



**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
	<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 \_\_\_\_\_

**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:

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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 Homeowner: \_\_\_\_\_ Date \_\_\_\_\_

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

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

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