



CITY OF COOLIDGE OWNER OCCUPIED HOUSING REHABILITATION and EMERGENCY REPAIR APPLICATION

If you need assistance in completing this form, please call the Grants Coordinator at the City of Coolidge at (520) 723-5361 or TDD (520) 723-4653 for an appointment.

GENERAL INFORMATION: (PLEASE FILL IN ALL REQUESTED INFORMATION AND ✓ ALL BOXES THAT APPLY)

Name:	Social Security #:*
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Address:	Home Phone:	Work Phone:
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HOUSEHOLD TYPE	MINORITY CODE **		
<input type="checkbox"/> Elderly - 62 or Older <input type="checkbox"/> Disabled <input type="checkbox"/> Family with Children under 18 <input type="checkbox"/> None of the above	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black or African American & White	<input type="checkbox"/> American Indian or Alaska Native & Black or African American <input type="checkbox"/> Other Multi Racial
			SEX OF HEAD OF HOUSEHOLD <input type="checkbox"/> Male <input type="checkbox"/> Female

* This information is for income verification only.
 **This information is being requested and collected for statistical purposes only, and will not affect the selection process. The City of Coolidge does not discriminate on the basis of color, national origin, ethnicity, religion, gender, family status or disability in its housing rehabilitation program.

HOUSING UNIT INFORMATION

YEAR DWELLING BUILT:	DO YOU OWN YOUR HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No	DWELLING TYPE <input type="checkbox"/> Single Family Home <input type="checkbox"/> Manufactured Home
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Are there any liens, mortgages or judgments against the property? Yes No

Are your utilities paid up to date (paid in full)? Yes No

Are your taxes paid up to date? Yes No Do you have Homeowner's Insurance? Yes No

HOUSING CONDITION (Please rate the condition of your housing unit.)

Excellent Good Average Poor

Are there any health and safety issues that you are aware of in the home? Yes No

Please Explain: _____

Persons with disabilities requiring reasonable accommodations should contact the ADA Coordinator for the City of Coolidge at (520) 723-5361 OR TDD (520) 723-4653 for assistance.

Family Composition (Complete for all members of the household)						
Name	Relationship	Date of Birth	Sex	Marital Status	Employer or Income Source (If Applicable)	Annual Income

APPLICANTS OFFICIAL VERIFICATION/ PRIVACY STATEMENT

The information on this form is to be used by the City of Coolidge to determine the maximum income for eligibility for Housing Rehabilitation Assistance. It will not be disclosed outside the Department except as required and permitted by law. You do not have to provide this information, but if you do not, your eligibility will be rejected. The City is authorized to ask for this information under the program and under the Housing and Community Development Act of 1974, as amended. I/We certify that the information above is true and complete to the best of my/our knowledge and belief. I/We understand that providing false statements or information is punishable under Federal Law.

Signature of Applicant

Date

Signature of Co-Applicant

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.

Mail completed application to: **City of Coolidge
Housing Rehabilitation Program
130 W. Central Avenue
Coolidge, Arizona 85228**



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