

Town of Jerome
LIMITED HOUSING REPAIR PROGRAM
APPLICATION

Applications will be received by:
 Tracy Bouvier, NACOG, CDBG Program Specialist
 119 E. Aspen Ave., Flagstaff, AZ 86001
(928) 213-5240



Date: _____ Do you own your own home and land? ___ Yes ___ No (if No, not eligible for program)

Applicant Name: _____

Street Address/Directions: _____

Mailing Address: _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____ Message Phone _____

1. HOUSEHOLD COMPOSITION AND INCOME

A. List the head of household and all other members who will be living in the assisted unit. Give the relationship of each family member to the head of household.

Name	SSN	Relation	Birth Date	Age	Sex
1		Head HH			
2					
3					
4					
5					
6					
7					

B. List any and all household members who are disabled (verification of this information is required)

NAME	TOTAL OR PARTIAL	DESCRIBE

- C. Race of Head of Household: (Please check one and only one): ___White ___Black/African American ___Asian ___American Indian/Alaska Native ___Hawaiian/Pacific Islander ___American Indian/Alaskan Native & White ___Black/African American & White ___American Indian/Alaskan Native & Black/African American ___Other Single or Multi Racial
- D. Is the Head of Household of Hispanic Ethnicity? (circle one) Yes No
- E. Is the Head of Household a Single Parent? (Circle One) Yes No
- F. For each type of income that your household receives, give the source of the income and the amount of income received from that source during the past 12 months. Sources of income include but are not limited to wages, cash, unemployment, alimony payments, welfare assistance, social security pension, annuity, trust fund, royalty payments, property rental, property sale, military allotments, and interest of over \$50 per month from savings, stocks, bonds, and certificates of deposit.

Household Member	Source of Income	How Verified	Amount of Income
1			
2			
3			
4			
5			
6			
7			
		Total Household Income	

2. CONDITION OF HOME

A. What repairs are needed on your home? State briefly in column that best describes the condition of the home.

Home Elements	Works Some/ Needs minor repairs	Not Work at all/ Needs major repairs	My home does not have...
Electrical hazard			
Plumbing			
Sewer lines			
Roofing			
Foundation			
Floors			
Walls			
Ceilings			
Windows			
Doors			
Water heater			
Furnace			
Vermin or rodent infestation			
Porches/steps			

Additional Comments:

- B. Year the home was built: _____
- C. Is your home a mobile home? (You must own home and land) Yes _____ No _____
- D. How long have you lived in the home? _____ years, _____ months.

PRIVACY ACT NOTICE STATEMENT – The information on this form is being collected to determine your eligibility for assistance through the Arizona Department of Housing Community Development Block Grant, to protect the Government's financial interest, and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies (or their agents) when relevant, to civil, criminal or regulatory investigators and prosecutors.

PERMISSION TO RELEASE INFORMATION - I give permission to NACOG to release information in my application as necessary to obtain services on my behalf by making necessary referrals to community and State agencies. As necessary, my family and significant others may be contacted with regard to this application.

PRINCIPAL RESIDENCE - I/we certify that the property listed at the address on the application for rehabilitation is to be occupied by the owner as the principal residence.

FORGIVABLE LOAN - I/we agree not to sell the property listed on this application for a period of five (5) years from completion of construction. I/we agree that should title to the property change within the applicable five (5) year period, I/we will repay Town of Jerome the pro-rated amount as set forth in the Limited Housing Repair Guidelines. I/we agree that if within the time period stated above the property is sold by either my estate or my heirs, the person or estate selling the property will repay Town of Jerome as stated above. I/we further agree that if the house is no longer my/our primary residence or rented to another party, the loan may be called due and payable.

GRIEVANCE PROCEDURES - I/we have received a copy of the Limited Housing Repair Program Grievance Procedures.

CERTIFICATIONS - I/we certify that the information in this form is true and complete to the best of my/our knowledge and belief. I/we understand that I/we can be fined up to \$10,000, or imprisoned up to five years if I/we furnish false or incomplete information. I/we also understand that in the event the information is found to be incorrect I/we may become ineligible for the assistance provided.

WARNING - By signing this form, you are indicating that you have read the above Privacy Act Notice and are agreeing with the applicable certifications and statements.

Signature (Head of Household)

Date

Signature (Spouse/Co-Head of Household)

Date

Signature of Person Assisting with this Form

Date

This Program shall assist any income-qualified person, elderly, disabled, single head of household, and families with children, within the designated area regardless of race, color, religion, sex, disability, familial status or national origin.

**TOWN OF JEROME
LIMITED HOUSING REPAIR PROGRAM**

GRIEVANCE PROCEDURE

This process has been created to resolve any complaints resulting from the Town of Jerome Limited Housing Repair Program. If assistance is needed in processing a complaint, the Housing Administrator for the Town of Jerome Limited Housing Repair Program may be contacted at 928-778-2692 and reasonable assistance will be arranged.

A. Informal Complaint

1. An informal complaint can be filed with the Town's Housing Program Administrator (NACOG's Housing Director) through verbal notification of the complaint at 928-778-2692.
2. The Housing Administrator will review the complaint and attempt to resolve the complaint through negotiation.
3. The complainant will be notified of the proposed resolution within 5 working days of the complaint.
4. If the proposed resolution is not satisfactory to complainant, a formal complaint may be filed.

B. Formal Complaint

1. Formal complaints shall be made in writing and directed to the Town of Jerome Manager, who will schedule a meeting with the Housing Administrator to review the findings.
2. Review of the complaint may include an informal hearing of the parties involved.
3. The Town of Jerome Manager shall provide a written response to the complainant within 10 working days.
4. The Town of Jerome Manager's determination is to be considered final.