _____ | <input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card First 4 numbers: _____ | <input type="checkbox"/> Identification card for use of resident citizen in the United States (Form I-179) First 4 numbers: _____ |
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| | <input type="checkbox"/> Driver's license issued by a Canadian government authority First 4 numbers/letters: _____ | <input type="checkbox"/> Refugee travel document Date of Issuance: _____ Refugee Country: _____ |
| | | <input type="checkbox"/> United States Certificate of Naturalization First 4 numbers of CIS Reg. No. _____ |

In accordance with the requirements of State Law, I do swear or affirm under penalty of perjury that I am lawfully present in the United States and that the document(s) I presented to establish this presence is true and correct.

Applicant's Signature

Date

| | |
|--------------------------|---------------|
| Document(s) verified by: | |
| _____ Initial | _____ Date |



EMERGENCY HOME REPAIR PROGRAM APPLICATION

| | | | | | |
|---|--|-------------------------|--|-----------------------------------|--|
| Date: | | | | | |
| Applicant Name: | | Date of Birth: | | Are you Disabled? Yes No | |
| Co-Applicant Name: | | Date of Birth: | | Are you a Veteran? Yes No | |
| | | | | Are you Disabled? Yes No | |
| | | | | Are you a Veteran? Yes No | |
| 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: | | | | | |
| 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 all 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 | |
| | | | | yes no | |
| | | | | 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 | | |
| American Indian or Alaskan Native & white = 3 | | | Native Hawaiian or other Pacific Islander = 8 | | |
| Asian = 4 | | | Other multi racial = 9 | | |
| Asian & white = 5 | | | White = 10 | | |
| Name: | | Relationship: | | Race Code: | |
| | | | | Hispanic Heritage (yes/no) | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |



EMERGENCY HOME REPAIR PROGRAM

APPLICANT INCOME ELIGIBILITY AND CERTIFICATION

NAME:

ADDRESS:

APPLICATION TYPE: **EMERGENCY 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 \$

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 |



EMERGENCY HOME REPAIR PROGRAM

CONFLICT OF INTEREST

APPLICANT

CONFLICT OF INTEREST STATEMENT FOR HUD ASSISTED PROGRAMS

Per U.S. Department of Housing and Urban Development (HUD) regulations 24 CFR §92.356 and 24 CFR §570.611, no employee, agent, consultant, officer, or elected or appointed official of the recipient, or of any designated public agencies, or of subrecipients having any functions or responsibilities related to activities assisted with Community Development Block Grant (CDBG), HOME Investment Partnership Program (HOME) or American Dream Down Payment Initiative (ADDI) funds may benefit from an assisted activity. For purposes of the Maricopa HOME Consortium, of which the City of Peoria is a member, this requirement also extends to immediate family members of individuals defined above.

Exceptions may be granted on a case by case basis by HUD upon written request of the recipient and after certain disclosures are made public. Any conflicts noted will be investigated and resolved in accordance with HUD regulations.

I hereby certify that I **do not** have (nor does anyone in my immediate family have) any relations to or business with any employee, agent, consultant, officer, or elected or appointed official of the City of Peoria or Habitat for Humanity Central Arizona, which is providing the assistance I am receiving.

I hereby certify that I **do** (or someone in my immediate family **does**) have relations to or business with an employee, agent, consultant, officer, or elected or appointed official of the City of Peoria or Habitat for Humanity Central Arizona, which is providing the assistance I am receiving. Please list the name(s) of the person(s) involved in the potential conflict of interest and please state the nature of your relationship and/or business interest with the person(s). Further information will be required and a separate meeting will be set up to discuss the disclosure of any potential conflicts of interest.

Applicant Name (please print or type)

Applicant Signature Date



EMERGENCY HOME REPAIR PROGRAM

CONFLICT OF INTEREST

CO-APPLICANT

CONFLICT OF INTEREST STATEMENT FOR HUD ASSISTED PROGRAMS

Per U.S. Department of Housing and Urban Development (HUD) regulations 24 CFR §92.356 and 24 CFR §570.611, no employee, agent, consultant, officer, or elected or appointed official of the recipient, or of any designated public agencies, or of subrecipients having any functions or responsibilities related to activities assisted with Community Development Block Grant (CDBG), HOME Investment Partnership Program (HOME) or American Dream Down Payment Initiative (ADDI) funds may benefit from an assisted activity. For purposes of the Maricopa HOME Consortium, of which the City of Peoria is a member, this requirement also extends to immediate family members of individuals defined above.

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I hereby certify that I **do** (or someone in my immediate family **does**) have relations to or business with an employee, agent, consultant, officer, or elected or appointed official of the City of Peoria or Habitat for Humanity Central Arizona, which is providing the assistance I am receiving. Please list the name(s) of the person(s) involved in the potential conflict of interest and please state the nature of your relationship and/or business interest with the person(s). Further information will be required and a separate meeting will be set up to discuss the disclosure of any potential conflicts of interest.

Co-Applicant Name (please print or type)

Co-Applicant Signature Date



Habitat for Humanity®
Central Arizona



EMERGENCY HOME REPAIR PROGRAM

CONSENT AND ACKNOWLEDGEMENT

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 Peoria city limits.
- Lifetime assistance to an individual, family, or household shall not exceed \$20,000.
- Assistance that reaches \$5,000 (one time or accumulated) will have a lien attached to the property, based on current HOME Program affordability period guidelines. Current guidelines are as follows:
 - \$5,000-\$14,999.99 in assistance yields a 5-year lien
 - \$15,000-\$20,000 in assistance yields a 10-year lien
- Lifetime assistance to an individual, family, or household residing in a **manufactured home on a rented/leased lot** shall not exceed \$5,000 or 75% of the Full Cash Value of the manufactured home, as reported by the Maricopa County Assessor's Office.
- Lifetime assistance to an individual, family, or household residing in a **manufactured home not on a rented/leased lot** shall not exceed \$20,000 or 75% of the Full Cash Value of the manufactured home, as reported by the Maricopa County Assessor's Office.
- 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.
- Sale or transfer of the assisted property prior to expiration of the lien will result in full repayment of the lien amount to the City.
- Applicants will be required to execute a promissory note for the monetary value of assistance provided.
- 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 Peoria. 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 Peoria 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.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____



Habitat for Humanity[®]
Central Arizona



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 its contractor(s), to enter onto the property to assess and perform the approved emergency repair(s). This only covers required work as explained by HFHCAZ. I also understand this work may result in a lien against my property.

Location Address: _____

Description of emergency: _____

Signature of Customer

_____ Date: _____

HFHCAZ Authorized Representative

_____ Date: _____

Representative's title with HFHCAZ
