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.

2022 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family/household	150% Poverty guideline
1	\$20,385
2	\$27,465
3	\$34,545
4	\$41,625
5	\$48,705
6	\$55,785
7	\$62,865
8	\$69,945

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

		Applicant Information		
Full Name:				Date:
Address:	Last	First	M.I.	
Address.	Street Address			PO Box #
Phone:	City	Email	State	ZIP Code
-	-	WN Current Landlord:		
		Landlord's Address:	Pho	one:
		Description of Need		
safety of th	ne household residents. You may	use a separate sheet if necessary.		
		Housing and Household Inform	mation	
Total number	of persons residing in househo	old:		
List informat	ion about each household mem	nber, including self:		
	Name	Relation to	You	Age
YES Can any hous	NO sehold members, relatives, and	Is able to contribute any income towar		
YES	NO If yes, how ma	any?		

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Inco	me	am		SSE	III.

A. Monthly Gross Pay:			Amount
1. Applicant		\$	
2. Co-Applicant		\$	
3. Household Member		\$	
4. Household Member		\$	
B. Other Earnings (Chi	ld Support, Alimony, Second Job)	\$	
C. Other Income (Social Annuities, Interest)	al Security, Pension, Other Benefit	s, Rents, \$	
Armonies, interesty	TOTAL MOI	NTHLY INCOME \$	
		l	
	Additional Info		
there any additional circumstance	s or information that you think we sho	ould know about?NO _	YES, Explain
	Disclaimer and S	 nfidential for program use or	
nber(s) certify that all information ose of obtaining necessary hom		nfidential for program use or ation furnished in support o	this application, are given
nber(s) certify that all information oose of obtaining necessary hom our knowledge and belief.	on provided herein is private and cor on in this application, and all inform	nfidential for program use or ation furnished in support of s of Patagonia, INC., and ar	this application, are giver
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