



City of Casa Grande Housing Rehabilitation Program



510 E. Florence Blvd, Casa Grande, AZ 85122 – Telephone: (520) 421-8670; Fax (520) 421-8602, Email: Housing@casagrandeaz.gov

Checklist

We will require the following information if applicable, to process your application for our Owner Occupied Housing Rehabilitation Program:

- 1. Documentation of Lawful Presence: Birth Certificate, Passport, INS Card etc.**
- 2. Valid photo ID, such driver's license or official state ID (18 + yrs)**
- 3. Social Security cards for each member of household**
- 4. If employed: Contact information for the employer, including; name, address, telephone, fax and email, and 3 months most current pay consecutive check stubs**
- 5. Self-Employment records and receipts**
- 6. Most recent year's Tax Returns and W-2's**
- 7. Documents or award letters to verify**
 - a. Social Security/SSI**
 - b. Unemployment Benefits**
 - c. DES Cash Aid**
 - d. Food Benefits**
 - e. Health Insurance, including AHCCCS**
 - f. Child Support**
 - g. Retirement or Pension Benefits**
- 8. Copy of current Homeowners Insurance policy, including the declaration page**
- 9. Current receipt for Property taxes**
- 10. Copy of Ownership (Deed)**
- 11. Current Mortgage Statement**
- 12. Current utility bills including; gas, electric, water, sewer, and trash (Must be Current on your City of Casa Grande Wastewater and Sanitation account)**
- 13. 3 most Current Bank Statements for all Checking & Savings accounts**
- 14. Statements for IRA's, Stocks & Bonds Certificates, etc.**

❖ Please note that this list is not exhaustive and you may have other income, assets, or expenses that you will need to verify by supplying other documentation that is not shown above.



Date

City of Casa Grande, Community Development Division, 510 E. Florence Blvd., Casa Grande, AZ 85122

HOUSING REHABILITATION PROGRAM APPLICATION

Head of Household Name:	Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Disabled?	
	Age:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Spouse's Name:	Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Disabled?	
	Age:		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Have you been helped through this program before?

YES ☐NO ☐

If Yes what was the date of assistance _____

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

RACE <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> Other Multi-Racial	ETHNICITY
<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> Black/African-American & White	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> American Indian/Native Alaskan & White <input type="checkbox"/> American Indian/Native Alaskan & Black/African-American	<input type="checkbox"/> Non-Hispanic/Latino

Address: (Number) (Street)	(City, State, Zip)
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Phone Number:	Alternate Phone Number:
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Do you own any other real estate property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please list Tax Parcel # and address _____
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Head of Household Social Security #:	Spouse's Social Security #:
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Number of persons living in the household:	Total:	Are any household members temporarily out of the home but expected to return within the next 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>
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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 mobile/manufactured home? YES <input type="checkbox"/> NO <input type="checkbox"/>	If "Yes", do you own the real property on which the home is located? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Do you operate a business in or out of your home? YES <input type="checkbox"/> NO <input type="checkbox"/>
If "Yes", please give the location, name, and nature of the business _____

Did you file an income tax return for this year or last year? YES <input type="checkbox"/> NO <input type="checkbox"/>	Monthly combined gross income (before taxes & deductions) from all sources for all persons living in the home.	\$
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Are you related to any member of the Casa Grande City Council or any City Employee? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", please indicate whom, relationship, and position: _____
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EMPLOYMENT INFORMATION:				
Applicant #1 Present Employer's Name:		Phone:	E-mail address:	
Address:			Years at work	Months at work
Applicant #1 Previous Employer's Name:		Phone:	E-mail address:	
Address:			Years at work	Months at work
Applicant #2 Present Employer's Name:		Phone:	E-mail address:	
Address:			Years at work	Months at work
Applicant #3 Present Employer's Name:		Phone:	E-mail address:	
Address:			Years at work	Months at work
Applicant #4 Present Employer's Name:		Phone:	E-mail address:	
Address:			Years at work	Months at work

NOTE: HOUSEHOLD MEMBERS 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 (PI or PITI)	\$	\$	\$	\$	\$	\$
Mortgage Insurance	\$	\$	\$	\$	\$	\$
Hazard Insurance	\$	\$	\$	\$	\$	\$
Real Estate Taxes	\$	\$	\$	\$	\$	\$
Property Assessments	\$	\$	\$	\$	\$	\$
Maintenance Expenses	\$	\$	\$	\$	\$	\$
Heat and Utilities	\$	\$	\$	\$	\$	\$
Other Expenses	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

LIABILITIES: (Long Term Debts):

	Applicant #1	Applicant #2	Applicant #3	Applicant #4	Applicant #5	Applicant #6
Auto Loan	\$	\$	\$	\$	\$	\$
Personal/Credit Cards	\$	\$	\$	\$	\$	\$
Auto Insurance	\$	\$	\$	\$	\$	\$
Life Insurance	\$	\$	\$	\$	\$	\$
Medical Insurance	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

HOUSING CHARACTERISTICS:	
1. Type of housing	2. Number of units
3. Age of housing	4. Condition of housing
5. Amenities	6. Accessibility
7. Safety	8. Security
9. Affordability	10. Sustainability
11. Community features	12. Proximity to services
13. Transportation	14. Environmental impact
15. Social equity	16. Future development

Number of Bedrooms		Number of Bathrooms		Sq. ft.		YES	NO
Are your walls bulging, leaning or missing materials?							
Is your roof sagging or leaking?							
Do you have broken windows?							
Do your drains leak or are not draining properly?							
Is your porch, step or sidewalk a danger for tripping or falling?							
Is your heating/cooling system inadequate/not working properly?							
Is your water heater working and in need of repair/replacement?							
Do you have electrical problems and/or have bare wires showing?							
Is your sewer system in need of repair or replacement?							
Other							

Explanation for any marked "YES" OR "OTHER"	

[illegible]

Please certify each of the following statements by initialing on the line next to the statement.

If you cannot certify to each of the following you may not qualify for assistance.

A.	I understand if pre-qualified, I will be placed on a waiting list for assistance.	_____ (initial)
B.	I understand that assistance may require waiting 6 months or more, and that I will have to recertify if our household remains on the waitlist more than 6 months.	_____ (initial)
C.	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)
D.	I understand the City of Casa Grande may obtain a title and/or credit report to verify qualifications and give my consent to do so.	_____ (initial)

Warning: I/we are aware that this program receives funding from the Federal government and that it is a Federal crime to knowingly and/or willingly make false statements or misrepresentations of any material fact in the obtaining of or use of federal funds.

If you knowingly and/or willingly make false statements or misrepresentations 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 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 Casa Grande, 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 Casa Grande, 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.

CITY OF CASA GRANDE COMMUNITY DEVELOPMENT PROGRAM **PRIVACY ACT STATEMENT TO REFERENCES**

The City of Casa Grande Community Development 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 record within this system when information available indicates a 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 thereto.

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

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

The Community Development Program is an Equal Opportunity Lender
Complaints of racial or ethnic discrimination should be sent to:
Secretary of H.U.D., Washington D.C.

GRIEVANCE PROCEDURE

CITY OF CASA GRANDE COMMUNITY DEVELOPMENT DIVISION

In the event of a disagreement between any parties involved in our Housing Programs namely; contractor, homeowner, housing staff, and suppliers, or other interested parties, regarding any process of the program including and not limited to: Procurement, Bid Process, Bid Award, Payment Schedule, Change Orders, Workmanship, and Warranties, a formal grievance procedure must be followed. Steps and timelines are described below:

- 1) Complainant submits a written complaint specifying the problem to the Community Development Manager.
- 2) The Community Development Manager will issue a determination within two (2) weeks.
- 3) If the Community Development Manager's determination is not satisfactory, it may be appealed by submitting a written request to the Planning & Community Development Director.
- 4) A determination by the Planning & Development Director will be issued within two (2) weeks.
- 5) If the 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 will be issued within two (2) weeks and is considered FINAL.

NOTE: This process does not preclude the complainant from appealing to other parties they deem necessary, i.e., City Council, **Rural Community Assistance Corp. (monitoring agency), U.S.D.A. Rural Development formally Farmers Home Administration (funding agency)**, Registrar of Contractors, or Trade Organization.

For complaints regarding alleged discrimination, the Community Development Manager will assist in providing the proper 504 or A.D.A. procedures.

If you have a disability and require reasonable accommodations, such as an interpreter, contact the Grants Program Office Specialist, at 520-421-8670.

Applicant Signature

Date

Co-Applicant Signature

Date



CITY OF CASA GRANDE COMMUNITY DEVELOPMENT DIVISION

INFORMATION AUTHORIZATION

To Whom It May Concern:

I authorize the City of Casa Grande Community Development Division and any necessary credit-reporting agency to verify any information necessary in connection with a Housing Loan application including, but not limited to, the following:

- Checking and Savings Accounts
- Asset accounts such as IRA's, 401k, Stocks, Bonds, Mutual funds, etc.
- Mortgage History
- Utility History
- Income & Employment History
- Contract or Self Employment including hairdresser, realtor, cab driver, etc.
- Federal and State Income Tax Records
- Professional Licenses/Certifications
- Real Estate Holdings
- Unemployment Benefits
- Welfare or other cash aid benefits
- Retirement or Pension Accounts
- Social Security or Supplemental Security Income

Authorization is further granted to use photo static copies of my signature below to obtain information regarding any of the aforementioned items.

Applicant Signature

Date

Co-Applicant Signature

Date