



**Community Development Block Grant**

7515 E. 1st Street  
Scottsdale, AZ 85251-4501

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 the health, safety or 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:**

- Deed to property
- 2008/2009 Property Tax Valuation
- 2008 Signed Income Tax Return & W-2 Forms
- Last three (3) Pay Stubs for employment
- Last three (3) Bank Statements
- 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 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)

**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 "Elizabeth Garcia".

Elizabeth Garcia  
Sr. Grants Program Specialist



# COMMUNITY DEVELOPMENT BLOCK GRANT EMERGENCY REPAIR PROGRAM

## PROGRAM GUIDELINES

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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, including administrative costs. 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 Specialist. 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**

The Emergency Program is administered through a partnership between the City and a non-profit agency (Agency.) Referrals for the Emergency Program are obtained only through the City's program, not directly to the Agency. After being notified of the need for service by the City's Rehabilitation Coordinator, the Agency works with contractors to provide the emergency repairs needed.

#### *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:

- Deed to property
- Property Tax Valuation
- Previous year's signed income tax return & W-2 Forms
- Last three (3) statements 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 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.

*Effective: July 1, 2007*

*City of Scottsdale's Emergency Repair Program Guidelines*

*Page 3 of 5*

It is the policy of the City of Scottsdale not to discriminate against any person on the basis of race, color, religion, age, sex, handicap, familial status or national origin. Persons with special needs for assistance should contact (480) 312-7647 or TTY (480) 312-7411.

## 2. *Processing of Application*

Upon receipt of application and all required income and homeownership information, the Rehabilitation Coordinator shall review the documents and submit an Emergency Transmittal to the City or non-profit Agency. All applications will be evaluated and forwarded based on priority of emergency. This transmittal 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.

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 applicant shall be notified of his/her eligibility status within forty-eight (48) hours of the Agency's receipt of emergency transmittal from the city. Upon eligibility, the Agency shall schedule an appointment to inspect the applicants' property to evaluate the repairs requested.

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 Agency's Rehabilitation Specialist 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 seven (7) business days from date of eligibility.

#### 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 EMERGENCY REPAIR PROGRAM

### CHECKLIST

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**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?
  - Deed to property
  - 2008/2009 Property Tax Valuation
  - 2008 Signed Income Tax Return and W-2 forms
  - Last three (3) Pay Stubs for employment
  - Last three (3) Bank Statements
  - 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 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)



## COMMUNITY DEVELOPMENT BLOCK GRANT ANNUAL INCOME GUIDELINES

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HOUSEHOLD SIZE (Persons)	INCOME LIMIT
1	\$36,900
2	\$42,150
3	\$47,450
4	\$52,700
5	\$56,900
6	\$61,150
7	\$65,350
8	\$69,550

**Median Family Income \$65,900**

**Effective: March 19, 2009**

**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:
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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>		
Ethnicity: <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	Nationality: <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 #:		
<b>TOTAL</b> Number of persons living in the household:			
Please list the names, relationships, social security numbers and dates of birth of <b>all</b> other adults ( <b>18 and older</b> ) 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: *Elizabeth Garcia, Sr. Grants Program Specialist*  
 7515 E. 1<sup>st</sup> 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



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](http://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

