

**Pinal County**  
Housing Department  
970 N. Eleven Mile Corner Road  
Casa Grande, AZ 85194  
(520)866-7219

**APPLICATION FOR OWNER OCCUPIED HOUSING REHABILITATION PROGRAM**

**I. PERSONAL**

Applicant \_\_\_\_\_ Age \_\_\_\_\_ SS No. \_\_\_\_\_

Co-applicant \_\_\_\_\_ Age \_\_\_\_\_ SS No. \_\_\_\_\_

Physical Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

I have owned and lived in the home listed above for \_\_\_\_\_ years.

**Add all people who will live with you. Use an additional sheet of paper if needed.**

Name	Soc. Sec. #	Gender	Age	Date of Birth	Relationship To Head of Household
1.					
2.					
3.					
4.					

**II. EMPLOYMENT**

**1. Applicant**

Present Employer's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Previous Employer's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

**2. Co-applicant**

Present Employer's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Previous Employer's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_



Housing Department

III. <u>INCOME</u>	<u>Applicant</u>	<u>Co-applicant</u>	<u>Notes</u>
Wage	\$ _____	\$ _____	_____
Social Security	\$ _____	\$ _____	_____
S.S.I	\$ _____	\$ _____	_____
Retirement	\$ _____	\$ _____	_____
V.A. Pension	\$ _____	\$ _____	_____
Welfare	\$ _____	\$ _____	_____
Rental	\$ _____	\$ _____	_____
Child Support	\$ _____	\$ _____	_____
Spousal Support	\$ _____	\$ _____	_____
*Other Household Income	\$ _____	\$ _____	_____

\* This includes other adult household members income

Do you have a Checking Account? YES or NO
How many checking accounts do you have?
Account Number
Name and Address of bank:
Account Number
Name and Address of bank:
Do you have a Savings Account? YES or NO
How many savings accounts do you have?
Account Number
Name and Address of bank:
Account Number
Name and Address of bank:
<b>Do you have any of the following assets: Life Insurance Policy, Trust Funds, Stocks, Bonds, Certificates of Deposit, Money Market account, Notes, Mortgages, Deeds, Retirement Accounts, Safety Deposit box, Real Estate, other (explain)</b>
Account number
Name and Address of Financial Company:
Account number
Name and Address of Financial Company:
Do you own any vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, Year, Make and Model
License Number and State

**OFFICE USE**

**THIS SECTION TO BE COMPLETED BY THE HOUSING MODERNIZATION COORDINATOR**

MONTHLY                      \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_ x 12 = \_\_\_\_\_

Income LIMITS            Income \$ \_\_\_\_\_                      Family Size \_\_\_\_\_

Is applicant's income level \_\_\_\_\_ 50% \_\_\_\_\_ 80% \_\_\_\_\_ 95% of the income limits? \_\_\_\_\_

**IV. TYPES OF REPAIRS NEEDED**

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant s Signature \_\_\_\_\_ Date \_\_\_\_\_

**V. INCOME VERIFICATION AUTHORIZATION**

I, \_\_\_\_\_ hereby authorize Housing Authority of Pinal County, to contact any agency, employer, group or organization to obtain any and all information or materials which are deemed necessary to determine if I am eligible for participation in Federal and State funded housing assistance. I understand that this information is only for the purpose of determining my eligibility and will be kept confidential.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant s Signature \_\_\_\_\_ Date \_\_\_\_\_



**NOTICE TO APPLICANTS**

This is notice to you as required by the Right to Financial Privacy Act of 1978, that the Department of Housing and Urban Development, the State of Arizona, and/or Pinal County, has a right to access to financial records held by any financial institution in connection with the consideration or administration of the Owner Occupied Housing rehabilitation loan and/or other rehabilitation loans sponsored by Pinal County, for which you have applied. Financial records involving your transaction will be available to the Department of Housing and Urban Development and the State of Arizona without further notice or authorization but will not be disclosed or released to another Government agency or Department without your consent except as required or permitted by law.

**RIGHT OF FINANCIAL PRIVACY ACT CERTIFICATE**

The Department of Housing and Urban Development and the State of Arizona certify, in compliance with the Right of Privacy Act of 1978, that in connection with this request for access to financial records, they are in compliance with the applicable provisions of said Act.

**DISCLAIMER**

The undersigned hereby acknowledge that any discussion with any Pinal County employee regarding property rehabilitation, prior to approval, is only for program information and may not be considered a binding commitment to the project.

The applicant also acknowledges that any construction started prior to approval is at risk and expense of the property owner.

Any person who knowingly makes a false statement or misrepresentation in an application or in support of an application for Federal financial assistance or causes such a false statement or misrepresentation to be made shall be subject to a fine of not more than \$5,000 or imprisonment for not more than 2 years or both, under provision of the United States Criminal Code.

Informational Pamphlets- Please Initial

I have received a copy of the Notice Entitled “Protect your family from lead in your home”

I have received a copy of the Smoke Detector Notification

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Office use \_\_\_\_\_

APPLICATION #
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CASE #
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### STATISTICAL DATA

The following information is required for statistical purpose. It will not be considered by any local or federal official in determining your assistance eligibility.

RACIAL CATEGORIES (HUD DESIGNATED)	RACIAL GROUP	* HISPANIC
WHITE		
BLACK/AFRICAN AMERICAN		
ASIAN		
AMERICAN INDIAN/ALASKAN NATIVE		
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		
AMERICAN INDIAN/ALASKAN NATIVE AND ASIAN AND WHITE		
BLACK/AFRICAN AMERICAN AND WHITE		
AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN		
OTHER MULTI-RACIAL		

Male \_\_\_\_\_

Female \_\_\_\_\_

Are you considered to be handicapped or disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you head of household? \_\_\_\_\_ Yes \_\_\_\_\_ No

Check one:           AGE

\_\_\_\_\_ 25 or younger

\_\_\_\_\_ 26 - 35

\_\_\_\_\_ 36 - 45

\_\_\_\_\_ 46 - 55

\_\_\_\_\_ 56 - 61

\_\_\_\_\_ 62 or older