



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
\$43,200	\$49,400	\$55,550	\$61,700	\$66,650	\$71,600	\$76,550

What type of repairs can be done?

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

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

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. If you have any questions regarding this application, please contact Heidi Hernandez at 928-854-0711 or hernandezh@lhcaz.gov. Please return your 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

Please answer all questions, sign, and date where indicated. Applicants may be responsible for property clean-up and yard maintenance before repairs are done.

Date: _____

Applicant Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Applicant Address: _____

Email: _____

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? _____

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. 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.

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)

