



# Houses-To-Homes Program Application Packet

Town of Marana  
Community & Neighborhood Services  
11555 W. Civic Center Drive  
Marana, AZ. 85653  
Phone (520) 382-1926  
Fax (520) 382-8021



# Town of Marana Houses-To-Homes Program

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## Program Eligibility Requirements

- The home must be owner-occupied by a full-time, permanent resident for at least 12 months prior to application. Applicants must certify that the property is their primary residence.
- The property must be located within the Town of Marana incorporated limits
- Property taxes and mortgages must be current with no arrears.
- Town employees and contractors must be able to access the home during reasonable business hours before, during and after the completion of the work to perform inspections and repairs.
- Motor homes, recreational vehicles (RV's), and travel trailers do not qualify.
- The applicant must have a verifiable annual income for the current year.
- Income verification is valid for a period of six months from date of verification and must be renewed every six months thereafter to maintain eligibility.
- Applicants with properties located in Special Flood Hazard Areas must have a flood insurance policy in place and are responsible for ensuring that flood insurance is maintained for the statutorily prescribed period and dollar amount. Grant recipients must maintain flood insurance for the life of the building.
- The homeowner must have a current homeowner's insurance policy when required by the funding source utilized.
- The property owner must sign all Service Agreements, Rights-of-Entry and Construction Easement documents required by the Town.
- The homeowner must remove all obstacles and locate any buried utilities or other underground structures on their property prior to exterior repairs.
- The property must have a visible property address.
- The homeowner must agree to allow photographs to be taken of the home before and after repairs are completed.
- Any dogs on the property must be licensed and confined during inspections and work.
- The homeowner must agree to fill out a Program Evaluation form upon completion of the work
- The homeowner must agree to allow access to the property for yearly audits conducted by the funding agency to inspect the completed work.
- 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. Violation of this requirement may disqualify residents from the Program.

## ANNUAL GROSS INCOME LIMITS

HOUSEHOLD SIZE	ANNUAL INCOME
1 Person	\$38,300
2 Persons	\$43,800
3 Persons	\$49,250
4 Persons	\$54,700
5 Persons	\$59,100
6 Persons	\$63,500
7 Persons	\$67,850
8 Persons	\$72,250

\*Income limits subject to change

## Application Instructions

- Complete all attached forms
  - Application (Pg. 4-5)
  - General Release Form (Pg. 6)
  - Relocation Waiver Form (Pg. 6)
  - Lead Hazard Information Pamphlet Verification (Pg. 6)
  - Mold Release Form (Pg. 6)
  - Agreement between Homeowner and the Town of Marana (Pg. 6)
- Attach all required documents
  - Last year's Federal Income Tax return
  - The most recent utility bill (Electric/Gas)
  - 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: Additional forms/waivers may be required**

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

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

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



# TOWN OF MARANA

# HOUSES-TO-HOMES 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 on race and ethnicity 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? If yes, additional verification will be required. <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?	What year was your home constructed?	
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 have natural gas service at my home <input type="checkbox"/> I have propane service at my 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 HOUSES-TO-HOMES 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 years.

**APPLICANT INITIALS** \_\_\_\_\_

**RELOCATION WAIVER**

I/We, owner(s) of the home mentioned above, having received a home repair grant from the Marana HOUSES-TO-HOMES Program, waive any and all rights I/we 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

**APPLICANT 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".

**APPLICANT 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 HOUSES-TO-HOMES 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 HOUSES-TO-HOMES 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.

**APPLICANT INITIALS** \_\_\_\_\_

**AGREEMENT**

HOMEOWNER agrees that the HOUSES-TO-HOMES 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 understands 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.  
HOMEOWNER hereby authorizes administrators of the Marana Housing Rehabilitation Program to request and obtain all information necessary to the process and completion of this application.  
HOMEOWNER understands that all information obtained will be held in strict confidence and used for no other purpose.  
HOMEOWNER certifies that HOMEOWNER has read, understands and agrees to comply with the Marana Housing Rehabilitation Program Guidelines and the Program Eligibility Requirements listed in this Application Packet.  
HOMEOWNER certifies that all the information that HOMEOWNER has supplied in this application is true.  
HOMEOWNER certifies that the property for which the HOMEOWNER seeks services is HOMEOWNER'S primary residence.

**APPLICANT INITIALS** \_\_\_\_\_

Signature of Homeowner:	Date:
Signature of Co-owner:	Date: