



Application For Owner Occupied Housing Rehabilitation (OOHR) Program

Mail or e-mail completed application to: Pinal County Office of Budget and Finance
 Department - Attention: Grants
 P.O. Box 1348 Florence, AZ 85132
 PHONE: (520) 866-6250 E-mail: grants@pinal.gov

I. PERSONAL		
Applicant (Homeowner):	Age:	DOB:
Property Address:	SS #:	
	Cell Phone:	
Mailing Address:	Home Phone:	
	Work Phone:	
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	
How many years have you owned and lived in the above home?		
Do you have homeowner's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide verification		
Are you a U.S. citizen or lawful permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide a copy of one of the following: <ul style="list-style-type: none"> Social Security Card U.S. passport (current or expired) U.S. birth certificate Naturalization/citizenship certificate 		

Add all people who will live with you. Use an additional sheet of paper if needed.						
HH Member #	Name	Soc. Sec. #	Date of Birth	Age	Special Population (Disabled (any age)/ 62 years or older/ Full Time Student Over 18 years)	Relationship To Applicant (Spouse/Child/Other)
2.						
3.						
4.						
5.						
6.						



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

Please complete for every member of the household						
RACE AND ETHNICITY	Applicant	HH Member #2	HH Member #3	HH Member #4	HH Member #5	HH Member #6
White Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American Non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiracial Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiracial Non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian Non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native Non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian and other Pacific Islander Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian and other Pacific Islander Non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADD INCOME, EMPLOYMENT, AND ASSET INFORMATION FOR ADULTS OVER THE AGE OF 18 YEARS RESIDING IN THE HOUSEHOLD:

II. INCOME	Employment/ Self-employment	Social Security Benefits	Social Security Disability	Unemployment Wages/ Workman's compensation	Retirement pension
Do you anticipate receiving income from any of these sources over the next 12 months? If yes, enter anticipated monthly gross income and provide two months of income verification.					
Applicant					
Household Member #2					
Household Member #3					
Household Member #4					
	Regular payments of cash or money from family	Welfare not including SNAP	Student financial aid	Alimony	Child support
Applicant					



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PINAL COUNTY

Household Member #2					
Household Member #3					
Household Member #4					
	Rental income	Lump sum settlements	Severance Pay	Military pay	Death benefits
Applicant					
Household Member #2					
Household Member #3					
Household Member #4					

III. EMPLOYMENT	Employer's Name	Employer's Address	Employer's Phone
Applicant			
Household Member #2			
Household Member #3			
Household Member #4			

IV. ASSETS	Checking Account	Savings Account	Stocks/ Bonds/ CDs/IRAs	Mutual Funds/ Annuities/ Life Insurance	Land/ Additional Homes	Vehicles in excess of two	Boat/RV/ Motorcycle
Do you have any of the following types of assets? If yes, enter current cash value and provide verification of current value.	Current Cash Value	Current Cash Value	Current Cash Value	Current Cash Value	Current Cash Value	Current Cash Value	Current Cash Value
Applicant							
Household Member #2							
Household Member #3							
Household Member #4							

OFFICE USE

THIS SECTION TO BE COMPLETED BY THE OOHR PROGRAM COORDINATOR

Results from HUD CPD Income Eligibility Calculator:

Beneficiary ID: _____

Number of household members: _____

80% Income Limit for household size: _____

Total Annual Income _____

Is this household's annual income below the current Low Income Limit? Yes No

V. TYPES OF REPAIRS NEEDED

VI. 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

VII. PRINCIPAL RESIDENCE CERTIFICATION

I, _____, certify that I occupy _____ as my primary and
(Name of homeowner) (Property address)

full-time residence.

Signature Date



VIII. INCOME VERIFICATION AUTHORIZATION – All adults residing in the household must sign below

I, _____ hereby authorize 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 _____

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

IX. 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.

X. 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.

XI. DISCLAIMER – All adults residing in household must sign below

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.

Applicant's Signature _____ Date _____

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Authorization for the Release of Information

I, _____, understand that it may be necessary for Pinal County Housing Rehabilitation Program authorized agents to obtain information from other agencies and entities in order to make me eligible for assistance I have requested.

Accordingly, I authorize and request any public, governmental or private institution and its authorized agents including, but not limited to:

Social Service Agencies	Social Security Administration	Landlords & agents
Advocacy Agencies	Utility Companies	Military Personnel
Credit Bureaus	Employers	

to furnish Pinal County or its authorized agents any and all information which may request in the form of oral or written reports, opinion, finding, personnel and employment records, military records, credit reports, statement of charges, or records regarding any incident about which may have knowledge of, information or access to, or about which you may have rendered services and/or consultation.

Please provide the following benefits, payments and information relating to:

Social Security	Pensions and Annuities	Public Assistance
Alimony and/or Separation	Child Support	Unemployment
Employment	Veteran Support	

I, THE UNDERSIGNED Client, also understand that it may be necessary for Pinal County, or its authorized agents to release information obtained from me to authorized sources to other assistance programs in order to obtain assistance through the Housing Rehabilitation Program.

Though I hereby waive any privilege I have to this information to Pinal County, you are further requested to disclose no information to any other person without written authority from me (pursuant to privilege and confidential communication statutes). A photocopy, fax or other reproduction of this authorization shall serve in its stead.

This consent, unless expressly revoked earlier, expires one year after the signing of this authorization.

Client Signature: _____ Date: _____

Social Security #: _____ Date of Birth: _____

Dependents: _____ Social Security #: _____

Dependents: _____ Social Security #: _____

Request for Verification of Employment

This section to be completed and signed by applicant

TO: (Company Name & Address of Employer) _____ DATE: _____

 _____ Employee _____
 _____ (print applicant/employee name)
 _____ SS#: _____
 _____ Employer _____
 _____ Phone # _____

I hereby authorize the release of my employment information.
 SIGNED: _____ DATE: _____

The person listed above is an applicant of a housing rehabilitation program through Pinal County that requires verification of income. Information provided will remain confidential and will be used solely for the purpose of determining eligibility. Your timely response is essential and greatly appreciated. Please return the completed form and information to: grants@pinal.gov.

THE FOLLOWING TO BE COMPLETED BY EMPLOYER:

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date Hired _____
 No _____ Date Terminated _____

Current Gross Base Pay \$ _____ Average total hours worked weekly _____

Frequency: _____ Annual _____ Hourly _____
 _____ Monthly _____ Other (Specify) _____
 _____ Weekly _____ Overtime Rate: \$ _____

Does this employee earn... Circle one below

Overtime?	Yes _____	No _____	# Hours _____	per	week	month	quarter	year
Commissions?	Yes _____	No _____	Average \$ _____	per	week	month	quarter	year
Tips?	Yes _____	No _____	Average \$ _____	per	week	month	quarter	year
Bonuses?	Yes _____	No _____	Average \$ _____	per	week	month	quarter	year

*****Do you anticipate an increase in the base pay over the next 12 months? If so, please indicate the amount and approximate date of anticipated increase: \$ _____ per _____ beginning on _____.**

Remarks: (If employee was/will be off work for any length of time, please indicate time period and reason)

 Employer's Signature

 Date

 Print Employer's Name & Title

 Telephone

NOTE: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements for misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.