



HOME REPAIR PROGRAM COVER LETTER

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 targets at least four projects per year. 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** - 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.

2017 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family/household	Poverty guideline
1	\$12,060
2	16,240
3	20,420
4	24,600
5	28,780
6	32,960
7	37,140
8	41,320

For families/households with more than 8 persons add \$4,180 for each additional person.



HOME REPAIR APPLICATION

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)	\$
TOTAL MONTHLY INCOME	\$

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: _____

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