

INSTRUCTIONS TO APPLICANT:

Please complete the following application for the City of Bisbee's Rehabilitation Program.

Once completed you can email the Application to mdelacruz@seago.org or mhartman@bisbeeaz.gov

For questions or assistance please contact Marisa De La Cruz at 520.432.5301 x 211 or mdelacruz@seago.org

**REHABILITATION PROGRAM CITY OF BISBEE
AUTHORIZATION FOR RELEASE OF
INFORMATION**

CONSENT:

I / We, the undersigned, authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the City of Bisbee Rehabilitation Program any information or materials needed to complete and verify my application for participation in the City of Bisbee Housing Rehabilitation Program. I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of the City of Bisbee.

INFORMATION COVERED:

I understand that verifications and inquiries that may be requested are limited to criminal activity. I further understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a rehabilitation assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information includes but is not limited to: background check services; other home rehabilitation agencies or activities; courts; or police agencies.

I hereby release you, as the custodian of such records, including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or with any attempt at compliance.

CONDITIONS:

I agree that a photocopy of this Authorization may be used for the purposes stated above. The original of this Authorization is on file with the City of Bisbee and will stay in effect for one year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Printed Name: _____

Date of Birth: _____

Signature: _____

Date Signed: _____

Printed Name: _____

Date of Birth: _____

Signature: _____

Date Signed: _____

**CITY OF BISBEE
HOUSING REHABILITATION PROGRAM
STATEMENT OF AFFIRMATION**

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 the low-income assistance for the Housing Rehabilitation Program are true and correct to the best of my knowledge.

I AUTHORIZE the City of Bisbee 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 FURTHER UNDERSTAND that Section 1001 of Title 18 of the U.S. Code, makes it a criminal offense to make willful false statement or misrepresentation to any Department or Agency of the U.S. as to matters within its jurisdiction.

WAIVER

I hereby affirm that I am the owner of real property located at the address Indicated and described herewith.

My permission is granted for all workers, inspectors and delegated agency representatives 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.

In consideration of the work being done on my home under the Housing Rehabilitation Program, I hereby release the City of Bisbee, their agents, servants 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.

PRIVACY ACT NOTIFICATION

As part of the Housing Rehabilitation Program, the City of Bisbee 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 the information in those records know:

The authority for maintenance of such records: The U.S. Housing and Urban Development regulations and the Arizona of Housing.

Why the information is being requested: To determine eligibility.

How the information will be used: The information which you provide may be used by the City of Bisbee 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.

Is providing the information voluntary: YES

What are the effects of not providing this information?

If you decide not to provide the information requested, then your home cannot be considered for this Housing Rehabilitation Program.

I, _____, have read this Statement of Affirmation, including the Waiver Form and Privacy Act notification, and understand all information provided. I further affirm that all information is true and correct to the best of my knowledge.

Signature

Date

Program application OOHR

Is your combined annual household income below the 80% area median income level?

Household Size	1	2	3	4	5	6	7	8
Income (Cochise)	\$33,550	\$38,350	\$43,150	\$47,900	\$51,750	\$55,600	\$59,400	\$63,250

Before proceeding – please have the following documents ready to submit:

- **Photo Identification** for all members of the household over the age of 18
- **Social Security Cards** for all members of the household
- **Current Income Information** for ALL members of the household (This includes income from employment (last 2 months of pay stubs), child support (Award Letter or Court Order), alimony (Court Order), Social Security (Award Letter), Disability (Award Letter), Retirement (statement), Unemployment (statement), Veterans benefits (statement), or Self Employment Income. If no income – you must complete an affidavit of no income. NOTE: Food Stamps are not considered income; do NOT list food stamps.
- **Asset** information for ALL Household Members (This includes Checking and Savings Accounts (current statements), IRA, CD, Bonds, Stocks, Equity in Properties, Whole Life Insurance, Pensions, etc. All adults (18 years of age or older) in the household who do not have assets, must sign an affidavit of no assets)
- **Most Recent Mortgage Statement** in household member’s name and contact information (Lender must agree to participate). Property must be primary residence as evidenced by Homestead Exemption
 - **Prior income tax returns (2years)**
 - **Proof of Current property tax statement**
 - **Deed to Property**

A. APPLICANT INFORMATION

Please provide the following information:

PRIMARY APPLICANT

NAME:

First Name

Last Name

HOME ADDRESS:

Street Address

City

Zip

MAILING ADDRESS:

Street Address

City

Zip

TELEPHONE NUMBER:

EMAIL ADDRESS:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE:

CO-APPLICANT (IF APPLICABLE)

NAME:

First Name

Last Name

HOME ADDRESS:

Street Address

City

Zip

MAILING ADDRESS:

Street Address

City

Zip

TELEPHONE NUMBER:

EMAIL ADDRESS:

B. HOUSEHOLD MEMBERS

HOUSEHOLD COMPOSITION: List all household members as of today, including yourself. You will be required to submit photo identification, social security cards, and/or resident alien documentation.

Household Member Name (List First and Last Name)	Relationship to Head of Household (spouse, son, etc.)	Date of Birth	Marital Status	Is household member listed disabled? Y/N	Employed? Y/N

C. ASSET VERIFICATION

For ALL Household Members, including minors, list Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Real Estate, Whole Life Insurance, Pensions, etc. All adults (18 years of age or older) in the household who do not have a financial account, must sign a Verification of No Assets. Do not list your primary residence as an asset.

Household Member Name	Type of Asset	Current Cash Value of Asset	Interest Rate (Put N/A if not applicable)	Annual income from Asset

D. INCOME VERIFICATION

List ALL household members and their current incomes. Income includes: wages, salaries, tips, alimony, child support, military income, part-time income, temporary income, social security, unemployment benefits, disability benefits. FOOD STAMPS are NOT considered income; do not list food stamps.

HH Member Name	Full Time Student? (Y/N)	Source of Income (include employer name). List N/A if not employed	Rate of Pay	Payment Frequency (Hourly, Weekly, Biweekly, Monthly)	Annual Income

E. REQUIRED DOCUMENTS

Please provide the following information with your application.

- Homeowners Insurance
- Valid Arizona Photo ID or valid Driver's License for all adult household members (18 years of age or older) ***Required**
- Social Security Cards for all household members ***Required**
- Most Recent Mortgage Statement

Please provide your top three repairs that you believe are of top priorities for your home:

1. _____
2. _____
3. _____

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate.)

Household Name: _____ Unit No.: _____

Development Name: _____ City: _____

- 1) I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Pampered Chef, etc.);
 - j. Any other source not named above.
- 2) I currently have no income of any kind and there is no imminent change expected in my financial status or employment during the next 12 months.
- 3) I will be using the following sources of funds to pay for rent and other necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant Printed Name of Applicant/Tenant Date

Signature of Manager/Witness Printed Name of Manager/Witness Date

PENALTIES FOR MISUSING THIS VERIFICATION

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at ** 208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section ** 408 (a) (6), (7) and (8).**

