



Community Development Department
 7501 E. Skoog Blvd.
 Prescott Valley AZ 86314
 Phone (928) 759-3050
 Fax (928)772-7829
 email: comdev@pvaz.net

**OWNER OCCUPIED HOUSING REHABILITATION PROGRAM
 APPLICATION PACKET
 2020-2021**

FREQUENTLY ASKED QUESTIONS ABOUT THE PROGRAM

What is the Owner Occupied Housing Rehabilitation program?

The Town of Prescott Valley applies annually for funding through the Arizona Department of Housing and U.S. HUD for repair of owner occupied housing units within the boundaries of The Town of Prescott Valley. The program assists lower-income households with needed repairs and helps preserve the town’s housing stock. Eligible households can receive up to \$65,000 worth of home repairs.

Am I eligible?

You may be eligible if all the following are true:

1. Your house is a single family house (site-built or manufactured home) and you live there full time.
2. Your house is within the Town of Prescott Valley.
3. Your total household income is “low income” or “very low income” based on the number of people in your household, according to the table on the right.
4. The value of your house is less than 95% of the Yavapai County median home value, or \$244,000.
5. You can document U.S. citizenship or lawful presence in the U.S.
6. You’re current in paying your mortgage, homeowners insurance, and property tax.
7. You haven’t received funding through this program previously.

Number in Household	Low Income	Very-Low Income
1	\$36,200	\$22,650
2	\$41,400	\$25,850
3	\$46,550	\$29,100
4	\$51,700	\$32,300

How are projects chosen?

Community Development compiles a list of eligible projects and selects several for construction during a given year, and prioritizes households with very low incomes, seniors, children, or people with disabilities. Households with the most urgent safety issues are also considered higher-priority. Lower-priority eligible households might have to wait a year or more before repairs are made, and the applicants may be required to submit recent income information to show they are still eligible.

What kinds of repairs can be made?

Repairs made under the OHR program typically correct safety issues, or problems that reduce energy efficiency. Typical repairs include structural, electrical, plumbing, and roofing issues, as well as duct repair and replacement of old appliances and heating/cooling units. Assistive devices like ramps and handrails can also be installed.



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Who determines what repairs are needed?

A Town of Prescott Valley building inspector walks through the house with the homeowner to identify problems that need to be corrected. The inspector makes a list of necessary repairs and forwards that list to Community Development, who invites licensed contractors to bid on making those repairs.

Who hires the contractor?

After contractors submit their bids, Community Development shows the bids to the homeowner, who selects the contractor for the job. The low bidder is typically selected – if the homeowner selects a contractor who is not the low bidder, the homeowner has to make up the difference between that contractor’s bid and the low bid. The contractor coordinates with the homeowner to make repairs at a time that is convenient to the homeowner. The Town of Prescott Valley pays the contractor directly.

Does the Homeowner have to pay?

The homeowner signs an agreement with the Town of Prescott Valley promising to remain in the house as the owner-occupant for a certain amount of time (called the “recapture period” – 5 to 15 years, depending on the total cost of the project) and to maintain the house in good condition. That agreement places a lien on the property. If the homeowner stays in the house for the whole recapture period, then the lien is “released” and the homeowner doesn’t have to pay anything. If the homeowner sells the property, rents it out, or refinances to get cash before the recapture period is over, then the homeowner must pay back a portion of the total project cost to the Town before the lien is released. For example, if the owner sells the property after five years, and the recapture period is 10 years on a total project cost of \$20,000, the homeowner would have to pay back half (\$10,000) of the project cost.

How can I return the application?

You can mail the completed application to: **Town of Prescott Valley Community Development, 7501 E. Skoog Blvd., Prescott Valley, AZ 86314**, or you can drop it off at Community Development, on the 2nd Floor of the Civic Center. Be sure to submit the following with your application:

1. Proof of income (paycheck stubs, Social Security statements, etc.)
2. Proof of disability, if disability is claimed
3. Social Security cards for all household members
4. Proof of lawful presence in the U.S. for all household members
5. Copy of deed as proof of home ownership
6. Copy of the most recent property tax statement
7. Proof of current homeowners insurance coverage
8. Verification of Mortgage Status

Please keep this FAQ sheet for your information and turn in the attached application form. Thank you for your interest in the Owner Occupied Housing Rehabilitation program. If you have questions about the program, please call Community Development at 928-759-5058.



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**TOWN OF PRESCOTT VALLEY
 OWNER OCCUPIED HOUSING REHABILITATION
 APPLICATION**

Date: _____

Applicant Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____

1. Part 1: Household Residents 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	Social Security No.	Relation	Birth Date	Sex
1		Head of HH		
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 (circle one): **D. Is the Head of Household a single parent of children living in the house? (circle one)** Yes No
 Caucasian African American Asian
 Am. Indian Hispanic Other

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, child support, 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 (please attach verifying documents)	Amount of Annual Income
1			
2			
3			
4			
6			
7			
8			
9			
Total Annual Household Income			



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CALCULATING ANNUAL INCOME (before taxes and benefits are deducted)		
ASSETS		
HOUSEHOLD MEMBER	ASSET TYPE	INCOME FROM ASSET
2. Net cash value:		\$
3.* Total income from assets:		\$

ANTICIPATED ANNUAL INCOME						
HOUSEHOLD MEMBER	WAGES, UNEMPLOYMENT	EMPLOYER RETIREMENT BENEFITS/ PENSIONS	SOCIAL SECURITY BENEFITS	PUBLIC ASSISTANCE (TANF)	ALIMONY / CHILD SUPPORT	OTHER INCOME
	a	b	c	d	e	* f
4. COLUMN TOTALS:						
* TOTAL INCOME (add 3. and 4.f.):						

X _____ Date signed
 Head of Household Signature



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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/manufactured home? Yes ___ No ___



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EMPLOYMENT VERIFICATION

EMPLOYER NAME: _____

ADDRESS: _____

PHONE: _____

Applicant Name

Applicants Address	City, State	Zip Code
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The individual named above has applied for assistance that is subsidized through the Department of Housing and Urban Development and the State of Arizona. Federal and State regulations require that in order for the individual/family to be eligible, we must verify the family income. The individual has authorized your release of the requested information.

I authorize my employer, _____, to release my
(Name of company, organization)
income information in order to determine eligibility for the Housing Rehabilitation Program.

Authorization of Release: _____ **Date** _____
(Signature of Applicant/Employee)

EMPLOYER please fill out the following:

Date of Employment _____ **Position** _____

Current Rate of Regular Pay \$ _____ **per** _____ (hour, week, month)

Number of hours per week/month employee normally works _____

Employee's Supervisor (Print Name) _____ **Date** _____

_____ **Date** _____
Employee's Supervisor (Signature)

Your prompt reply is appreciated.



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**TOWN OF PRESCOTT VALLEY
OWNER OCCUPIED HOUSING REHABILITATION PROGRAM**

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: _____

A copy of one or more of the following documents must accompany your application if you are claiming disability:

- Social Security letter denoting disability
- Letter from appropriate court indicating disability
- Letter from a state agency indicating 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 Prescott Valley'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 fax this completed form to: 928-583-6858, scan and email it to: comdev@pvaz.net, or return it via first class mail to:

Town of Prescott Valley Community Development, 7501 E. Skoog Blvd., Prescott Valley, AZ 86314.

Thank you for your assistance.

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 _____

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GRIEVANCE PROCEDURES

Applicants are required to sign below 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) 634-5505 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 Prescott Valley. 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, see state law, ARS 1-502 for other documents that demonstrate lawful presence in the U.S.

Signature of Applicant

Date



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Please read and initial the following statements:

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 Prescott Valley 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 Prescott Valley the pro-rata amount, in accordance with the Housing Rehabilitation Program Guidelines.

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 \$65,000. 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 Prescott Valley 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 Prescott Valley as stated above.

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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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 Prescott Valley 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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NOTICE

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 Prescott Valley 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 (Person assisting with this form)

Date