



CITY OF HOLBROOK
465 1st Avenue
Holbrook, AZ 86025

Housing Rehabilitation Application

Applicant Name: _____ **Date:** _____

Physical Address: _____
City, State, Zip Code

Mailing Address: _____
City, State, Zip Code

Telephone #: _____ **Message #** _____

Please check below if you have any of these preferences (you may check more than one):

Head of Household (or Spouse): Elderly (62+) ☐ **Disabled** ☐

Family with children under 18: ☐ **Veteran** ☐

PLEASE LIST ALL HOUSEHOLD MEMBERS INCLUDING YOURSELF AND ALL GROSS MONTHLY INCOME. PLEASE ENTER ETHNICITY/RACE FOR HEAD OF HOUSEHOLD/APPLICANT ONLY.

| First Name (Last name too, if different) | Relationship to Applicant | Social Security # | Date of Birth | Gross Monthly Income | Source of Income | Ethnicity * | Race ** |
|--|---------------------------------|-------------------|------------------|----------------------------|------------------|----------------|------------|
| | SELF | | | \$ | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| | | | | \$ | | | |

Ethnicity:** (A) Hispanic or Latino (B) Non-Hispanic or Non-Latino *Race:** (A) American Indian/Alaskan Native (B) Asian (C) Black/African American (D) Native Hawaiian/Other Pacific Islander (E) White (F) American Indian/Alaskan Native & White (G) Asian & White (H) Black/African American & White (I) American Indian/Alaskan Native & Black/African American (J) Other Multi-Racial

Please briefly describe the **Health or Safety Repairs** needed at your home (Ex. heating or cooling not working, no working plumbing, large holes in roof, failing septic, electrical hazards, ADA Accessibility, etc.):

Please describe any other repairs or rehabilitation work needed at your home.

Are you under a "Code Violation" from the City of Holbrook Code Enforcement or Compliance Division?

Please attach copy and explain briefly.

Have you had improvements done to your home through another Agency?

No ☐ Yes ☐ If so, when: _____ Agency/Program: _____

TELL US ABOUT YOUR HOME:

Approximate year your home was built: _____

Number of bedrooms: _____

_____ Permanent Single Family Home

_____ Mobile Home

How do you heat your home?

- _____ Natural Gas
- _____ Propane Gas
- _____ Electric
- _____ Wood Stove/Heater
- _____ Other
- _____ None

How do you cool your home?

- _____ Central Air Conditioning
- _____ Evaporative Cooler
- _____ Window Air Conditioner
- _____ Other
- _____ None

How do you heat your water?

- _____ Natural Gas
- _____ Propane Gas
- _____ Electric
- _____ None

Waste Water Plumbing?

- _____ City Sewer
- _____ Septic System
- _____ None

How long have you owned AND lived in the home as your primary residence?: _____

Do you own the real property on which your home is located?: Yes ☐ No ☐

Do you have home owners insurance?: Yes ☐ No ☐

Do you own or have interest in any other property?: Yes ☐ No ☐. If so, please list address/city/state : _____

Do you have assets (savings/checking/CD/IRAs/Stocks/Bonds/Life Insurance)?: Yes ☐ No ☐

I affirm that the above information regarding my home, income, and household composition are true and correct. I understand that anyone who violates or knowingly provides false information in any report required, may be fined not more than \$10,000.00 or may be imprisoned for not more than five (5) years, or both (Chapter 11, Title 45 CFR 260.354).

X _____
Signature

Date

| FOR OFFICE USE ONLY | |
|---------------------|--------------|
| Date/Time Received | Received by: |
| | |

