



Community Development Block Grant
7515 East 1st Street
Scottsdale AZ 85251

PHONE 480-312-7647
FAX 480-312-7761
TTY 480-312-7411

Dear Homeowner:

Thank you for your interest in the City of Scottsdale's Emergency Repair Program. Please be sure to complete all of the questions on both the application and income questionnaire and sign both documents.

The Emergency Repair Program is a federally funded program and qualification for the program is based on income eligibility. Please refer to the enclosed income guidelines for income limits.

Repairs that are eligible under this program must be posing a serious threat to health, safety and welfare of the home or affecting the immediate livability of the home. The items listed on your emergency application will be evaluated to determine if they are eligible for repair under the guidelines of the program. Please be sure to include a detailed description of your emergency. Applications will be processed in the order that they are received.

Qualification for the program is based on gross annual household income. Please provide the following information with your application (for all occupants 18 years and older), as this will expedite the processing of your application:

- o Authorization for the Release of Information
- o Deed to property
- o 2014/2015 Property Tax Valuation
- o 2013/2014 Signed Income Tax Return & W-2 Forms
- o Last three (3) Pay Stubs for employment
- o Last three (3) Bank Statements (include all pages of each statement)
- o Most current Benefit Award letters (Social Security, Disability, Pension, Retirement, Child Support, Alimony, Welfare or other public assistance, Unemployment/Workers Compensation)
- o Last three (3) statements (include all pages of each statement) of the following Assets: (Investments, Stocks, Bonds, IRA's, CO's, Money Market, Trusts, Life Insurance, Real Estate)
- o Most current Utility Statement, include all that apply (Electric, Water, Gas)
- o Copy of driver's license or birth certificate

Please note that your application shall not be processed and assistance shall not be granted until the above information has been received and you have been qualified for the program.

If you have any questions, please feel free to contact me at (480) 312-2576.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michele L. Payakovich".

Michele L Payakovich
Sr. Grants Program Specialist



COMMUNITY DEVELOPMENT BLOCK GRANT EMERGENCY REPAIR PROGRAM

PROGRAM GUIDELINES

The Emergency Repair Program (“Emergency Program” or “Program”) provides assistance to homeowners in Scottsdale to perform emergency repairs to substandard housing conditions. Substandard conditions include those posing a serious threat to the health, safety or welfare of the household or affecting the immediate livability of the home. Emergency assistance shall be granted based on priority and eligibility of emergency.

The level of assistance is limited solely to the amount required to address the specific emergency. The maximum amount of assistance per household, per year may not exceed \$6,000. Emergency Repairs are limited to those issues that affect the habitability of the home such as: lack of running water, electricity or heating/cooling. Applicants who experience more than one emergency situation in the same year may receive assistance through the program a second time in that year providing the maximum grant amount has not been spent.

Accessibility modifications needed for the elderly and disabled are also eligible under this program. These improvements must directly affect the immediate livability of the home and the applicants cannot wait for these items to be installed through the Housing Rehabilitation Program.

Homes in need of more extensive, but less urgent repairs and/or replacements that are not eligible for the Emergency Program (such as cabinetry, upgrading electrical systems or addressing aging heating/cooling systems that are operable) may be addressed through the Housing Rehabilitation Program.

Eligibility Standards

The Emergency program is only available to income eligible, homeowner-occupied applicants. Assistance is provided to those applicants who meet low and moderate-income standards, mandated by The Department of Housing and Urban Development (HUD.) These guidelines are frequently updated and reflect two income categories based on family size. One is 80% of the Phoenix-Mesa-Scottsdale SMSA median income (moderate income) and the other is 50% (low income.) Eligibility for Emergency Assistance or determination of ineligibility is based on the total gross annual income for the household size in accordance with HUD’s income standards. Income qualification is required, even if the applicant is certified as disabled or elderly.

In addition to meeting the income guidelines, applicants must have owned and lived in their homes as their primary residence for the preceding year immediately prior to being qualified for participation in the program. Persons, who use their home to conduct business or as rental property, in whole or in part, are ineligible to participate in the program.

There are special requirements for City employees, elected officials and their relatives and for non-profit rehabilitation providers and their relatives. These requirements, which relate to conflicts of interest, include making public disclosure, obtaining a ruling by the City Attorney and submitting materials for review by HUD. In all cases where an apparent conflict of interest exists, HUD will make a finding regarding the eligibility of the applicant. Assistance shall not be granted unless approved by HUD. The conflict of interest process may add, at minimum, forty-five (45) days to the eligibility process.

Program Operation

The Program shall provide emergency repairs and/or replacement for owner-occupied, income-eligible households within the City of Scottsdale. Eligible repairs and/or replacement shall be made to components that affect the immediate livability of the home, as determined by the Rehabilitation Coordinator. Repairs and/or replacement are limited to the following types of assistance:

Heating/Cooling systems:

- Lack of or inadequate heating or cooling (unit shall currently exist)
- Hazardous or defective system

Plumbing systems:

- Lack of hot and cold running water
- Defective sewage system
- Leaking waterlines and gas lines or dangerous conditions in plumbing and gas systems
- Leaking or improperly functioning bathroom plumbing fixtures (toilets, sinks faucets, tubs/showers) when only one bathroom facility exists or when all facilities are inoperable
- Leaking or inoperable water heaters

Electrical systems:

- Lack of electricity
- Exposed or dangerous electrical wiring

Roofing:

- Leaking systems
- Severely deteriorated and structurally dangerous

Carpentry:

- Inoperable door/window locks
- Broken windows or inoperable exterior doors
- Structural deficiencies posing an immediate safety issue
- Perimeter fences not in compliance with City ordinance around yards with pools

Appliances (limited to cook tops, ranges and refrigerators):

- Inoperable units

Accessibility modifications (including but not limited to):

- Wheel chair ramps
- Widening doorways to accommodate wheelchairs
- Grab bars, railings, door hardware
- Bathtub/shower modifications

Application Process

1. Request for application

Homeowner's requesting Emergency Assistance shall request an Emergency Repair Application packet through the City's Community Assistance Office. The application packet will include a cover letter explaining the assistance process, an application for assistance and an income questionnaire.

The completed application and income questionnaire shall be returned to the Community Assistance Office with copies of the following information, as indicated in the cover letter:

- Authorization for the Release of Information
- Deed to property
- Property Tax Valuation
- Previous year's signed income tax return & W-2 Forms
- Last three (3) statements (include all pages of each statement) of the following documentation for all persons in the household, 18 years and older: bank statements (checking and savings), employment wages, bonuses
- Most current Benefit Award letters (Social Security, Disability, Pension, Retirement, Child Support, Alimony, Welfare or other public assistance, Unemployment/Workers Compensation)
- Last three (3) statements (include all pages of each statement) of the following asset information for all persons in the household, 18 years and older: Investments, Stocks, Bonds, IRA's, CD's, Money Market, Trusts, Life Insurance, Real Estate.
- Most current Utility Statement, include all that apply (Electric, Water, Gas)

Assistance shall not be considered to those applicants whose applications are either: 1) incomplete; or 2) all required income and homeownership documentation has not been submitted. Homeowners shall be notified that their applications shall not be considered and assistance may not be granted until the requested information has been received.

The City's Rehabilitation Coordinator shall review the request(s) for emergency assistance and shall determine the eligibility of the repairs/replacement requested. Repairs determined ineligible for assistance through the Emergency Program shall not be considered for assistance and may be referred to the Housing Rehabilitation Program. At this time, the emergency application will not be processed.

2. *Processing of Application*

Upon receipt of application and all required income and homeownership information, a Senior Grants Program Specialist shall review the documents. All applications will be evaluated based on priority and shall include (at minimum):

- Homeowner's Application
- Maricopa County Recorders Office ownership and property tax information
- Environmental Review
- Financial and ownership documents as provided by applicant
- Additional information necessary as determined by the City's Rehabilitation Coordinator

The City shall review the applicant's income and homeownership information to determine client's eligibility (or ineligibility). The applicant's income shall be calculated to determine the total gross household income for the upcoming twelve (12) months. Determination of income eligibility shall be in accordance with the HUD income guidelines. If determined ineligible, applicants may re-apply 6 months after the determination of ineligibility.

The Program reserves the right to seek third party verification for income, ownership and household composition. Credit reports may be requested and processed on each person whose property receives assistance.

If IRS tax liens or tax certificates are found, the applicant will automatically be disqualified for assistance, unless written satisfaction of lien is presented to the Community Assistance Office. Falsification of income and other required information requested is grounds for disqualification and may result in a \$10,000 fine and one year in prison.

3. *Receiving Assistance*

The City of Scottsdale shall complete the applicant's eligibility status within two (2) business days of the receipt of the completed emergency application, including all required income documentation. Upon eligibility, the Housing Rehabilitation Coordinator shall schedule an appointment to inspect the applicants' property to evaluate the repairs requested within two (2) business days.

Painted surfaces that will be affected as a result of the repairs and/or replacements shall be tested for lead based paint, if the home is built prior to 1978 and the area to be affected is greater than the HUD Lead Safe Housing Rule threshold. The lead-based paint inspection and/or risk assessment shall be conducted by a licensed lead consultant company. The Rehabilitation Coordinator shall develop a scope of work. The scope shall also include appropriate measures to address lead based paint findings in accordance to all federal regulations. The scope of work shall be solicited for bid in accordance to the City's procurement requirements.

If the total project cost is estimated to be greater or equal to \$2,000 by the Housing Rehabilitation Coordinator, the scope of work shall be solicited with a formal bid process in accordance to the City's procurement requirements. The bidding contractors must preview the property prior to submitting a bid. There shall be a minimum of three (3) bids. If three bids are not received the project will be re-bid.

If the total project cost is estimated to be less than \$2,000 by the Housing Rehabilitation Coordinator, the scope of work shall be solicited with an informal bid process. The appropriate pre-qualified contractor shall be appointed to submit a bid for the scope of work, and if the cost is deemed acceptable the project will be awarded to the appointed contractor. The bidding contractor must preview the property prior to submitting a bid. If the bid is greater than \$2,000 the project shall be solicited with a formal bid process.

Upon receipt of the required number of bids, a contract and notice to proceed shall be executed between the applicant and the contractor who will be performing the work. The Rehabilitation Coordinator shall monitor the progress and completion of work in accordance to the scope of work, the contract documents and the program guidelines. Upon completion of all work, a final inspection shall be conducted by the Agency and the homeowner shall sign a certificate of completion. Payment shall be submitted to the contractor upon final completion of work and receipt of the signed certificate of completion from the homeowner. All work shall be completed within fourteen (14) business days from date of the notice to proceed.

4. General Program Requirements

All contractors who wish to bid on Emergency jobs shall be: licensed with the Registrar of Contractors; be bonded and insured; and shall hold a City sales tax privilege tax license. The Program reserves the right to exclude any contractor who has unresolved complaints with the Registrar of Contractors office, who has not performed in accordance to the Program's general conditions, bid instructions or contractor application.

All contractors are required to provide a two-year warranty on all work performed through the Program, as set forth by the Arizona Registrar of Contractors. The homeowner is responsible to contact the contractor for any warranty-related problems. If the homeowner does not feel that the contractor has lived up to warrantee obligations, their appeal is to the Arizona Registrar of Contractors and not to the City of Scottsdale.

Any changes to the scope of work shall be documented through a Change Order and shall address only those changes necessary to correct unforeseen health and safety issues affecting the immediate livability of the home. Change Orders shall be processed after the contractor submits the required documentation and has obtained both the contractor's and homeowner's signatures. The Change Order also requires the signatures of Agency's Rehabilitation Specialist and Program Director.

Applicants receiving assistance through the Emergency Program may also participate in the Housing Rehabilitation Program. Applicants who have received assistance through the Housing Rehabilitation Program may not receive Emergency assistance to address those items repaired and/or replaced through the rehabilitation program for two years following the completion of the rehabilitation work.



COMMUNITY DEVELOPMENT BLOCK GRANT ANNUAL INCOME GUIDELINES

HOUSEHOLD SIZE (Persons)	INCOME LIMIT
1	\$34,650
2	\$39,600
3	\$44,550
4	\$49,500
5	\$53,500
6	\$57,450
7	\$61,400
8	\$65,350

Median Family Income \$61,900

Effective: December 18, 2013

These limits are determined by the U.S. Department of Housing and Urban Development (HUD).



COMMUNITY DEVELOPMENT BLOCK GRANT EMERGENCY REPAIR PROGRAM

APPLICATION

Please PRINT and complete ALL pages of this application in its entirety and sign the last page. List the type of Emergency you are experiencing on the next page. Please note that assistance is based on priority of emergency at the discretion of the Program Coordinator. Your application may be placed on a waiting list in accordance to priority.

Date:

Head of Household Name:	Date of Birth:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Name:	Date of Birth:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>THE FOLLOWING INFORMATION IS GATHERED TO COMPLY WITH FEDERAL CDBG PROGRAM REQUIREMENTS:</i>		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Am. Indian/Native Alaskan <input type="checkbox"/> Pacific Islander/ Hawaiian <input type="checkbox"/> Asian & White <input type="checkbox"/> Am. Indian/Native Alaskan & White <input type="checkbox"/> Black/African-American & White <input type="checkbox"/> Am. Indian/Native Alaskan & Black/African-American <input type="checkbox"/> Other Multi-Racial	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	
Address: (Number) (Street)	(City)	(State) (Zip)
Phone Number:	Alternate Phone Number:	
Do you own any other real estate property? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list address:		

Head of Household Social Security #:	Spouse's Social Security #:		
TOTAL Number of persons living in the household:			
Please list the names, relationships, social security numbers and dates of birth of all other adults (18 and older) in the household:			
Name:	Relationship:	Social Security #:	Date of Birth:
1.			
2.			
3.			
4.			

Approximate combined gross income (<i>before taxes</i>) of <u>all</u> persons living in the home: \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Age of Home:	How long have you owned <u>and</u> lived in the home as your primary residence?
Tax Parcel #:	Is your home a co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home a mobile/manufactured home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," do you own the real property on which the home is located? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you operate a business out of your home? Yes No
 If "Yes," please give name and nature of business: _____

Are you employed by or a relative of any employee of the City of Scottsdale or any non-profit?
 Yes No If "Yes," please list names, relationship, agency, department and dates of employment.

Names:	Relationship:	Agency:	Department:	Dates:
1. _____				
2. _____				

How did you hear about the program?

Please certify each of the following statements by initialing on the line next to the statement.
(If you cannot certify to each of the following you may not qualify for assistance)

A. I have owned and occupied the home listed above for the past year or longer. _____ *(initial)*

B. I understand the City of Scottsdale may obtain a title and credit report to verify qualification. _____ *(initial)*

Co-operative and Mobile Homeowners ONLY:
 I understand that my home may be eligible for the Emergency Repair Program, but shall not be eligible for the Housing Rehabilitation Program. _____ *(initial)*

I certify that all the information I have given and will give in connection with this application, either in writing or orally is true and correct. I understand that false, fictitious or fraudulent statements, or representations to defraud the United States Government of funds voids my application for assistance, and is punishable by fines not to exceed \$10,000 or imprisonment for not more than five years, or both under U.S.C. Title 18, Sec. 1001. I understand that it is the obligation of the City of Scottsdale to prosecute violations.

Signature of Applicant: _____ Date _____

Signature of Co-Applicant: _____ Date _____

Please print below and provide a brief description of your emergency:

A. *Air Conditioning/Heating:* _____

B. *Plumbing:* _____

C. *Roofing:* _____

D. *Electrical:* _____

E. *Other:* _____

Credit and title reports may be processed on each person and their property receiving rehabilitation. If IRS tax liens or tax certificates are found, your application will automatically be disqualified, unless written satisfaction of lien is presented to the Program Coordinator.

Please send this completed application to: *Community Assistance Office
 7515 E. 1st Street
 Scottsdale, AZ 85251-4501*

INCOME QUESTIONNAIRE

Name/Address of Head of Household: _____

We need to know about the income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining eligibility for federal housing assistance. Check Yes for a particular type of income if any household member gets it. We'll get the details from you later. Check No only if no member of your household gets the particular type of income.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully make false statements, or misrepresentations, of any material fact involving the use or obtaining of federal funds.

Employment Income: *this does not include income of children younger than 18 or live-in aides.*

	<u>Yes</u>	<u>No</u>
Wages	<input type="checkbox"/>	<input type="checkbox"/>
Salaries	<input type="checkbox"/>	<input type="checkbox"/>
Overtime pay	<input type="checkbox"/>	<input type="checkbox"/>
Commissions	<input type="checkbox"/>	<input type="checkbox"/>
Fees	<input type="checkbox"/>	<input type="checkbox"/>
Tips	<input type="checkbox"/>	<input type="checkbox"/>
Bonuses	<input type="checkbox"/>	<input type="checkbox"/>
Any other amounts adult household members earn from working for other people or from their own business	<input type="checkbox"/>	<input type="checkbox"/>

Benefits payments: *this includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Social Security or Supplemental Social Security Income.*

	<u>Yes</u>	<u>No</u>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>
Disability pay or benefits	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment benefits	<input type="checkbox"/>	<input type="checkbox"/>
Severance pay	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>
Insurance policy payments to you	<input type="checkbox"/>	<input type="checkbox"/>
Pensions	<input type="checkbox"/>	<input type="checkbox"/>
Retirement fund benefits	<input type="checkbox"/>	<input type="checkbox"/>
Death benefits	<input type="checkbox"/>	<input type="checkbox"/>
Any other benefit payments: veteran's disability, black lung sick benefits, dependent indemnity compensation	<input type="checkbox"/>	<input type="checkbox"/>

Welfare assistance: *this includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disabled person.*

	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>

Alimony or Child Support: *this includes adoption assistance payments.*

	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>

Interest, dividends, and other income from household assets:

	<u>Yes</u>	<u>No</u>
Interest from bank accounts or bonds	<input type="checkbox"/>	<input type="checkbox"/>
Dividends from stocks or mutual funds	<input type="checkbox"/>	<input type="checkbox"/>
Income distributed from trust funds	<input type="checkbox"/>	<input type="checkbox"/>
Money from renting household assets	<input type="checkbox"/>	<input type="checkbox"/>
Any other interest, dividends, or rent	<input type="checkbox"/>	<input type="checkbox"/>
Lottery winnings paid in periodic Payments	<input type="checkbox"/>	<input type="checkbox"/>

Money or gifts regularly given by persons not living in the unit: *this includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include recurring amounts paid directly to a child care provider, gifts of groceries, utility rebates paid to sr. citizens, payments received for the care of foster children, or gifts received on a non-recurring basis.*

	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>

Any other sources of income? Yes
 No

If yes, please specify:

I hereby certify that all of the above information is true and correct to the best of my knowledge.

Signature of Head of Household

Date

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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, the HA or the owner responsible for the unauthorized disclosure or improper use.



Community Development Block Grant
Housing Rehabilitation Programs

7515 East 1st Street
Scottsdale, AZ 85251-4501

PHONE 480-312-7647
FAX 480-312-7761
TDD 480-312-7411
WEB www.ScottsdaleAZ.gov

EXEMPT TAX RETURN VERIFICATION

I/We did not file a tax return for year _____
Year

Applicant Name

Applicant Signature

Date

Co-Applicant Name

Co-Applicant Signature

Date





COMMUNITY DEVELOPMENT BLOCK GRANT EMERGENCY REPAIR PROGRAM

CHECKLIST

PLEASE BE SURE YOU HAVE INCLUDED ALL OF THE REQUIRED INFORMATION LISTED BELOW WITH YOUR EMERGENCY REPAIR APPLICATION.

APPLICATIONS SHALL NOT BE PROCESSED IF INCOMPLETE AND ALL OF THE REQUESTED INFORMATION HAS NOT BEEN RECEIVED.

- Have you completed all of the questions on both pages of the application?
- Have you included your gross annual household income on the first page of the application?
- Have you initialed and signed at all the appropriate spaces on the second page of the application?
- Have you included all names and social security numbers for all occupants 18 and older?
- Have you completed and signed the Income Questionnaire?
- Have you included the following documentation for all occupants 18 and older?
 - Authorization for Release of Information
 - Deed to property
 - 2013/2014 Property Tax Valuation
 - 2013 Signed Income Tax Return and W-2 forms
 - Last three (3) Pay Stubs for employment
 - Last three (3) Bank Statements (include all pages of each statement)
 - Most current Benefit Award letters (Social Security, Disability, Pension, Retirement, Child Support, Alimony, Welfare or other public assistance, Unemployment/Workers Compensation)
 - Last three (3) statements (include all pages of each statement) of the following Assets (Investments, Stocks, Bonds, IRA's, CD's, Money Market, Trusts, Life Insurance, Real Estate)
 - Most current Utility Statement, include all that apply (Electric, Water, Gas)