

HOME REPAIR AND SAFETY PROGRAM SENIOR APPLICATION (55 and Older) 4781 W. Calle Torim, Tucson, AZ. 85757 Ph. # 520-879-5918

1. APP	LICANT(S) PLEASE PRIN	IT:						
Homeowner A:				Date of Birth:				
		Middle Initia	l Last			_		
Enrolle	ed #	Last Four SS # _	Ph. #					
Homeowner B:				Date o	of Birth:			
	First	Middle Initia	l Last					
Enrolle	ed #	Last Four SS # _	Ph. #					
Street	Address:				Apt.			
					Apt.			
City		State	Zip Code	Ph. #				
or olde Give th	ne relationship of each	family member to th	ne owner(s).					
Full Name			Relationship	Birth Date	Sex M / F	Last four SS #		
3. Hou	se Info: Year Built				ot size			
	Home Insurance Policy	Number		No Home	e Insurance _			
4. 5.	Are you or a family m Are you a Veteran?		Yes	_ No				
6. With:	Employment: Are you and/or other household members currently employed? Yes No.							
	• Name	Address:		Telephone:				
	• Name	Address:			Telephone	e:		
7.	Medical/Medical Expe Do you have medical e		No Amount	ount per month				
8.	Do you have any <u>depe</u>	ndents that live with	•	/ many?				

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9. Income: Do you or any members of your household receive any of the following types of income?

	Source	Monthly Amount	Documentation Needed at Eligibility		
			Interview		
Yes No	Wages/Salaries Pay stub/letter from employ		Pay stub/letter from employer		
	Social Security				
Yes No	SSI		Current Award Letter		
	Railroad Retirement				
Yes No	Disability		Most Recent Statement/Check Stub		
	Insurance				
Yes No	Income from		Tax Documents or Written Statement		
	Self-Employment				
	Total Monthly Income				
		\$			
Do you or any mer	mbers of your family have a	any other regular sour	rces of income not listed above?		
Yes	_ No If yes, please de	escribe			
10. Home Repai	r and Safety work require:				
Plumbing	☐ Cooling ☐ Heating	ng 🗆 Structural	☐ Grab Bars		
□ Roof Repai	r \square Electrical \square Ram	np & Railings 🗆 🗆 Do	oor Widening		
☐ Appliance I	Repair Flooring Repair	□ Other:			
Notes:					
Notes.					
					
			_		

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11. 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 and Safety Program** to verify all information provided on this application and to contact agencies and institutions mention in this application 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 Homeo	wner:		Date			
Signature of Homeo	Date					
Signature of PYT representative: Date						
Office Use Only:	TUCSON	GUAD	O/P	PASCUA		
EL Income	_ Very Low Income	_ Low Income _	Disable	ed Veteran	Elder	
Date Received:	Application #:	A	pproved	No Yes by		

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