



Housing Rehabilitation Program Application Packet

**Town of Marana
Community Development & Neighborhood Services
11555 W. Civic Center Drive
Marana, AZ. 85653
Phone (520) 382-1926
Fax (520) 382-1998**

Town of Marana Housing Rehabilitation Program

Program Requirements

- You must own **and** live in your home for a minimum of 12 months
- The property must be located within the Town of Marana incorporated limits
- Your income must not exceed the limits listed below. Gross income from all persons residing in the home **MUST** be included in the total annual income

ANNUAL GROSS INCOME LIMITS

| HOUSEHOLD SIZE | ANNUAL INCOME |
|----------------|---------------|
| 1 Person | \$33,050 |
| 2 Persons | \$37,800 |
| 3 Persons | \$42,500 |
| 4 Persons | \$47,200 |
| 5 Persons | \$51,000 |
| 6 Persons | \$54,800 |
| 7 Persons | \$58,550 |
| 8 Persons | \$62,350 |

*Income limits subject to change

While the Housing Rehabilitation Program provides assistance with major costly repairs, this program is **NOT** designed to assist homeowners with the following items: normal maintenance issues, remodeling, room additions or any other items solely for aesthetic value.

Application Instructions

- Complete all attached forms
- Attach all required documents

When you have completed the packet, please return all forms and attachments in person or via mail to:

Town of Marana
Community Development & Neighborhood Services
Housing Rehabilitation Program
11555 West Civic Center Drive
Marana, Arizona 85653

IF YOU HAVE QUESTIONS, PLEASE CALL (520) 382-1926.

IN ORDER TO PROCESS YOUR APPLICATION, THE FOLLOWING FORMS MUST BE SIGNED, DATED, AND RETURNED IN THE APPLICATION PACKET:

- A. Application (Pg. 4-5)
- B. General Release Form (Pg. 6)
- C. Relocation Waiver Form (Pg. 6)
- D. Lead Hazard Information Pamphlet Verification (Pg. 6)
Booklet "*Renovate Right*" is for your information.
- E. Mold Release Form (pg. 6)
Pamphlet "A Brief guide to Mold, Moisture and your Home" is for your information.
- F. Agreement Between Homeowner and the Town of Marana (Pgs. 6)

Note: Additional forms/waivers may be required

IN ADDITION, PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS IN YOUR APPLICATION PACKET:

- Last year's Federal Income Tax return
- The most recent utility bill
- Income verification for everyone in the household. This may include paystubs, a copy of the check, a copy of the Award Letter or any other documents you have that states the monthly amount you receive.

Note: Income from everyone in the household must be reported. Violation of this policy may disqualify residents from the program.

TOWN OF MARANA

HOUSING REHABILITATION PROGRAM

APPLICANT INFORMATION

| | | |
|--|-------------------|---------------------|
| Homeowner: | | Date of Birth: |
| Co-owner/Spouse: | | Date of Birth: |
| Street Address: | | |
| City: | State: | Zip code: |
| Primary Contact #: | Email: | |
| Preferred Language: | | |
| Mailing Address: (If different from above) | | |
| City: | State: | Zip Code: |
| Total number of persons living in home: | Number of Adults: | Number of Children: |

PERSONAL INFORMATION AND FAMILY STATUS

*Information gathered for statistical purposes only

| | |
|--|--|
| Is applicant a female Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Select Race</u> If you are multiracial, you may select two or more races <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Is your ethnicity Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a disabled household member? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is there a member of the household 60 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is there a child/ren living in the house 8 years old or younger? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

HOUSING INFORMATION

Please check all that apply

| Rent or Own | Type of Home | Past Assistance |
|--|--|--|
| <input type="checkbox"/> I own the home I live in <input type="checkbox"/> I own the land I live on <input type="checkbox"/> I rent the home I live in <input type="checkbox"/> I rent the land I live on | <input type="checkbox"/> I live in a conventional home <input type="checkbox"/> I live in a manufactured home <input type="checkbox"/> A portion of my home is a manufactured home | <input type="checkbox"/> I have received home repair assistance from the Town of Marana <input type="checkbox"/> I have NOT received home repair assistance from the Town of Marana |
| What year did you purchase your home? | How old is your home? | |
| Do you currently occupy the property that needs repair? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you have Homeowners Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | Insurance Company: | |
| Is your property in a flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know | | |
| Do you have flood insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | Insurance Company: | |
| Check all that apply: | | |
| <input type="checkbox"/> I do not have natural gas service at my home | <input type="checkbox"/> I have propane service at my home | |
| <input type="checkbox"/> I do not have electric service at home | <input type="checkbox"/> I have all electrical service at my home (no gas or propane) | |
| I have the following electric service at my home: | | *Please provide a copy of your utility bill |
| <input type="checkbox"/> Tucson Electric Power Co | <input type="checkbox"/> Trico Electric Co | |
| I have the following natural gas service at my home: | | *Please provide a copy of your utility bill |
| <input type="checkbox"/> Southwest Gas Co | <input type="checkbox"/> Other: | |

GENERAL RELEASE WAIVER

I/We hereby authorize the Town of Marana or its designated agents to obtain and receive all records and information pertaining to eligibility for the HOUSING REHABILITATION PROGRAM, including employment, income, (including IRS returns), credit, residency, homeowner insurance and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives the Town of Marana the right to request all information that we can or could obtain from any persons, companies, or firms on any matter referred to above. I (we) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the Town of Marana for purposes of the program. The term of this authorization shall commence on the date of signature and be in force for a period of two (2) years.

PERMIT HOLDER INITIALS _____

RELOCATION WAIVER

I/We, owner(s) of the home located mentioned above, having received a home repair grant from the Marana Housing Rehabilitation Program, waive any and all rights I have under the Uniform Relocation Assistance Act. I/We do not require temporary housing and agree to remain in the home during the course of the construction work

PERMIT HOLDER INITIALS _____

LEAD HAZARD INFORMATION PAMPHLET

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. By signing below I acknowledge that I have received a copy of the U.S. EPA Lead Hazard Information Pamphlet "Renovate Right".

PERMIT HOLDER INITIALS _____

MOLD RELEASE FORM

Mold can be a problem in any home, but especially in those where there is an excessive amount of moisture or humidity present. In addition, homes cooled with evaporative coolers, those occupied by several people, or that have pets, plants, or fish aquariums present, provide excellent conditions for mold to grow. The Town of Marana Rehabilitation Program is not designed to provide direct mitigation of existing mold problems. By signing this form, I acknowledge that I have received the EPA booklet entitled "A Brief Guide to Mold, Moisture, and Your Home" and that as a participant in the Town of Marana Rehabilitation Program, I agree to hold the Town of Marana and those contracted to make repairs on my home harmless for any existing or future mold problems.

PERMIT HOLDER INITIALS _____

AGREEMENT

HOMEOWNER agrees that the PROGRAM is available for assistance one-time per home.
HOMEOWNER agrees that all future repairs/maintenance become the responsibility of the HOMEOWNER.
HOMEOWNER agrees that the PROGRAM shall have final approval authority on all specifications, drawings, and bid requirements prepared for the purpose of soliciting bids.
HOMEOWNER agrees that the PROGRAM will have final approval authority on the contractor selection and the resulting contract award.
HOMEOWNER agrees the PROGRAM shall represent the HOMEOWNER in the control, supervision and direction of the work to be performed under this contract. A copy of all written communications between the HOMEOWNER and the contractor must be sent to the PROGRAM.
HOMEOWNER will not at any time permit changes in specifications or drawings, without prior written approval of PROGRAM.
PROGRAM shall have the right at all reasonable times to enter upon the property to observe progress, inspect work, and direct correction of any work which does not comply with the drawings and specifications set forth in the work write-up.
HOMEOWNER agrees that upon completion of said work, PROGRAM will have authority to make final inspection and shall have sole authority for final acceptance.
HOMEOWNER shall remove all trash, junk and debris from the property prior to commencement of work and shall maintain the property free from such trash, junk and debris.
HOMEOWNER shall be aware that landscaping will be altered due to use of heavy equipment, such as backhoes, and that PROGRAM will not be responsible for re-landscaping or replanting in areas where construction has disturbed the ground.

I certify that all the information that I have supplied in this application is true.

I hereby authorize administrators of the Marana Housing Rehabilitation Program to request and obtain all information necessary to the process and completion of my application. I understand that all information obtained will be held in strict confidence and used for no other purpose.

I have read a description of the program and I understand and agree to comply with the rules and guidelines explained therein.

PERMIT HOLDER INITIALS _____

Signature of Homeowner:

Date: