



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 #
				_ _ _ _
				_ _ _ _
				_ _ _ _
				_ _ _ _
				_ _ _ _

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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
	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 _____

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)
	Total Value in Assets	\$	

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 _____

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