



Community Development Department
473 S. Main St.
Camp Verde, AZ 86322
Phone (928) 554-0054
email: carmen.howard@campverde.az.gov

OWNER OCCUPIED HOUSING REHABILITATION PROGRAM APPLICATION

Funding is available through ADOH and HUD for repair of owner occupied housing units within the boundaries of The Town of Camp Verde. To be eligible, you must own or be purchasing your home and meet the income guidelines below.

Number in Household	Very-Low Income	Number in Household	Low Income
1	19200	1	30700
2	21950	2	35100
3	24700	3	39500
4	27400	4	43850

**PLEASE COMPLETE THE ATTACHED APPLICATION AND
CALL 928-554-0054 TO SCHEDULE AN APPOINTMENT WITH
COMMUNITY DEVELOPMENT**

Town of Camp Verde
Owner Occupied Housing Rehabilitation
473 S. Main St.
Camp Verde, AZ 86322

PLEASE SUBMIT THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

1. Proof of income
2. Social Security cards for all household members
3. Proof of disability, if disability is claimed
4. Copy of deed as proof of home ownership
5. Copy of the most recent property tax statement
6. Proof of homeowners insurance
7. Signed waiver for verification of employment
8. Proof of Lawful Presence and affidavit
9. Verification of Mortgage Status



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**TOWN OF CAMP VERDE
 OWNER OCCUPIED HOUSING REHABILITATION
 APPLICATION**

Date: _____

Applicant Name: _____

Street Address/Directions: _____

Mailing Address: _____

City, State, Zip Code: _____

Home Phone _____ Work Phone _____

1. Part 1: Household Composition and Income

A. List the head of household and all other members who will be living in the assisted unit.

Give the relationship of each family member to the head of household.

Name	SSN	Relation	Birth Date	Age	Sex
1		Head H			
2					
3					
4					
5					
6					
7					
8					
9					
10					

Have you declared bankruptcy in the past two (2) years? ___ Yes ___ No
 Have you been through foreclosure in the past three (3) years? ___ Yes ___ No
 Do you have a reverse mortgage? ___ Yes ___ No
 If yes, do you receive monthly payments? ___ Yes ___ No



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B. List the names of persons who are disabled and complete the VERIFICATION OF DISABILITY form.

Name	Total or Partial	Describe

C Ethnicity of Head of Household:
 Caucasian African American Asian
 Am. Indian Hispanic Other

D. Is the Head of Household a Single Parent?
 (Circle One) Yes No

E. List each source of the income and the amount of income that has been received from that source during the past 12 months. Sources for income include cash, unemployment, alimony payments, welfare assistance, social security pension, annuity, trust fund, royalty payments, property rental, property sale, military allotments, (see next page for calculation worksheet to calculate income including assets).

Family Member	Source of Income	How Verified	Amount of Income
1			
2			
3			
4			
6			
7			
8			
9			
Total Household Income			



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2. CONDITION OF HOME

A: What repairs are needed on your home? State briefly what item(s) need repair in the column that best describes the condition of the home.

Home Elements	Works Some/ Need Minor Repairs	Not Work at all/ Need Major Repairs	My home does not have....
Electrical Hazard			
Plumbing			
Sewer Lines			
Roofing			
Foundation			
Floors			
Walls			
Ceilings			
Windows			
Doors			
Water Heater			
Furnace			
Vermin or Rodents Infestation			
Weatherization			
Exterior paint			
Porches/steps			

B. What year was your home built? _____

C. Is your home a mobile home? Yes _____ No _____



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**TOWN OF CAMP VERDE
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VERIFICATION OF DISABILITY

Complete form only if one or more household members are disabled; complete form for each member

Disabled Applicant's Name: _____ Social Security # _____

Short description of disability: _____

- Social Security letter denoting disability
- Letter from appropriate court indicating disability
- Letter from a state agency indicating disability

A copy of one or more of these documents must accompany your application if you are claiming disability. The name of the person(s) claiming disability must appear on the document and the document must be current.

In the event you do not have any of these documents, or if the condition is new, you may indicate below, a doctor who can certify the disability. If this is your situation, please sign, date and complete the information below.

.....

I hereby authorize the release of any information pertaining to this disability verification request by my Doctor, the Social Security Administration, Veterans Affairs, or any other organization for the purposes of verifying disability and disability benefits received.

Applicant's signature: _____ Date: _____

Please provide your doctor's contact information below:

Doctor's name: _____

Mailing address: _____

Telephone number(s): _____



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VERIFICATION OF MORTGAGE STATUS

Date: _____

Applicant: _____

Applicant Address: _____

Legal Description: _____

Loan Number: _____

Applicant Signature: _____

To Whom It May Concern:

The above named has applied for assistance through The Town of Camp Verde's Owner-Occupied Housing Rehabilitation program. The Arizona Department of Housing and the US Department of Housing require verification that the payments for the property listed above are not now in arrears, nor has it been in arrears for the six months prior to the date above.

Please indicate below whether or not these conditions have been met.

You may either scan this application and email it to: carmen.howard@campverde.az.gov, or return it via first class mail to: Carmen Howard, Town of Camp Verde, 473 S. Main St., Camp Verde, AZ 86322.

Yes, the above mortgage is current and has not been in arrears in the past 6 months _____

No, this property is either not current or has been in arrears in the past 6 months _____

Name: _____ Date: _____

Signature _____

Thank you for your assistance,

Carmen Howard
Project Manager, Owner Occupied Housing Rehabilitation
Town of Camp Verde
473 S. Main St.
Camp Verde, AZ 86322
Carmen.howard@campverde.az.gov; 928-554-0054



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GRIEVANCE PROCEDURES

Applicants will be required to sign a receipt showing that they have received a copy of this Grievance Procedure. If Applicants require assistance in processing a complaint, they may contact the Town at (928) 554-0054 for assistance.

1. Informal Complaint

- a. An informal, verbal complaint can be given to The Town's Program Manager.
- b. The Town's Program Manager will review the complaint and attempt to resolve the complaint through negotiation.
- c. The Applicant will be notified of the proposed resolution within 5 working days of receipt of the complaint.
- d. If the proposed resolution is not satisfactory to the Applicant, a formal complaint may be filed.

2. Formal Complaint

- a. Formal complaints must be made in writing and delivered to the Town's Program Manager by personal delivery or certified mail.
- b. The Town's Program Manager shall review the complaint and attempt to resolve the complaint through negotiation.
- c. The Town's Program Manager will notify the Applicant, in writing, of the proposed resolution within 10 working days of the receipt of the complaint.
- d. If the resolution proposed by the Town's Program Manager is not satisfactory to the Applicant, an appeal can be made. Appeals must be in writing and directed to the Community Development Director of the Town of Camp Verde. Appeals must be filed within five (5) working days of receipt of the Town Program Administrator's decision.
- e. The Town's Community Development Director will review the complaint as appropriate. Review of the complaint may include an informal hearing of the parties involved. The Town's Community Development Director will make a decision regarding the complaint, in writing, within thirty (30) days of receipt of the appeal.
- f. If the resolution proposed by the Community Development Director is not satisfactory to the applicant or the Project Manager, an appeal can be made to the Town Manager. Appeals must be filed with the Town Manager's office within five (5) working days of receipt of the Community Development Department Manager's decision.



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- g. The Town Manager will review the complaint. Review of the complaint may include an informal hearing of the parties involved. The Town Manager will make a decision regarding the complaint, in writing, within thirty (30) days of receipt of the appeal.
- h. Should the resolution proposed by the Town Manager not be satisfactory to either party, the arbitration procedures set forth in the Construction Contract shall be followed. An appeal of the decision must be made within five (5) working days of the receipt of the Town Manager's decision.

I have read the Grievance Procedures for the Owner Occupied Housing Rehabilitation Program and understand my ability to appeal decisions made.

Signature

Date

Printed Name

Signature

Date

Printed Name



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AFFIDAVIT THAT DOCUMENT(S) IS/ARE TRUE

I, _____, swear or affirm, under penalty of perjury that
(print or typed name)

the document (s) presented by me to prove U.S. citizenship, U.S. national or alien status is/are true.

DOCUMENTS PRESENTED

* Documents include: Passport, Driver's License, Birth Certificate, Naturalization Papers, and similar documents

Signature of Applicant

Date



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PRIVACY ACT NOTICE STATEMENT

The information on this form is being collected to determine your eligibility for assistance for the State of Arizona Housing Trust Fund and the HOME program through the Housing and Urban Development Department. It will be used to manage the Owner Occupied Housing Rehabilitation Program, to protect the Government’s financial interest, and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies (or their agents) when relevant, as well as to civil, criminal or regulatory investigators and prosecutors.

Applicant:	Co-Applicant:	Witness:
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INSURANCE AGREEMENT

I/we the undersigned agree to carry the required insurance protection on our residence for the duration of the loan. I/we agree to carry flood insurance if the home is determined to be located in a flood plain.

Applicant:	Co-Applicant:	Witness:
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PERMISSION TO RELEASE INFORMATION

I give permission to the Town of Camp Verde to release information in my application as necessary to obtain services in my behalf by making necessary referrals to Federal, State, and community agencies. My family and others may be contacted in regard to this application.

Applicant:	Co-Applicant:	Witness:
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PRINCIPAL RESIDENCE

I/we certify that the property listed at the address on the application for rehabilitation is to be occupied by the owner as the principal and only residence. I/we understand that should this

property no longer be our principal and only residence, I/we will repay the Town of Camp Verde the pro-rata amount, in accordance with the Housing Rehabilitation Program Guidelines. I/we further agree that if within the time period stated above the property is sold by either my estate or my heirs; the person or estate selling the property will repay the Town of Camp Verde as stated above.

Applicant:	Co-Applicant:	Witness:
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GRIEVANCE PROCEDURES

I/we have received a copy of the Housing Rehabilitation Program Grievance Procedures.

Applicant:	Co-Applicant:	Witness:
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DEFERRED PAYMENT LOAN

I/we agree not to sell the property listed on this application for a period of five years from completion of construction if the investment is \$1,000 - \$14,999; or ten years from the completion of construction if the investment is \$15,000 - \$39,999; or fifteen years from the completion of the contract if the investment is \$40,000 to \$80,000. I/we agree that, should the title to the property change on the property identified by the address on this application within the applicable five (5), ten (10) or fifteen (15) year period, I/we will repay the Town of Camp Verde the pro-rata amount in accordance with the Housing Rehabilitation Program Guidelines. I/we further agree that if within the time period stated above the property is sold by either my estate or my heirs, the person or estate selling the property will repay the Town of Camp Verde as stated above.

Applicant:	Co-Applicant:	Witness:
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I/we certify that I/we shall maintain the property in clean and proper repair for the duration of the payback period for the Forgivable Loan. I/we agree that the Town of Camp Verde may inspect my property annually until the end of the payback period. I/we shall comply with any compliance orders written by the Town within thirty days. I/we agree that should I/we not comply with the compliance order, the Town has the right to call the Deferred Payment Loan due and payable.

Applicant:	Co-Applicant:	Witness:
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I/we understand that a lien will be placed on the property that will outline the terms of the Deferred Payment Loan described above.

Applicant:	Co-Applicant:	Witness:
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WARNING

By signing this form, you are indicating that you have read the above Privacy Act Notice and are agreeing with the applicable certifications and statements. You also authorize The Town of Camp Verde to verify all sources of income, disability and other matters relevant to this application.

Applicant:	Co-Applicant:	Witness:
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CERTIFICATIONS

I/we certify that the information in this form is true and complete to the best of my/our knowledge and belief. I/we understand that I/we can be fined up to \$10,000 or imprisoned up to five (5) years if I/we furnish false or incomplete information. I/we also understand that in the event the information is found to be incorrect I/we may become ineligible for the assistance provided.

Signature (Head of Household)

Date

Signature (Spouse/Co-Head of Household)

Date

Signature of Person Assisting with this Form

Date