



City of Sedona

OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM

APPLICATION

Applications will be received by:
Tracy Bouvier, NACOG, CDBG Program Specialist
119 E. Aspen Ave., Flagstaff, AZ 86001
(928) 213-5240

Date: _____ Do you own your own home and land? ___ Yes ___ No (if No, not eligible for program)

Applicant Name: _____

Street Address/Directions: _____

Mailing Address: _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____ Message Phone _____

1. HOUSEHOLD COMPOSITION AND INCOME

A. List the head of household and all other members who will be living in the assisted unit. Give the relationship of each family member to the head of household.

Table with 6 columns: Name, SSN, Relation, Birth Date, Age, Sex. Row 1: 1, Head HH.

B. List any and all household members who are disabled (verification of this information is required)

Table with 3 columns: NAME, TOTAL OR PARTIAL, DESCRIBE.

- C. Race of Head of Household: (Please check one and only one): ___White ___Black/African American ___Asian ___American Indian/Alaska Native ___Hawaiian/Pacific Islander ___American Indian/Alaskan Native & White ___Black/African American & White ___American Indian/Alaskan Native & Black/African American ___Other Single or Multi Racial
- D. Is the Head of Household of Hispanic Ethnicity? (circle one) Yes No
- E. Is the Head of Household a Single Parent? (Circle One) Yes No
- F. For each type of income that your household receives, give the source of the income and the amount of income received from that source during the past 12 months. Sources of income include but are not limited to wages, cash, unemployment, alimony payments, welfare assistance, social security pension, annuity, trust fund, royalty payments, property rental, property sale, military allotments, and interest of over \$50 per month from savings, stocks, bonds, and certificates of deposit.

Household Member	Source of Income	How Verified	Amount of Income
1			
2			
3			
4			
5			
6			
7			
		Total Household Income	

2. CONDITION OF HOME

A. What repairs are needed on your home? State briefly in column that best describes the condition of the home.

Home Elements	Works Some/ Needs minor repairs	Not Work at all/ Needs major repairs	My home does not have...
Electrical hazard			
Plumbing			
Sewer lines			
Roofing			
Foundation			
Floors			
Walls			
Ceilings			
Windows			
Doors			
Water heater			
Furnace			
Vermin or rodent infestation			
Porches/steps			

Additional Comments:

- B. Year the home was built: _____
- C. Is your home a mobile home? (You must own home and land) Yes _____ No _____
- D. How long have you lived in the home? _____ years, _____ months.

PRIVACY ACT NOTICE STATEMENT – The information on this form is being collected to determine your eligibility for assistance through the Arizona Department of Housing CDBG Grant, to manage the Owner-Occupied Housing Rehabilitation Program, to protect the Government's financial interest, and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies (or their agents) when relevant, to civil, criminal or regulatory investigators and prosecutors.

PERMISSION TO RELEASE INFORMATION - I give permission to NACOG to release information in my application as necessary to obtain services on my behalf by making necessary referrals to community and State agencies. As necessary, my family and significant others may be contacted with regard to this application.

PRINCIPAL RESIDENCE - I/we certify that the property listed at the address on the application for rehabilitation is to be occupied by the owner as the principal residence.

DEFERRED PAYMENT LOAN - I/we agree not to sell the property listed on this application for a period of five (5) years from completion of construction if the investment is under \$15,000. If the investment is \$15,000 or over, I/we agree not to sell the property listed on this application for a period of ten (10) years from completion of construction. I/we agree that should title to the property change within the applicable five(5) or ten(10) year period, I/we will repay the City of Sedona the pro-rated amount as set forth in the Owner-Occupied Housing Rehabilitation Guidelines. I/we agree that if within the time period stated above the property is sold by either my estate or my heirs, the person or estate selling the property will repay NACOG as stated above. I/we further agree that if the house is no longer my/our primary residence or rented to another party, the loan may be called due and payable.

GRIEVANCE PROCEDURES - I/we have received a copy of the Housing Rehabilitation Program Grievance Procedures.

CERTIFICATIONS - I/we certify that the information in this form is true and complete to the best of my/our knowledge and belief. I/we understand that I/we can be fined up to \$10,000, or imprisoned up to five years if I/we furnish false or incomplete information. I/we also understand that in the event the information is found to be incorrect I/we may become ineligible for the assistance provided.

WARNING - By signing this form, you are indicating that you have read the above Privacy Act Notice and are agreeing with the applicable certifications and statements.

Signature (Head of Household)

Date

Signature (Spouse/Co-Head of Household)

Date

Signature of Person Assisting with this Form

Date



CITY OF SEDONA
OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM
GRIEVANCE PROCEDURE

This process has been created by the City of Sedona to resolve any complaints resulting from the Owner-Occupied Housing Rehabilitation Program administered by the City. The Owner is given a copy of procedures and signs a statement of receipt. If assistance is needed in processing a complaint, the City Program Administrator may be contacted at (928) 204-7107 and reasonable assistance will be arranged.

A. Informal Complaint

1. An informal complaint can be filed with the City's Program Administrator through verbal notification of the complaint.
2. The Program Administrator will review the complaint and attempt to resolve the complaint through negotiation.
3. The complainant will be notified of the proposed resolution within 5 working days of the complaint.
4. If the proposed resolution is not satisfactory to complainant, a formal complaint may be filed.

B. Formal Complaint

1. Formal complaints shall be made in writing and directed to the Community Development Director of the City of Sedona.
2. The Community Development Director shall review the complaint and attempt to resolve the complaint through negotiation.
3. The Community Development Director will notify the complainant, in writing, of the proposed resolution within 10 working days of the receipt of the complaint.
4. If the resolution proposed by the Community Development Director is not satisfactory to the complainant, an appeal can be made. Appeals must be in writing and directed to the City Manager of the City of Sedona. Appeals must be filed within 5 working days of receipt of the Director of Community Development's decision.
5. The City Manager will review the complaint as appropriate. Review of the complaint may include an informal hearing of the parties involved. The City Manager will make a decision regarding the complaint, in writing, within 30 days of receipt of the appeal.
6. The City Manager's determination is final.