



News

2330 McCulloch Boulevard North
Lake Havasu City, AZ 86403-5947
www.lhcaz.gov

Lake Havasu City is seeking low-income homeowners who wish to have health & safety-related repairs made to their home. Applicants may be placed on a waiting list only if the following minimum requirements are met:

1. You meet income qualifications (see income guidelines below).
2. Your property is located within city limits.
3. You own and occupy your home.
4. You are current with your mortgage, property taxes, water bill and sewer loan.
5. You have current homeowners insurance.
6. Title to the home is not in a trust.

Income guidelines: (Maximum allowable income for the entire household)

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons
\$31,200	\$35,650	\$40,100	\$44,550	\$48,150	\$51,700	\$55,250

What type of repairs can be done?

Health or safety-related repairs (examples include roof replacement, A/C replacement, weatherization, etc.)

When and where do I apply?

Applications may be picked up at City Hall, 2330 McCulloch Boulevard N, Monday through Friday, 8 am to 5 pm or downloaded from the City Website, www.lhcaz.gov. Completed applications are accepted on an ongoing basis.

Please call or email Holly Morin, Grants Administrator, with any questions about this grant at 854-0711 or morinh@lhcaz.gov.

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Lake Havasu City Home Rehabilitation Program Application Application Instructions

- 1. ANSWER ALL QUESTIONS.**
- 2. SIGN AND DATE WHERE INDICATED.**
- 3. APPLICANTS MAY BE RESPONSIBLE FOR PROPERTY CLEAN-UP AND YARD MAINTENANCE PRIOR TO REPAIRS BEING DONE.**

Applications will be considered in the following order of priority:

1. Disabled
2. Elderly
3. Single, head of household
4. All others
5. Applicants with previous repair history

If you have questions regarding this application, please contact Holly Morin at (928) 854-0711 or morinh@lhcaz.gov. Please return your completed application to:

Lake Havasu City Housing Rehabilitation
Administrative Services Department
2330 McCulloch Boulevard North
Lake Havasu City, AZ 86403



Lake Havasu City Home Rehabilitation Program Application for Housing Rehabilitation

Date: _____

Applicant Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Applicant Address: _____

Briefly describe the *health or safety related repairs* needed at your home, **please provide photos** (repairs include: roof, plumbing, sewer or septic, electrical wiring, heating or cooler replacement, etc.):

Have you ever had improvements done to your home under this Housing Rehabilitation Program before? _____ No _____ Yes If so, when _____

What work was done? _____

Please provide the following information to the best of your knowledge:

The head of the household is:

Female Male Elderly(62 yr+) Disabled

Household Ethnicity (please provide the number of members in each of the following groups for all members of the household):

- White
- Asian
- Asian & White
- Black/African American
- American Indian/Alaskan Native
- Black/African American & White
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black/African American
- Other Single- or Multi-racial Category

Total number of people living in your home: _____



TELL US ABOUT YOUR HOME

Approximate year your home was built _____ Number of bedrooms _____

Mobile Home Permanent Single Family Home

How do you heat your home?

- Natural Gas
- Propane Gas
- Electric
- Wood Stove/Heater
- Other
- None

How do you cool your home?

- Central Air Conditioning
- Evaporative Cooler
- Window Air Conditioner
- Other
- None

How do you heat your water?

- Natural Gas
- Propane Gas
- Electric
- None

Waste Water Plumbing?

- City Sewer
- Septic System

INCOME ELIGIBILITY

I affirm that the following statements made in writing or verbally regarding the facts of my household composition, income and all other items that pertain to my possible eligibility for low-income assistance for the Housing Rehabilitation program are true and correct to the best of my knowledge. I authorize the Arizona Department of Housing, Lake Havasu City and/or delegate agency to investigate my eligibility and to contact any source necessary to establish the accuracy of any information given or which pertains to my eligibility. I understand that anyone who violates or knowingly provides false information in any report required under it, may be fined not more than \$10,000.00, or may be imprisoned for not more than five (5) years, or both. (Chapter II, Title 45 CFR 260.354)

Indicate the source of income for **ALL HOUSEHOLD MEMBERS**.

1. Is anyone in the household currently employed? _____ No _____ Yes

If yes, who? _____ Employer Name _____

Rate of pay: \$_____ / hour Employer Phone _____

Hours per week: _____ Employer Address _____

2. Is anyone else in the household currently employed? _____ No _____ Yes

If yes, who? _____ Employer Name _____

Rate of pay: \$_____ / hour Employer Phone _____

Hours per week: _____ Employer Address _____

3. Social Security Income? _____ No _____ Yes

Recipient Name: _____

Monthly Gross Amount (before deductions, amount on awards letter): \$ _____

Monthly Net Amount (after deductions, amount received): \$ _____

4. Does anyone else in the household receive Social Security Income?

_____ No _____ Yes

Recipient Name: _____

Monthly Gross Amount (before deductions, amount on awards letter): \$ _____

Monthly Net Amount (after deductions, amount received): \$ _____

5. Retirement Income? _____ No _____ Yes

Recipient Name: _____ Monthly Gross Amount: \$ _____

Income Source (name of company/previous employer): _____

6. Does anyone else in the household receive Retirement Income?

_____ No _____ Yes

Recipient Name: _____ Monthly Gross Amount: \$ _____

Income Source (name of company/previous employer): _____

7. Unemployment? _____ No _____ Yes

Recipient Name: _____ Monthly Gross Amount: \$ _____

Income Source (name of company/previous employer): _____

8. Supplemental Security Income? _____ No _____ Yes

Recipient Name: _____ Monthly Gross Amount: \$ _____

9. Miscellaneous Income?

Interest Income? _____ No _____ Yes Monthly Amount: \$ _____

SNAP/TANF Income? _____ No _____ Yes Monthly Amount: \$ _____

Rental Income? _____ No _____ Yes Monthly Amount: \$ _____

10. Other Income, if any? Examples of other income include IRA, Veteran's Benefits, International Retirement, loan payments, Savings interest, Dividends, Royalties, Trust Income, etc.

#1. Source: _____ Recipient Name: _____

Frequency: (annually, monthly, etc.) _____ Amount: \$ _____

#2. Source: _____ Recipient Name: _____

Frequency: (annually, monthly, etc.) _____ Amount: \$ _____

#3. Source: _____ Recipient Name: _____

Frequency: (annually, monthly, etc.) _____ Amount: \$ _____

Total Household Monthly Income: \$ _____

Total Household Annual Income: \$ _____

Section A:

Please provide the following for **YOURSELF AND ALL** members of the household **WITH INCOME**. This includes persons who may be renting from you.

	<u>Name</u>	<u>Date of Birth</u>	<u>Disabled (Yes or No)</u>
Ex.	John Smith	01/30/1975	No
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Section B:

Please provide the following for **ALL** members of the household **WITHOUT INCOME**. This includes people currently staying with you, children and grandchildren:

	<u>Name</u>	<u>Date of Birth</u>	<u>Disabled (Yes or No)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

******* PLEASE NOTE: All persons in the household must be listed above in either Section A or Section B, but not both *******

You will be asked to provide verification for any of the household income listed above, prior to repairs commencing at your home. By signing below, you affirm that **ALL** household income has been reported.

X _____
Signature

Date

WAIVER FORM

In order to assure a good working relationship between all parties concerned, you are asked to sign the following document to participate in this program.

1. I HEREBY AFFIRM THAT I AM THE OWNER OF REAL PROPERTY LOCATED AT THE ADDRESS INDICATED AND DESCRIBED HEREWITH.

2. MY PERMISSION IS GRANTED FOR ALL WORKERS AND VISITORS TO ENTER UPON MY PROPERTY FOR THE PURPOSE OF DOING ALL RELATED WORK FOR THE HOUSING REHABILITATION PROGRAM AND TO MONITOR THE WORK BEING DONE.

3. IN CONSIDERATION OF THE WORK TO BE DONE ON MY HOME UNDER THIS HOUSING PROGRAM, I HEREBY RELEASE LAKE HAVASU CITY, THEIR AGENTS, AND EMPLOYEES FROM CLAIMS FOR ANY FUTURE DAMAGE TO MY HOME OR FUTURE PERSONAL INJURY TO ME CAUSED IN THE COURSE OF, OR ARISING FROM SUCH WORK.

4. I HEREBY UNDERSTAND THAT A COMPLETE PROPERTY INVESTIGATION REGARDING BUILDING PERMIT HISTORY WILL BE PERFORMED ON MY PROPERTY. IF ANY BUILDING VIOLATION(S) EXIST, I UNDERSTAND THAT I WILL BE RESPONSIBLE TO REMEDY SUCH VIOLATION(S).

I, _____, have read this Waiver Form and understand
(Print Name)
all information provided.

X _____
(Signature)

(Date)

PRIVACY ACT NOTIFICATION

As part of the Housing Rehabilitation Program, Lake Havasu City must maintain certain records. Under Section 1(e)(3) of the Privacy Act of 1974, any agency that maintains records must let the individuals who provide information in those records know:

- a. The authority for maintenance of such records;
- b. Why the information is being requested;
- c. If providing the information is voluntary;
- d. How the information will be used;
- e. What will happen if the information is not provided.

Is providing this information voluntary?

Yes. Your responses are entirely voluntary, but verification of ownership of your home and verification of income must be provided.

How will the information be used?

The information which you provide may be used by Lake Havasu City to monitor and evaluate the effectiveness and success of this Housing Rehabilitation Program. The information provided may also be used in investigative, enforcement or prosecutorial (legal) proceedings.

What are the effects of not providing this information?

If you decide to not provide the information requested, you CANNOT be considered for the Program.

I, _____, have read this Privacy Act Notification and
(Print Name)
understand all information provided.

X _____
(Signature)

(Date)