

P.O. BOX 1063 Patagonia, AZ 85624, (520) 394-9051, info@chopatagonia.org

CHOP Homeowner Applicant Requirements Approved by Board of Directors August 20, 2008

• Income levels within IRS requirements (HUD Median Family Income MFI)

Size	60% MFI	70% MFI	80% MFI	100% MFI	115% MFI
1 Person	\$20,900	\$24,350	\$27,850	\$34,800	\$40,000
2 Person	\$23,850	\$27,850	\$31,800	\$39,750	\$45,700
3 Person	\$26,850	\$31,350	\$35,800	\$44,750	\$51,450
4 Person	\$29,800	\$34,800	\$39,750	\$49,700	\$57,150
5 Person	\$32,200	\$37,600	\$42,950	\$53,700	\$61,750
6 Person	\$34,600	\$40,400	\$46,150	\$57,700	\$66,350
7 Person	\$36,950	\$43,100	\$49,300	\$61,600	\$70,850
8 Person	\$39,350	\$45,900	\$52,500	\$65,600	\$75,450

The above are Santa Cruz County Arizona Fiscal Year (FY) 2019 Median Family Income (MFI) limits adjusted for family size according to data from the United States Department of Housing and Urban Development (HUD). In 2019 the Median Family Income (MFI) for Santa Cruz County is \$46,600.

- Currently a one-year minimum residence or work history in Patagonia and its vicinity
- Currently not a homeowner***
- Completion of a CHOP Homeowner/Leaseholder Application
- Understanding and legal counsel of CHOP's Ground Lease Agreement
- Completion of a CHOP-approved Homeowner Education Class
- Ability to finance all or part of home mortgage plus monthly insurance, taxes, and lease fee

Having met the above requirements, the Resident Selection Committee recommends to the Board that they give extra consideration, during an initial two-week application period, to the applicants with the longest residential/work history and most threatened with displacement from their current living situation. After this two-week period all applicants will be reviewed on a first-come first-served basis.

There may be instances when an existing homeowner is willing to place their property in CHOP's "portfolio" and agree to the terms of CHOP's Ground Lease Agreement. Note that some Subsidy funding sources are not available to persons who currently own or have owned the home in the last three years.



HOMEOWNER/LEASEHOLDER APPLICATION

Applicant Information						
Name:						
Co-Applicant Name:						
Current address:						
City:	St	ate:		ZIP	Code:	
Home Phone #:	Ce	ell #:		Wor	k#:	
Previous Address:						
City:	St	ate:			ZIP Code:	
Owned Rented (Please circle)	М	onthly payment or rent:			How long?	
How long have you lived in the Patagonia Area:						
Employment Information						
Current Employer:						
Employer Address:						
Phone:	E-mai	l:	Fax	(:		
Position:	Hourl	y Salary (Please circle)	Anr	nual Ir	ncome:	
Length of Employment:						
If applicant has been employed by the above le	ess tha	n two (2) years:				
Previous Employer Name						
Employer Address						
Phone:	E-ma	1:	Fax:			
Position:	Hourly Salary (Please circle) Annual Income:				come:	
Length of Employment:						
Co-applicant Employment Information						
Current employer:						
Employer address:						
Phone:	E-mai	l:	Fax	C :		
City:	State		ZIP	Code	e:	
Position:	Hourl	y Salary (Please circle)	Anr	nual Ir	ncome:	
Length of Employment:						
If applicant has been employed by the above less than two (2) years:						
Previous Employer Name:						
Employer Address:						
Phone:	E-ma	l:	Fax:			
Position:	Hourl	y Salary (Please circle)	Annu	al Inc	come:	
Length of Employment:						
IF EITHER Applicant or Co-Applicant is SELF-EMPLOYED						
Please attach copies of 1040 tax returns from the past three years and mark if self or co-applicant						
Self:						
Co- Applicant :						

Total Monthly Income	of Househ	Jq.							
a. Monthly Gros		Jiu.							
Applicant:		\$							
Co-Applicant		\$							
Household Member		\$							
SUB-TOTAL		\$							
b. Other Earning	as (Child S	<u> </u>	onv. Se	cond Job)					
Applicant	\$								
Co-Applicant	\$								
Household Member		\$							
SUB-TOTAL		\$							
c. Other Income	(Social Se	curity Pensi	on, Oth	er Benefits):					
Applicant	•	\$	•	·					
Co-Applicant		\$							
Household Member		\$							
SUB-TOTAL		\$							
A + B + C = Total		,							
TOTAL MONTHLY IN	COME:	\$	\$						
		<u> </u>							
Amount available for	r down pay	ment and clo	osing c	osts or securit	y deposit:				
Now:		s From Now:		Source(s)	· .				
\$	\$								
Expenses	·								
Total Monthly Debt:		<u>\$</u>							
Budget Total:		\$							
			nt debt, s		r loans, credit and charge				
Name(s) on Acct.	Ow	red T:		Acct. #	Monthly Payment	Unpaid Amount			
Additional Questions	S								
Have you ever had a l foreclosure, or judgme			proveme No		sulted in foreclosure, de	ed in lieu of			
If YES, Property Add	ress:								
Name and Address o	f Lender:								
Has any household member ever filed bankruptcy or been declared bankrupt? Yes No									
If YES, describe whe	n, where, a	nd give detai	ls:						

Housing Information	
Do you presently rent? Yes	No

Are you currently at risk of being displaced from your home? Yes No					
If yes, please explain and tell when you will have to move:					
Is your current housing substandard in any wa	y? Yes No				
If yes, please explain:	y: 100 <u> </u>				
, , , , , , , , , , , , , , , , , ,					
Does anyone in your household have special r	needs or serious medical problems aggra	vated by your current housing? Yes			
If yes, please explain:					
Have you ever owned or do you presently own	any property? Yes No				
If yes, please explain:					
Do household members have construction or the construction of the					
Are you interested in contributing "sweat equity		of your home? Yes No			
How many bedrooms would you like to have in	your home? Why?				
Household Information					
nousellold illiorillation					
Total number of persons residing in household	:				
Name	Relationship to You	Age			
SELF					
Rental Record					
Current Landlord		Phone:			
Landlord's Address:					
Dates of Tenancy: From To		Amount of Rent:			
Previous Landlord		Phone:			
Landlord's Address:					
Dates of Tenancy: From To		Amount of Rent:			
Within the last four years, have you been evicted or asked by your landlord to move out of your rented home?					
Yes No					
If yes, please explain:					
References					
List two people, other than relatives, who					
Name and Relation to You:	Address:	Phone:			

		H:
1.		W:
		H:
2.		W:
Additional Information		
Are there any additional circumstances or information.	tion that you think we should know about? Yes	_ No
U.S. Citizenship/Current Immigration Status		
Are you a United States Citizen? Yes No	_	
applicant/household member(s) certify the in support of this application, is given for t	ided herein is private and confidential for part all information in this application, and all he purpose of obtaining affordable housin complete to the best of my/our knowledge	information furnished g through Community
Signature of applicant:		Date:
Signature of co-applicant:		Date: