



# PASCUA YAQUI TRIBE HOUSING DIVISION

## APPLICATION FOR SERVICE DETERMINATION

### HOME REPAIR SAFETY PROGRAM

4781 W. Calle Torim, Tucson, AZ. 85757

520-879-5918

#### 1. APPLICANT(S) PLEASE PRINT:

Homeowner 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Middle Initial Last

Enrolled # \_\_\_\_\_ Last Four SS # \_\_\_\_ Ph. # \_\_\_\_\_

Homeowner 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Middle Initial Last

Enrolled # \_\_\_\_\_ Last Four SS # \_\_\_\_ Ph. # \_\_\_\_\_

Home Address: \_\_\_\_\_

Street Apt.

City State Zip Code Ph. #

Marital Status of the owner(s): \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

EMAIL ADDRESS: \_\_\_\_\_

#### 2. Household Composition and Characteristics

List all other members who live in the home over the age of 18. Give the relationship of each family member to the owner(s).

Full Name	Relationship	Birth Date	Sex M / F	Last four SS #
				____
				____
				____
				____
				____

--	--	--	--	--

### 3. House Info:

Year Built \_\_\_\_\_ # of bedrooms \_\_\_\_\_ # of bathrooms \_\_\_\_\_ Lot size \_\_\_\_\_

Home Insurance Policy Number \_\_\_\_\_ No Home Insurance \_\_\_\_\_

4. Are you or a family member Disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Are you a Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. **Employment:** Are you and/or other household members currently employed? \_\_\_\_ Yes \_\_\_\_ No  
If yes, give name and address of your employer(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### 7. Income

Do you or any members of your household receive any of the following types of income on a regular basis?

	Source	Monthly Amount	Documentation Needed at Eligibility Interview
__ Yes __ No	Wages/Salaries		Pay stub/letter from employer
__ Yes __ No	Social Security SSI Railroad Retirement		Current Award Letter
__ Yes __ No	Private Pensions		Most Recent Statement/Check Stub
__ Yes __ No	Annuities		Most Recent Statement/Check Stub

___ Yes ___ No	Disability Insurance		Most Recent Statement/Check Stub
___ Yes ___ No	Interest from Investments		Bank Statement; Forms 1099
___ Yes ___ No	Dividends		Dividend Statement
___ Yes ___ No	Trust Income		Most Recent Statement
___ Yes ___ No	Income from Self-Employment		Tax Documents or Written Statement
___ Yes ___ No	Other (specify)		Written Documentation
	<b>Total Monthly Income</b>	\$	

Do you or any members of your family have any other regular sources of income not listed above?

\_\_\_ Yes \_\_\_ No If yes, please describe \_\_\_\_\_

## 8. Assets

Do you or any members of your family have any of the following assets?

	Asset	Current Value	Documentation Needed at Eligibility Interview
___ Yes ___ No	Cash (in excess of \$1,000)		Signed Statement
___ Yes ___ No	Checking Account(s)		Copy of Most Recent Bank Statement(s)
	<b>Total Value in Assets</b>	\$	

Do you or any members of your household own a home, commercial property, or other real estate?

\_\_\_ Yes \_\_\_ No If yes, please list.

Address \_\_\_\_\_

\_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

## 9. Medical/Medical Expenses

Do you have medical expenses? \_\_\_ Yes \_\_\_ No Amount per month \_\_\_\_\_

## 10. Do you have any **dependents** that live with you?

\_\_\_ Yes \_\_\_ No If so, How many? \_\_\_\_\_

11. Have you or any members of your household **disposed of assets** totaling more than \$2,000 for less than fair market value during the past two years?

\_\_\_ Yes

\_\_\_ No

If yes, please describe:

---

---

12. List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

---

---

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

13. **Home Repair and Safety work (required):**

- ☐ Plumbing    ☐ Cooling    ☐ Heating    ☐ Structural    ☐ Grab Bars  
☐ Roof Repair    ☐ Electrical    ☐ Ramp & Railings    ☐ Door Widening  
☐ Appliance Repair    ☐ Flooring Repair    ☐ Other: \_\_\_\_\_

**Notes (REQUIRED):**

---

---

---

---

---

14. How did you hear about **HOME REPAIR AND SAFETY PROGRAM?**

\_\_\_ Family member / Friend

\_\_\_ PYT Employee

\_\_\_ Radio

\_\_\_ Information provided by PYT government

\_\_\_ Social Media

\_\_\_ Other \_\_\_\_\_

### 15. Applicant(s)' Certification

I/we certify that all information provided in this application and all the supportive documentation are true. I/we understand any falsification, misleading or knowingly withholding information on this application would immediately disqualify me/us from receiving services for 12 months. I/we also understand that this a loan and agree to pay back in full and within the time allowed. I/we acknowledge and accept that services will not be provided if I/we do not meet the financial eligibility requirements. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the **Home Repair Safety Program** to verify all information provided on this application and to contact agencies and institutions mention in the application and other sources for credit history and property registers to confirm ownership. I/we understand that our information will be kept confidential, however may be review by auditors to verify program compliance.

Signature of Homeowner: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Homeowner: \_\_\_\_\_ Date \_\_\_\_\_

Signature of PYT representative: \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use Only:</b>	_____ TUCSON	_____ GUAD	_____ O/P	_____ PASCUA	
_____ EL Income	_____ V L Income	_____ Low Income	_____ Disabled	_____ Veteran	_____ Elder
<b>Date Received:</b>	<b>Application #:</b>	<b>Approved</b>	<b>No</b>	<b>Yes</b>	<b>by</b> _____