



PASCUA YAQUI TRIBE HOUSING DIVISION

HOME REPAIR AND SAFETY PROGRAM SENIOR APPLICATION (55 and Older)

4781 W. Calle Torim, Tucson, AZ. 85757 Ph. # 520-879-5918

1. APPLICANT(S) PLEASE PRINT:

Homeowner A: _____ **Date of Birth:** _____
First Middle Initial Last

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

Homeowner B: _____ **Date of Birth:** _____
First Middle Initial Last

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

Home Address: _____
Street Apt.

_____ City State Zip Code Ph. #

2. Household Composition and Characteristics: List all other members who live in the home who are 18 or older.

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.

With:

- Name _____ Address: _____ Telephone: _____
- Name _____ Address: _____ Telephone: _____

7. Medical/Medical Expenses

Do you have medical expenses? ___ Yes ___ No Amount per month _____

8. Do you have any dependents that live with you?

___ Yes ___ No If so, How many? _____

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 employer
__ Yes __ No	Social Security SSI Railroad Retirement		Current Award Letter
__ Yes __ No	Disability Insurance		Most Recent Statement/Check Stub
__ Yes __ No	Income from Self-Employment		Tax Documents or Written Statement
	Total Monthly Income	\$	

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

__ Yes __ No If yes, please describe _____

10. **Home Repair and Safety work require:**

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

Notes:

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 Homeowner: _____ Date _____

Signature of Homeowner: _____ Date _____

Signature of PYT representative: _____ Date _____

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