

Community Action
Human Resources Agency
109 N. Sunshine Boulevard, Eloy AZ 85131
(520) 466-1112 Fax (520) 466-7145

**2024 Minor Home Repair and Weatherization
Application and Information Letter**



DO NOT complete this form if you are seeking assistance with bathroom or kitchen upgrades or modifications. **Currently our funding does not allow for such repairs.**

Complete the attached application to apply for assistance AND complete the attached forms:

- (1) Utility History Release Forms. Fill out utility name, address, and account number for gas and electric utilities, sign, and date the form.
- (2) Authorization for Release of Confidential Information to process your application
- (3) Certificate of Owner Occupancy
- (4) Don't forget to sign the application in the appropriate places.

Complete the application and mail to the address above. You may also fax or email it. If you need help completing the forms or returning the application, please contact us. You may also e-mail it to clientdocs@cahra.org

The following copies MUST be included with your application — DO NOT SEND ORIGINALS:

1. Copy of your Deed / Title to Home Property formally recorded in your name. (Must be a house or a manufactured home) No RV's
2. Copy of most current utility bills (**Electric and Gas only.**)
3. Picture I.D for all Household members (16 years or older)
4. **Copy of original US birth certificate, US passport or naturalization documents verifying legal status for applicant.**
5. **Copies of Social Security Cards for all household members.**
6. Proof that Mortgage payments are current.
7. Proof that Property Taxes are current.
8. Copies of recent Checking and Savings Account Statements. (Complete statements will only be accepted no partial copies.)
9. **Proof of income for the last (90) days for all household members.** (Total gross income. If you receive Social Security benefits, pension benefits or child support payments; submit copy of the award letter. Checking information CANNOT be used to determine eligibility)

Once the application is returned with the documents requested, this is the process we will follow:

1. **Application will be reviewed to assure a) it is complete b) all requested documents have been submitted.**
2. **Determine if you are income eligible and qualify for our programs. See reverse for income qualifications**
3. **Place application on a waiting list, due to high demand of services. Please note the waitlist is 8 to 10 months long.**
4. Make an appointment or call a contractor to visit your home to inspect it.
5. Write or call to let you know what repairs we are able or unable to make to your home. You will be considered for the appropriate programs for which CAHRA has funding.

NOTE: You must have lived in the home for a minimum of one year.

If you have any questions, feel free to call me at (520) 466-1112 or 1-877-472-2472 or email me at lrangel@cahra.org.

Sincerely,

Lucy M. Rangel
Housing Programs Manager

DO NOT SUBMIT APPLICATION WITHOUT COMPLETE DOCUMENTATION.

FEDERAL POVERTY INCOME THRESHOLD FOR 2024 AT 200%

	1	2	3	4	5	6	7	8	For each additional person add \$448.33
Monthly	2,510	3,407	4,303	5,200	6,097	6,993	7,890	8,787	
Annual	30,120	40,880	51,640	62,400	73,160	83,920	94,680	105,440	For each additional person add \$5380

COMMUNITY ACTION HUMAN RESOURCES AGENCY INTAKE FOR HOUSING SERVICES

Date received
In Office:

THO
Household #

WORKER ID:	SITE CODE:	TAX PARCEL#	TODAY'S DATE: (must fill in date)
CUSTOMER NAME [LAST, FIRST, M.I.]:	SSN:		
STREET ADDRESS, CITY, ZIP CODE:	PHONE #		
MAILING ADDRESS IF DIFFERENT	Cell Phone #		
Electric Account #:	Gas Account #:	Email Address:	
Name of Company:	Name of Company:		

PLEASE CIRCLE EVERYTHING THAT APPLIES TO YOU:

YOUR HOME:	FAMILY TYPE:	ANY HOUSEHOLD MEMBER:	BUILDING TYPE:	MAIN SOURCE OF HEAT AT HOME:	REFERRED BY: (Which agencies)
OWN	F = FEMALE SINGLE PARENT	MIGRANT FARMWORKER	HOUSE	GAS	CITY OF:
RENT	M = MALE SINGLE PARENT	HOMEBOUND	APARTMENT	OIL	UNITED WAY
HOMELESS	A = ADULTS WITH CHILDREN	FARM WORKER (NOT MIGRANT)	MOBILE HOME	PROPANE	ST. VINCENT DE PAUL
OTHER	S = SINGLE PERSON	SEASONAL FARMWORKER ONLY	SUBSIDIZED HSG	ELECTRIC	SALVALTION ARMY
	N = ADULTS -NO CHILDREN		SHELTER	WOOD	OTHER:
	O = OTHER		OTHER	OTHER	NONE

LANGUAGE:	ENGLISH	NUMBER IN HOUSEHOLD:	NUMBER EMPLOYED:	MONTHLY RENT/ MORTGAGE COST: \$	MONTHLY UTILITIES (all): \$
OTHER	SPANISH				

TYPE OF INCOME FOR LAST 30 DAYS (GROSS ONLY - NOT TAKE HOME)	SALARY/WAGES \$ _____ ALIMONY/CHILD SUPPORT \$ _____ CASH ASSISTANCE \$ _____ SELF EMPLOYMENT \$ _____ GENERAL ASSISTANCE \$ _____ UNEMPLOYMENT \$ _____ NO INCOME \$ _____	DOCUMENTED SOCIAL SECURITY \$ _____ SSI \$ _____ RETIRE/PENSION \$ _____ DIV/INTEREST \$ _____ OTHER INCOME \$ _____ VETERAN BENEFITS \$ _____ TOTAL INCOME: \$ _____	DOCUMENTED ARE YOU CURRENTLY ENROLLED IN ANY UTILITY DISCOUNT PROGRAM WITH: APS SWG SRP If you are not and are income eligible, would you like to be enrolled in the discount programs? Y or N
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OTHER RESOURCES

SANP Benefits? \$ _____
 If no, have you applied? Y or N
 Do you help applying? Y or N

ARE YOU CURRENTLY ENROLLED IN ANY UTILITY DISCOUNT PROGRAM WITH:

APS SWG SRP

If you are not and are income eligible, would you like to be enrolled in the discount programs?
Y or N

PLEASE COMPLETE INFORMATION FOR ALL HOUSEHOLD MEMBERS ON THIS PAGE

USE THE FOLLOWING CODES FOR EACH HOUSEHOLD MEMBER:

RACE / ETHNICITY	EDUCATION	RELATIONSHIP TO HEAD OF HOUSEHOLD	MARITAL STATUS	EMPLOYMENT STATUS	MEDICAL INSURANCE	CITIZENSHIP STATUS
W = WHITE (1)	0 = 00-08 GRADE (1)	H = HEAD OF HH	N = NEVER MARRIED	F = FULL TIME	A = AHCCCS	U = US BORN/NATURALIZED (1)
B = BLACK (2)	9 = 9-12 NON-GRAD (2)	S = SPOUSE	M = MARRIED	P = PART TIME	M = MEDICARE	E = ELIGIBLE LEGAL RESID (2)
N = NATIVE AM (3)	H = HS GRAD/GED (3)	C = CHILD	S = SEPARATED	U = UNEMPLOYED	P = PRIVATE INS	N = NON-ELIGIBLE LEGAL (3)
H = HISPANIC (4)	1 = 12 PLUS SOME COLLEGE/TRADE (4)	F = FOSTER CHILD	D = DIVORCED	S = SEEKING EMPLOY.	N = NONE	
A = ASIAN (5)		GC = GRANDCHILD	W = WIDOWED	R = RETIRED	O = OTHER	
O = OTHER (6)	2 = COLLEGE GRAD (5) 2 or 4 Yr College	P = PARENT		O = ODD JOBS/OTHER		
		GP = GRANPARENT		N = NOT AVAILABLE TO WORK (DISABLED, STUDENT)		
		O = OTHER				
		NR = NOT RELATED				

All Household Members (Last name, First Name, Middle Initial)	SOCIAL SECURITY NUMBER	BIRTHDATE	AGE	RACE	SEX	EDUCATION	RELATION TO HEAD OF HOUSEHOLD	MARRITAL STATUS	EMPLOYED?	DISABLED?	INSURANCE	CITIZENSHIP	VET Y OR N?	PREG. TEEN?
1)	-	-	-		M									
2)	-	-	-		F									
3)	-	-	-		M									
4)	-	-	-		F									
5)	-	-	-		M									
6)	-	-	-		F									
7)	-	-	-		M									
8)	-	-	-		F									
9)	-	-	-		M									
10)	-	-	-		F									

CLIENT SELF HOME ASSESSMENT

All Questions Must Be Answered

Information will be used to make a determination on how we can help. Not all problems listed will be considered for repairs. Please answer all questions.

1. Age of home: _____ 2. Square ft. of home: _____ 3. Number of bedrooms: _____
4. How long have you lived in the home? _____
5. Has the home been in foreclosure or listed for sale within the last 12 months? _____
6. Date arrived in Arizona _____ 7. Date arrived in Pinal County _____

Currently, we are unable to assist with kitchen or bathroom cabinetry, bathroom modifications, major electrical and plumbing. No cosmetic work will be considered (skirting, flooring, painting etc.)

Does the home have a complete ducting system? Yes No If no explain: _____

Type of cooling system: Evaporative. Heat Pump Straight Cool Window A/C Gas Pack None
Age of System _____ Is system currently operable? Yes No If no, explain: _____

Type of heating system: Space Heater Heat Pump Gas Pack Wall Furnace None
Age of System: _____ Is system currently operable? Yes No If no, explain: _____

Type of water heater: Gas Electric Propane None Age of water heater: _____
Is system currently working? If no, explain: _____

Range: Gas Electric Propane Is it operable Yes No If no, explain: _____
Age of Appliance: _____

Refrigerator: Is it operable Yes No If no, explain: _____
Age of Appliance: _____

****Please list repair(s) for which you are applying for today.**

Have you been assisted by CAHRA's Housing Program within the last year? Yes No If yes, please explain: _____

****must be completed**

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I swear and affirm that the information on this form is true and correct to the best of my knowledge. With my signature below, I also affirm that I understand that CAHRA is a delegate agency/contract designee of the State of Arizona and the Arizona Department of Economic Security (reference application Statement of Truth).

I understand that the information provided will become a permanent file with access limited to representatives of CAHRA and that no information obtained from this form and/or application shall be made public in such a manner that my dwelling or household can be identified.

I understand that I may request a Fair Hearing orally or in writing if I disagree with any action taken on my case. I understand that anyone who violates the provisions of the Low Income Energy Assistance and/or Community Services Programs or knowingly provide false information in any report require under it, may be fined not more than \$10,000 or imprisoned no more than five years or both (Chapter 11, Title 45 cfr 260.3541).

APPLICANT

SIGNATURE: **X** _____ **DATE** _____

CAHRA STAFF

SIGNATURE: _____ **DATE:** _____

(Applicant)

Community Action Human Resources Agency

109 N. Sunshine Blvd ~ Eloy, Arizona 85231
Phone: 520/466-1112 ~ Fax: 520/466-7145

Authorization For Release of Confidential Information

I, _____, understand that it may be necessary for the
(Client Name/Please Print)

COMMUNITY ACTION HUMAN RESOURCES AGENCY (CAHRA) and/or authorized agents to obtain information from other agencies and entities in order to make me eligible for assistance I have requested.

Accordingly, I authorize and request any public, governmental or private institution and its authorized agents including, but not limited to:

- ◆ Other Social Services agents
- ◆ Landlords & their agents
- ◆ Hospitals
- ◆ Physicians
- ◆ Credit Bureaus
- ◆ Mortgage Companies
- ◆ Social Security Administration
- ◆ Advocacy agencies
- ◆ Utility companies
- ◆ Military personnel
- ◆ Employers
- ◆ Insurance Agencies

To furnish to CAHRA or its authorized agents any and all information which it may request in the form of oral or written reports, opinions, findings, personnel and employment records, military records, credit records, all medical records, statement of charges, or rental records regarding any incident about which you may have knowledge of, information or access to, or about which you may have rendered services and or consultation.

Please provide the following information to CAHRA:

I, THE UNDERSIGNED Client, also understand that it may be necessary for CAHRA, or its authorized agents to release information obtained from me to authorized sources to other assistance programs in order to obtain assistance through CAHRA.

Though I hereby waive any privilege I have to this information to CAHRA, you are further requested to disclose no information to any other person without written authority from me (pursuant to privilege and confidential communication statutes).

A Photostatic copy, thermofax copy, or other chemical reproduction of this authorization shall serve in its stead.

THIS CONSENT, UNLESS EXPRESSLY REVOKED EARLIER, Expires upon: _____

(Specify date, event, or condition upon expiration)

Client Signature: **X** _____ (Date)

Social Security #: _____ Date of Birth: _____

Signature of: Parent/Guardian or Legal Representative: _____ (Date)
(circle relationship to client)

Case Manager
Signature: _____ (Date)

Community Action Human Resources Agency

109 N. Sunshine Blvd ~ Eloy, Arizona 85231
Phone: 520/466-1112 ~ Fax: 520/466-7145

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- ◆ Utility companies
- ◆ Military personnel
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- ◆ Insurance Agencies

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(circle relationship to client)

Case Manager
Signature: _____ (Date)



COMMUNITY ACTION HUMAN RESOURCES AGENCY

109 N Sunshine Blvd.

Eloy AZ 85122

520-466-1112 Phone 520-466-7145 Fax

AFFIDAVIT THAT DOCUMENTS IS/ARE TRUE

I, _____, SWEAR OR AFFIRM, UNDER
Printed or Typed Name

PENALTY OF PERJURY THAT THE DOCUMENTS PRESENTED BY ME TO PROVE U.S CITIZENSHIP, U.S
NATIONAL, OR ALIEN STATUS ARE TRUE.

DOCUMENT(S) PRESENTED:

Signature of Applicant

Date

Equal Opportunity Employer/Program- Under Titles VI and VII of the Civil Rights Act of 1964 (Title VII & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make reasonable accommodations to allow a person with a disability to take in part in a program, service, or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location. Or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in a program or activity because of your disability please let us know of your disability needs in advance if possible. To request this document in alternative format or for further information about this policy, contact 602-542-3882; TTY/TDD Services 7-1-1

Community Action Human Resources Agency
109 N Sunshine Blvd.,
Eloy, AZ 85131
Housing Programs

Certificate of Ownership-

I hereby certify that I own the residential property described below, including all appliances in the home and it is my principal residence.

Name of Owner: _____

Address: _____

City/State: _____

Owner Date:

Owner Date

HEALTH & SAFETY EVALUATION FORM For Client

Date: Name of Weatherization Sub-grantee: AZ Job #:

Client Name: Address:

To be completed by the CLIENT/As the resident, please answer the following to the best of your ability.

POTENTIAL HEALTH AND SAFETY RISK	Y	N	DESCRIBE LOCATION
Health Concerns: Are there known conditions that could be aggravated by any of the materials that will be used (i.e. drywall, insulation, fiberglass, cellulose, duct mastic)?	<input type="checkbox"/>	<input type="checkbox"/>	
Biological Hazards: Are there any mold/moisture, sewage or other concerns present?	<input type="checkbox"/>	<input type="checkbox"/>	
Building Structure & Roofing Issues: Are there any structural problems, including walls, ceilings, floors & roof?	<input type="checkbox"/>	<input type="checkbox"/>	
Asbestos Risks: Do you know of or suspect the presence of asbestos (vermiculite insulation, pipe/furnace coverings, ceilings, walls, floors or exterior siding)?	<input type="checkbox"/>	<input type="checkbox"/>	
Drainage Issues: Have you experienced any drainage issues (pooled water, water damage, or other issues)?	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Issues: Are you experiencing any obvious electrical issues (exposed wires, outages, overloaded circuits or outlets)?	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Hazards: Do you feel that there are any possible fire hazards in or around your home (chemical, electrical or other)?	<input type="checkbox"/>	<input type="checkbox"/>	
Injury Prevention Issues: Are there any hazards that we should be made aware to avoid injury to workers while in and around your home (broken stairs, fall hazards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Lead-Based Paint: Is flaking or peeling paint visible around the home? If so, do you have any concerns about lead?	<input type="checkbox"/>	<input type="checkbox"/>	
Radon Gas: Were you provided with a copy of the EPA's consumer's guide to radon?	<input type="checkbox"/>	<input type="checkbox"/>	
Pest Control Issues: Are there any pests that workers should be aware of, in or around the home?	<input type="checkbox"/>	<input type="checkbox"/>	
Space Heaters: Do you have any space heaters or stand alone electric heaters, in use?	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation: Are you experiencing any ventilation issues in your home (example: Are your bathroom fans working effectively)?	<input type="checkbox"/>	<input type="checkbox"/>	
Other: Are there any other health, safety or specific issues that you would like to make us aware of prior to work beginning?	<input type="checkbox"/>	<input type="checkbox"/>	

Indemnification and Hold Harmless:
 Recipient shall indemnify, defend, and save harmless ADOH, the State of Arizona and its agents, officials, and employees as well as the sub-grantee named above from any and all claims, demands, suits, actions, proceedings, loss, costs, and damages of every kind and description, including any attorney's fees and litigation expenses, which may be brought or made against or incurred by the State on account of loss of or damage to any property or for injuries to or death of any person, caused by, arising out of or contributed to, in whole or in part, by reason of any alleged act, omission, professional error, fault, mistake, or negligence of Recipient, its employees, agents, representatives, or subcontractors, their employees, agents, or representatives in connection with or incidental to the performance of this Agreement, or arising out of Workmen's Compensation claims, Unemployment Compensation claims, or Unemployment Disability Compensation claims of employees of Recipient or its subcontractors or claims under similar such laws or obligations. Recipient's obligation under this section shall not extend to any liability caused by the sole negligence of ADOH, the State of Arizona, or its employees.

Date:

Client Name: Client Signature:

Date:

Intake Specialist Name: Intake Specialist Signature:

FORM INSTRUCTIONS:

1. This form is mandatory and must be kept in every client file.
2. This form must be completed by the client (resident/homeowner).
3. Ensure that client and a sub-grantee representative both sign and date the form.

UTILITY INFORMATION RELEASE AUTHORIZATION

Arizona Public Service

UniSource Energy Services

Salt River Project

Southwest Gas

Tucson Electric Power

Other _____

By signing this form, I authorize the above named utility provider(s) (indicated by box checked) to release my historical and future utility bills, account information (such as but not limited to name, service address, account number, balance, payment history) and other information concerning or related to energy consumption and costs to any and all of the agencies/persons listed on this form ("Authorized Parties"). This release is granted in connection with my household's request for and/or receipt of assistance from the community agency listed below.

I understand and agree that the utility information released may be compiled and analyzed (both on an individual household and combined basis) by one or more of the Authorized Parties. I further understand and agree that the utility information released, as well as any statistical or other analysis, may be released by the Authorized Parties to a third party for reporting purposes related to assistance received, and no information released shall be made public in such a manner that my dwelling or my household occupants can be identified.

I further agree to release and hold harmless the above named utility provider(s) from: (i) any claims, damages, liability or expenses resulting from the use or disclosure of information based on this Authorization; (ii) the unauthorized use or disclosure of the information by any of the Authorized Parties; and (iii) any actions taken by any of the Authorized Parties based on this Authorization.

Authorized Parties:

Community Agency:

Name of agency determining assistance _____

Arizona Community Action Association
dba Wildfire

Arizona Department of Housing, Community
Development and Revitalization Division

Arizona Department of Economic Security

Signature of Account Holder/Customer of Record: _____

Print Account Holder/Customer of Record: _____

Signature of Joint Account Holder/Customer of Record: _____

Print Joint Account Holder/Customer of Record: _____

Service Address: _____

Account Number: _____

Date _____

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Name of agency determining assistance _____

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dba Wildfire

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Development and Revitalization Division

Arizona Department of Economic Security

Signature of Account Holder/Customer of Record: _____

Print Account Holder/Customer of Record: _____

Signature of Joint Account Holder/Customer of Record: _____

Print Joint Account Holder/Customer of Record: _____

Service Address: _____

Account Number: _____

Date _____