



# Home Repair Application

**Applications for Community Homes of Patagonia’s home repair projects may be mailed to: CHOP, P.O. Box 1063, Patagonia, AZ 85624. Applications are available at the Patagonia Town Hall and Patagonia Library. For additional information, please call: (520) 394-9051 or e-mail: info@chopatagonia.org**

## CHOP’S HOME REPAIR PROGRAM

Community Homes of Patagonia (CHOP)’s Home Repair Program annually budgets \$5000.00 for eligible projects. The purpose of the program is to assist low-income resident homeowners who cannot afford to make needed repairs that pose a risk to their health and safety. Funding is provided by grants and donations. To be eligible for consideration homeowners must meet the following requirements:

- **Low-Income** – as defined by the Arizona Department of Revenue, “Low income residents are persons whose household income is less than one hundred fifty percent of the federal poverty level.” Documentation of annual household income is necessary (e.g. copy of IRS tax forms, employment wage statements, etc.)
- **Resident Homeowner** - must own and be a permanent resident of the home. Documentation of ownership (e.g. title, deed, etc.) is necessary.
- **Labor** – whenever possible, must provide a portion of the labor for the project. Household members themselves, and/or family and friends may fulfill this requirement.
- **Application** – must complete CHOP’s Home Repair Application.

### 2023 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

<b>Persons in family/household</b>	<b>150% Poverty guideline</b>
1	\$21,870
2	\$29,580
3	\$37,290
4	\$45,000
5	\$52,710
6	\$60,420
7	\$68,130
8	\$75,840

**Please mail Home Repair Projects applications to: CHOP, PO Box 1063, Patagonia, AZ 85624**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address PO Box #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Length of time lived in the Patagonia Area: \_\_\_\_\_

Do you presently: \_\_\_\_\_ RENT \_\_\_\_\_ OWN Current Landlord: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Description of Need**

Please write a description of the repairs for which you are applying. Also explain why these repairs are necessary for the health and safety of the household residents. You may use a separate sheet if necessary.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Housing and Household Information**

Total number of persons residing in household: \_\_\_\_\_

List information about each household member, including self:

Name	Relation to You	Age

Are household members, relatives, or friends able to contribute any income toward the material costs of the home repair project?  
 \_\_\_ YES \_\_\_ NO

Can any household members, relatives, and/or friends can contribute skilled and/or unskilled labor to the home repair project?  
 \_\_\_ YES \_\_\_ NO If yes, how many? \_\_\_\_\_

**Income and Assets**

A. Monthly Gross Pay:	Amount
1. Applicant	\$
2. Co-Applicant	\$
3. Household Member	\$
4. Household Member	\$
B. Other Earnings (Child Support, Alimony, Second Job)	\$
C. Other Income (Social Security, Pension, Other Benefits, Rents, Annuities, Interest)	\$
<b>TOTAL MONTHLY INCOME</b>	\$

**Additional Information**

Are there any additional circumstances or information that you think we should know about? \_\_\_NO \_\_\_YES, Explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Disclaimer and Signature**

*I / We understand that all information provided herein is private and confidential for program use only. The application/household member(s) certify that all information in this application, and all information furnished in support of this application, are given for the purpose of obtaining necessary home repairs through Community Homes of Patagonia, INC., and are true and complete to the best of my/our knowledge and belief.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use ONLY:**

Application received: \_\_\_\_\_

Application complete \_\_\_Yes \_\_\_NO

Meeting with Applicant complete

\_\_\_ Infants in home                      \_\_\_ Running Water                      \_\_\_ Manufactured Home

\_\_\_ School-age children in home        \_\_\_ Electricity                              \_\_\_ Independent Structure

\_\_\_ Elderly in home                        \_\_\_ Floors

    \_\_\_ Roof

    \_\_\_ Mold

Estimated Amount to correct issue: \$ \_\_\_\_\_

\_\_\_\_\_ APPROVED    \_\_\_\_\_ NOT APPROVED