

## **CITY OF BULLHEAD CITY**

HUMAN SERVICES DEPARTMENT
Housing Division
2355 Trane Rd.
Bullhead City, AZ 86442-5733
Office (928) 763-0197 Fax (928) 763-0131

## **OWNER-OCCUPIED HOUSING REHABILITATION APPLICATION**

Applicant Name:			Date:		
Property Address:					
Mailing Address (if different					
		,			tate, Zip Code
Home Telephone No:			Cell Phone No:		
	PLEASE C	HECK ALL BO	XES THAT A	PPLY	
Head of Household (or Spouse): Elderly (62+)			Disabled		
Family with children under 18			Veteran		
LIST ALL HOUSEHOLD MEMBERS INCLUDING YOURSELF AND ALL GROSS MONTHLY INCOME					
First Name (Last Name if different)	Relationship to Applicant	Social Security #	Date of Birth	Gross Monthly Income	Source of Income
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## THE FOLLOWING INFORMATION IS BEING REQUESTED TO COMPLY WITH EQUAL OPPORTUNITY REQUIREMENTS AND TO ASSURE THAT NO DISCRIMINATION OCCURS. YOUR ANSWER WILL NOT AFFECT YOUR SELECTION FOR THE PROGRAM.

The Head of Hou	se Hold:				
a) Ethnicity:	Hispanic or Latino	Non-Hispanic or	Non-Latino		
b) Race:	American Indian/Alaskan Native  Asian				
	Black/African American White				
	Native Hawaiian/Other Pacific Islander  Other (Multi-Racial)				
c) Gender:	Male	Female			
LIST ANY AND ALL ASSETS OF ALL HOUSEHOLD MEMBERS INCLUDING BUT NOT LIMITED TO THE FOLLOWING: (CHECKING/SAVINGS/CD/IRA/STOCKS/BONDS/INSURANCE, ETC.)					
Family Member	Type of Asset	Institution Name	Account Number	Current Balance	
Does anyone outside of your household pay for any of your bills or give you money? Yes No					
If yes, explain:					
PROPERTY INFORMATION					
What type of home do you own? Mobile Home  Framed House  Year built:					
How long have you owned AND lived in this home as your primary residence?					
Do you own the real property on which your home is located? Yes \( \square \) No \( \square \)					
Do you have homeowners insurance? Yes No No					

Do you own or have interest in any other home or other real estate? Yes No					
If yes, describe:  Have you sold, given away, or quit claimed any property or other assets in the past two years?  Yes No I  If yes, describe:					
If yes, what is the name and address of the agency that provided assistance?					
Address where assistance was received:					
Please briefly describe the <b>HEALTH</b> <i>or</i> <b>SAFETY REPAIRS</b> needed at your home (Ex. heating or cooling system not working, holes in the roof, failing plumbing, electrical hazards, handicap accessibility, etc.):					
Please describe any other repairs or rehabilitation work needed at your home:					
Are there any unresolved code violations at your property? Yes \( \text{\backsquare} \) No \( \text{\backsquare} \)  If yes, please explain: \( \text{\texi{\text{\text{\texi\exi\texi{\text{\text{\text{\texitex{					
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WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false or fraudulent statements or to conceal information in any matter within the jurisdiction of the United States government.

I/we certify that I/we have answered all the questions in this pre-application fully and truthfully. I/we understand that any false statements or information can result in a denial of housing rehabilitation assistance.

Signature (Head of Household)	Date	
Signature (Spouse, if applicable)	Date	

FOR OFFICE USE ONLY				
Date/Time Application Received	Received By			
Total Gross Monthly Income	Total Gross Annual Income			
AMI%	Income Limit for Household Size			
Conditionally Approved / Notes				