



City of Coolidge

Owner Occupied Housing Rehabilitation and Emergency Repair Program

Application Checklist

The City of Coolidge requires the following information with your application if applicable, to process your application for the Owner Occupied Housing Rehabilitation Program.

1. Valid Photo ID: ex. Driver's license or official state ID (Anyone over 18 years old)
2. Birth Certificate, INS Card, or Passport for each member of the household.
3. Social Security cards for each member of the household.
4. If Employed: Contact information for the employer, including; name, address, telephone, email, and copies of your pay stubs for the last 3 months.
5. If Self Employed; records and receipts
6. Most recent year's Tax returns and W-2's
7. Income Documents or awards letters to verify:
 - a. Social Security/SSI
 - b. Unemployment Benefits
 - c. DES Cash Aid
 - d. Food Benefits
 - e. Child Support, Alimony
 - f. Retirement or Pension benefits
 - g. Veteran's Administration Benefits
8. Copy of your 3 most current Bank statements for all Checking & Savings Accounts
9. Copy of Deed of Trust or other documentation showing you are the property owner.
10. Copy of current Homeowners insurance policy, including declaration page
11. Current Mortgage Statement
12. Current Utility Bills including: Gas, Electric, Water, Sewer and Trash (Must be current on your City of Coolidge's Sewer and Trash Account)
13. Current Receipt for your Property Taxes with Pinal County
14. Statements for any IRA's, Stocks and Bonds Certificates, etc.

*If you need assistance with completing the application, please call the City of Coolidge Grants Department at (520)723-5361 for an appointment.



CITY OF COOLIDGE OWNER OCCUPIED HOUSING REHABILITATION & EMERGENCY REPAIR APPLICATION

Date:	Property Address: (City, State, Zip):
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Head of Household Name:	Date of Birth:	<input type="checkbox"/> Male	Disabled:
	Age:	<input type="checkbox"/> Female	
Spouse (Co-applicant) Name:	Date of Birth:	<input type="checkbox"/> Male	Disabled:
	Age:	<input type="checkbox"/> Female	

THE FOLLOWING INFORMATION IS GATHERED TO COMPLY WITH THE FEDERAL STANDARDS.

Race: White Black/African-American Black/African-American & White Asian
 Asian & White American Indian or Alaska Native American Indian or Alaska Native & White
 American Indian or Alaska Native & Black/African American Native Hawaiian or Other Pacific Islander Other Multi Racial

Ethnicity Hispanic/Latino Non-Hispanic/Latino

Mailing Address:

Phone Number	Alternate Phone Number
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Head of Household Social Security #:	Spouse(Co-applicant) Social Security #:
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Number of Persons living in the household:	Are any members temporarily out of the home but expected to return with the next 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list names, relationships, social security numbers, and dates of birth of all persons living in the household or who are temporarily out of the home. If more than 6 people in the household, list remaining members on the back of this page.

Name:	Relationship:	Social Security #:	Date of Birth:
1.			
2.			
3.			
4.			
5.			
6.			

Age of Home:	How long have you owned and lived in the home as your primary residence?	Tax Parcel #:
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Is your home a manufactured home? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "Yes", do you own the real property on which the home is located? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Did you file an income tax return for this year or last? <input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly combined gross income (before taxes & deductions) from all sources for all persons living in the home.	\$
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EMPLOYMENT INFORMATION

Applicant #1 Present Employer's Name:		Phone:	Email Address:	
Address:		Years at Work	Months at work	
Applicant #2 Previous Employer's Name:		Phone:	Email Address:	
Address:		Years at Work	Months at work	
Applicant #2 Present Employer's Name:		Phone:	Email Address:	
Address:		Years at Work	Months at work	
Applicant #3 Present Employer's Name:		Phone:	Email Address:	
Address:		Years at Work	Months at work	
Applicant #4 Present Employer's Name:		Phone:	Email Address:	
Address:		Years at Work	Months at work	

NOTE: MEMBERS LIVING IN THE HOME MUST LIST ALL INCOME FROM ALL SOURCES WHETHER OR NOT IT IS CONSIDERED INCOME FOR OTHER ENTITIES OR AGENCIES

GROSS INCOME FROM ALL SOURCES:

	Applicant #1	Applicant #2	Applicant #3	Applicant #4	Applicant #5	Applicant #6
Wage	\$	\$	\$	\$	\$	\$
Social Security	\$	\$	\$	\$	\$	\$
S.S.I	\$	\$	\$	\$	\$	\$
Retirement	\$	\$	\$	\$	\$	\$
Pension	\$	\$	\$	\$	\$	\$
Welfare	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$	\$
Spousal Maintenance	\$	\$	\$	\$	\$	\$
Self-Employment	\$	\$	\$	\$	\$	\$
Any Other Source	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

LIST ALL ASSETS FOR ALL HOUSEHOLD MEMBERS FROM ALL SOURCES:

	Applicant #1	Applicant #2	Applicant #3	Applicant #4	Applicant #5	Applicant #6
Checking	\$	\$	\$	\$	\$	\$
Savings	\$	\$	\$	\$	\$	\$
Stocks/Bonds	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

HOUSING EXPENSES:

	Applicant #1	Applicant #2	Applicant #3	Applicant #4	Applicant #5	Applicant #6
Mortgage Payment:	\$	\$	\$	\$	\$	\$
Mortgage Insurance	\$	\$	\$	\$	\$	\$
Hazard Insurance	\$	\$	\$	\$	\$	\$
Real Estate Taxes	\$	\$	\$	\$	\$	\$
Maintenance Expenses	\$	\$	\$	\$	\$	\$
Heat and Utilities	\$	\$	\$	\$	\$	\$
Other Expenses	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

CONFLICT OF INTEREST

Federal, State, and County law prohibit employees and public officials of the City of Coolidge from participating in any Residential Rehabilitation Program, in which they have a financial interest, or in which they perform any policy or decision making functions. The following questions determine if the applicant exercises any functions or responsibilities with respect to the programs and would, therefore, be in conflict of interest.

Are you currently, or within the past 12 months, been a City of Coolidge employee, City Council member, or in any way affiliated with the City of Coolidge? Yes No

If yes, please list the department that you were employed or affiliated with, and the date you left, if applicable:

Is any member of your immediate family, a City of Coolidge employee, Council Member, or in any way affiliated with the City of Coolidge? Yes No

If yes, please list immediate family members name, the department with which the family member is employed, or affiliated, and his/her relationship to you: _____

****Current or past employment with the City of Coolidge may not disqualify you from receiving benefits.***

Please Certify each of the following statements by initialing on the line next to the statement <i>If you cannot certify to each of the following you may not qualify for assistance.</i>	
1. I understand if pre-qualified, I will be placed on a waiting list for housing assistance.	_____ (initial)
2. I understand that assistance may require 6 months or more, and that I will have to recertify if our household remains on the waitlist for more than 6 months.	_____ (initial)
3. I understand that even though the household has been placed on the waitlist, there is no guarantee that my household will be assisted under the program.	_____ (initial)
4. I understand the City of Coolidge will obtain a title report to verify qualifications and give my consent to do so.	_____ (initial)
5. I have read and understand the City of Coolidge Owner Occupied Housing Rehabilitation Guidelines.	_____ (initial)

WARNING: I/we are aware that this program receives funding from the Federal government and that Per 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.

If you knowingly and/or willingly make false statements or misrepresentation of any material fact in regards to the use of, obtaining the use of, or receiving assistance through federal funds you may be fined, imprisoned, or both.

Applicant(s) and/or co-applicants certify that all information and statements made on this application are true and correct and I/we consent to and acknowledge that the city may verify any or all information provided in connection with this application. If the City of Coolidge determines that any statement of information provided by applicant(s) or co-applicants is false or fraudulent, the city may remove the owner(s) or co-owners from the program and seek repayment of all monies paid.

Applicant Signature _____ Date _____

Co-Applicant 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 City of Coolidge, has a right to access 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 the City of Coolidge, 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 by law.

CITY OF COOLIDGE OWNER OCCUPIED HOUSING REHABILITATION PROGRAM

PRIVACY ACT STATEMENT TO REFERENCES

The City of Coolidge Owner Occupied Housing Rehabilitation Program is authorized by the Housing Act of 1964, as amended, to solicit the information requested.

Disclosure of the information requested is voluntary. However, information provided is of considerable value to the program in determining the repayment ability of individuals and their eligibility for the rehabilitation housing programs. There will be no consequences to you if you do not provide the information requested.

The Community Development Program expressly promises that the name of the source of a credit reference will not be released, nor will any information in the report, which could be used to identify the source, be released to any person other than federal employees using such information in connection with their normal duties or as indicated below. Other information will be available on request under the provision of the Freedom of Information Act and the Privacy Act.

The information you provide may be referred to another agency, whether Federal, State, local or foreign, charged with the responsibility of investigation or prosecuting a violation of law, or of enforcing or implementing the statute, rule, regulation or order issued pursuant, thereto, of any violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by rule, regulation or order issued pursuant there to,

By signing below, I/we acknowledge receipt of this notice.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

GRIEVANCE PROCEDURE

City of Coolidge Owner Occupied Housing Rehabilitation Program

In the event of a disagreement between any of the parties involved in the Owner Occupied Housing Rehabilitation Program namely: contractor, homeowner, rehab staff, suppliers or other interested parties, regarding any process of the program including but not limited to: Procurement, Bid Process, Bid Award, Payment Schedule, Change Orders, Workmanship or Warranties, a formal grievance procedure must be followed. Steps for filing a grievance and timeframes for processing such a grievance are listed below:

1. A written complaint specifying the problem must be submitted to the Grants Coordinator.
2. The Grants Coordinator will issue a determination within two weeks.
3. If the Grants Coordinator's determination is not satisfactory, it may be appealed by submitting a written request to the Finance Director.
4. The Finance Director will issue a determination within two weeks.
5. If the Finance Director's determination is not satisfactory, it may be appealed by submitting a written request to the City Manager.
6. The City Manager's determination is considered final and will be issued within 2 weeks.

Nothing in the above precludes a complainant from appealing to other parties they deem necessary, e.g. the funding agency, Registrar of Contractors, etc.

For complaints regarding alleged discrimination, the assigned Housing Rehabilitation Specialist will assist in providing the appropriate 504 or A.D.A procedures.

If you have a disability and require reasonable accommodation, contact the Grants Coordinator at the City of Coolidge – (520) 723-6012.

Applicant Signature

Date

Co-Applicant Signature

Date

**CITY OF COOLIDGE OWNER OCCUPIED HOUSING REHABILITATION PROGRAM
INFORMATION AUTHORIZATION**

To whom it may Concern:

I/We authorize the CITY OF COOLIDGE and/or 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 Services agencies
- Military personnel
- Utility Companies
- Hospitals
- Social Security Administration
- Employers
- Credit Bureaus
- Landlords & their Agents
- Advocacy Agencies
- Physicians

To furnish to the City or its authorized agents any and all information which it may request in the form of oral or written reports, opinions, findings, personnel and employment records, military records, credit records, all medical records, statement of charges, or rental records regarding any incident about which you may have knowledge of, information or access to, or about which you may have rendered services and or consultation.

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

Though I hereby waive any privilege I have to this information to the City, 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 photo static copy, thermo fax copy, or other chemical reproduction of this authorization shall serve in its stead.

Applicant Signature

Applicant Printed Name

Date

Co-Applicant Signature

Co-Applicant Printed Name

Date