



City of Phoenix
Neighborhood Services
Department

Dear Resident:

Thank you for your interest in the Weatherization Assistance Program. The Weatherization Assistance Program is a grant that provides energy efficiency improvements to a home. Among the services that may be provided are insulation and duct sealing, weather-stripping and caulking, and repair/replacement of heating and cooling units. This program has specific low-income guidelines and assistance is generally provided on a first-come, first-served basis. Applicants must have owned and occupied the property for a minimum of 12 months prior to application.

If you are interested in applying, please complete the attached application and diagnostic questionnaire and return them to the Neighborhood Services Department. You may mail or drop-off the application package. **Copies of supporting documents should be submitted with your application.** You will be contacted and advised about the status of your application.

Sincerely,

City of Phoenix Neighborhood Services Department
Neighborhood Revitalization Division
200 W. Washington St. 4th Floor
Phoenix, AZ 85003
Phone: 602 495-0700
www.phoenix.gov/nsd/home.html



Supporting documents checklist

Neighborhood Services Department rehab programs are federally funded and require that we obtain current documentation of household composition and income. **Please Note: **A household includes all persons residing in your residence, regardless of relationship or financial contribution to your household. ****

Please submit copies of the following documents with your application. **Do not send originals** because we will not be responsible if they get lost, nor will we be able to mail them back.

- Income** – Income verification for everyone in the household 16 years old and older who receive income from any source. If your expenses exceed your income, please provide documentation showing how you are paying your bills.
 - If employed, provide verification for the past three months of income issued by the employer. If a household member over 16 years of age **does not** have income or is unemployed, please have them provide a notarized statement that they have no income or are unemployed. If self-employed, please provide year-to-date records.
 - Please provide an award letter, check stub, or other third party verification if receiving any of the following:
 - Social Security
 - Supplemental Security Income (SSI)
 - Retirement/pension/annuity
 - Unemployment income
 - Reverse Mortgage (Promissory Note)
 - Food Stamps
 - Disability income
 - DES Cash Assistance
 - Alimony/child support
 - Veteran's Administration
 - Rental Income
 - Self employment
- Verification of Household Composition** – Provide documents verifying all persons listed in the household (ex. guardianship papers, tax returns, school records, pay stubs, utility bill, photo ID with address, etc.)
- Taxes** – Last year's complete federal taxes filed with the IRS (include all pages, attached schedules and W-2 forms), or the last three years of complete taxes if self-employed. If you have had earned income in the past two years but have **not** filed taxes, please submit a notarized statement attesting to that. If you are elderly or receiving disability, a notarized letter is **not** required if **you** did not file taxes.
- Bank statements** – Submit all pages of the most recent checking and savings account statements for **all** household members' current accounts.
- Mortgage information** – Most recent statement from Mortgage Company for 1st and 2nd mortgages.
- Homeowners Insurance** – Current policy showing expiration date, policy number, name, address and telephone number of the agent.
- Utility bills** – Current utility bills (APS or SRP, Southwest Gas, City of Phoenix water bill). If the person listed on the utility bill does not currently reside at the property, documentation to that effect is needed (death certificate, divorce decree, lease agreement or utility bill in that person's name at another address).

Please note: Additional documentation may be required at a later date. (deed, homeowner's insurance, income or household members documentation)



Weatherization Application



Please fill out the following form completing each blank with the required information. Leaving a field blank may delay the processing of your application.

For office use only		Case #:		Case type:			
Applicant Information				Co-Applicant Information (if applicable)			
Full name				Full name			
Soc. Security #		Birth date		Soc. Security #		Birth date	
Home address (if mobile home, do you own the land? Yes No)				Home address			
City		State		Zip		Yrs. at address	
Home phone #		Work phone #		Home phone #		Work phone #	
Current employer		Date hired		Current employer		Date hired	

GROSS (before taxes) MONTHLY INCOME	Applicant	Co-Applicant	Other occupants age 16 and over
Wages, salary, tips, etc.	\$	\$	\$
Self-employment			
Interest & dividend income			
Social Security			
Supp. Security Income (SSI)			
Retirement/pension/annuity			
Unemployment income			
Disability income			
Veteran's Administration			
DES Cash Assistance/Food Stamps			
Reverse Mortgage			
Alimony/child support received			
Rental property income			
Other:			
TOTAL gross monthly income	\$	\$	\$

ASSETS	Applicant	Co-Applicant	Other occupants
List all Checking accounts	Bank name	Bank name	Bank name
	Account #	Account #	Account #
	Avg. 6-mo. balance \$	Avg. 6-mo. balance \$	Avg. 6-mo. balance \$
List all Savings accounts	Bank name	Bank name	Bank name
	Account #	Account #	Account #
	Current balance \$	Current balance \$	Current balance \$
Name & address of mortgage company or lienholder			Estimated value of your house
			\$
Mortgage account #	Mo. Payment \$	Balance owed \$	2nd mortgage \$
			Balance owed \$

Home occupant information

The City collects occupant information only so we may ensure that our programs benefit all Phoenix residents regardless of race, gender, physical ability or sexual orientation. This information will *not* affect your loan or grant eligibility in any way. For each occupant of the home, use the following code for race:

Race codes

- American Indian or Alaskan Native = 1
- Am. Indian or Alaskan Native *and* Black or African American = 2
- American Indian or Alaskan Native *and* White = 3
- Asian = 4
- Asian *and* White = 5
- Black or African American = 6
- Black or African American *and* White = 7
- Native Hawaiian or other Pacific Islander = 8
- Other multi-racial = 9
- White = 10

Please list all occupants of the home, including yourself:

Name <i>List yourself first</i>	Social Security Number	Relationship to you	Birth date	Race code from above	Hispanic heritage? Yes / No	Male or female	Disabled? Yes / No	Home-bound? Yes / No

- Do you own any other real estate properties? Yes No If yes, provide addresses: _____
- Have you owned the property listed on this application *and* occupied it as your primary residence for the past 12 months? Yes No
- Are there any children (ex. Grandchildren, nephew/niece etc.) who visit or baby-sit in home 25+ hours a week or weekend? Yes No
- Are you employed by the City of Phoenix? Yes No If yes, department and title _____ Date hired _____
- Do you have any relatives employed by the City of Phoenix? Yes No If yes, name and relationship _____
- Are you affiliated in any way (employee, agent, consultant, officer, appointed or elected official, contractor, etc.) with any agency that receives CDBG or HOME funds? Yes No If yes, agency and title _____
- To your knowledge, is the City of Phoenix buying or expressing interest in buying your property? Yes No
- How did you hear about our program? _____

Notice to applicants

This is notice to you as required by the Right to Financial Privacy Act of 1978, that the Neighborhood Services Department, and/or the City of Phoenix, has a right of access to financial records held by any financial institution in connection with the consideration or administration of the Section 312 rehabilitation loan and/or other rehabilitation loans sponsored by the City of Phoenix, for which you have applied. Financial records involving your transaction will be available to the Neighborhood Services Department without further notice or authorization but will not be disclosed or released to another government agency or department without your consent except as required by law and DES policies.

Right to financial privacy act certificate

The Neighborhood Services Department certifies, in compliance with the Right to Financial Privacy Act of 1978, that in connection with this request for access to financial records, it is in compliance with the applicable provisions of said Act.

Disclaimer

The undersigned hereby acknowledge that any discussion with any City employee regarding home rehabilitation programs is only for information and may not be considered a binding commitment on the part of the City of Phoenix to provide funds or technical assistance to the project. The applicant also acknowledges that any rehabilitation activities begun prior to project approval is at the risk and expense of the property owner. The undersigned understands that failure to disclose income or household composition will result in a denial of assistance.

Any person who knowingly makes a false statement or a misrepresentation in an application or in support of an application for federal financial assistance or causes such a false statement or misrepresentation to be made shall be subject to a fine of not more than \$5,000 or by imprisonment for not more than two years, or both, under provisions of the United States Criminal Code.

Applicant signature _____ Date _____

Co-Applicant signature _____ Date _____

Please mail or hand-deliver your completed application to: Neighborhood Services Department, 200 W. Washington St., 4th Floor, Phoenix, AZ 85003. For questions, call (602) 495-0700.

- *Esta información está disponible en español. Llame (602) 495-0700 para pedir una copia en español*
- This material is available in Braille, large print, or diskette. Contact ADA Liaison, Neighborhood Services Department, Revitalization Division, (602) 262-6286 Voice, (602) 495-0685 TTY.



City of Phoenix
Neighborhood Services
Department

Weatherization Assistance Program Application

Property Address: _____

Energy efficiency improvements you're requesting: _____

Highest electrical bill in the past 12 months:

Month: _____ Amount: \$ _____ Square footage of home: _____

Water Heater: Age of Unit: _____ Is your water heater currently working: _____ Yes _____ No

Is your unit: _____ Gas _____ Electric

Cooling: Age of Unit: _____

If you have a problem with your cooling system, please describe: _____

Do you currently have an: _____ Evap cooler _____ A/C _____ No unit

Are any of your units currently working? Please explain. _____

Is your cooling unit located on the: _____ Roof _____ Ground _____ Other

If other, please explain? _____

Heating: Age of Unit: _____

If you have a problem with your heating system, please describe: _____

Do you currently have a heating unit at your home? _____ Yes _____ No

Has the Gas Company red tagged your heater? _____ Yes _____ No

If your unit is not working, what source of heat are you currently using? _____

Is your heating unit located on the: _____ Roof _____ Ground _____ Other

If other, please explain? _____

Do any infants, elderly (over 65), or individuals with serious health conditions reside in your household? _____ Yes _____ No
 Please explain in what ways the health or safety of your household is affected by the repairs you are requesting.



City of Phoenix
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**WEATHERIZATION ASSISTANCE PROGRAM
 Information Authorization/Release Form**

Confidentiality

I understand that all information obtained will be held in confidence, except as required by law.

Intent to Occupy

I understand that the purpose of the City's Housing Rehabilitation programs are to correct health and safety hazards in homes owned and occupied by residents with low to moderate incomes. It is not for the purpose of repairing a home the owner plans to sell after the repair work has been completed. I do not have plans to sell my home and it has not been listed for sale for the past six months.

Utility Release

Electric supplier (check one) SRP APS Account number on bill _____
 Gas supplier (check if applicable) SW Gas Account number on bill _____

This authorizes the City of Phoenix Neighborhood Services Department or its designee to inspect or obtain copies of energy use billings from your company for the dwelling at _____ covering a one-year period before weatherization work and one year after. The data will be used to evaluate cost-savings resulting from the work. Information gathered through this authorization will not be used or publicly released in any manner that will reveal the location of the dwelling or identity of the occupants.

Confirmation of Receipt of Lead Pamphlet

I have received a copy of the pamphlet, "Protect Your Family from Lead in Your Home", informing me of the potential risk of the lead hazard exposure from renovation activity that may be performed in my dwelling unit. I received this pamphlet before the work began.

Signature(s)

Applicant _____ Date _____

Co-applicant _____ Date _____

INSTRUCTIONS FOR USE

1. You must be the owner of the home in order to complete this form.
2. Locate one form of your identification that is on the list.
3. Make a clear and legible photocopy of that identification document. If the document is more than one page, such as a passport, copy only those pages that contain your name, photograph, date of birth, and document number.
4. Clearly and legibly print your name at the top of the Affidavit form *exactly* as it appears on the identification document you have selected.
5. Check the box on the Affidavit form that corresponds to the identification document you have selected.
6. Complete the boxes and/or descriptive information as applicable to the form of ID you have selected. Please do *not* provide any additional information on the form.
7. Sign the form at the bottom.
8. Date the form.
9. Mail or drop off the form and the *copy* of your ID to:

City of Phoenix
Neighborhood Services Department
Attn:
200 W. Washington Street
4th Floor
Phoenix, Arizona 85003-1611

NOTE: Do not mail us your original ID. The copy of your ID will be destroyed.



City of Phoenix
AFFIDAVIT OF LAWFUL PRESENCE (Mail-in Version Only)

Your completion of this form is required by Arizona state law. A.R.S. §§ 1-501 and -502.

I, _____ (print full name exactly as on document), hereby affirm, upon penalty of perjury, that I have made a true and accurate copy of the document checked below, that I have attached that copy to this Affidavit for purposes of mailing both documents to the City, that I am lawfully present in the United States, and that I am the person stated on the document. (select one category only)

- Arizona driver license issued after 1996.
 Print first four numbers/letters from license:

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- Arizona non-operating identification license.
 Print first four numbers/letters:

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- Birth certificate or delayed birth certificate issued in any state, territory or possession of the U.S.
 Year of birth: _____; Place of birth: _____

- United States Certificate of Birth Abroad.
 Year of birth: _____; Place of birth: _____

- United States Passport.
 Print first four numbers/letters on Passport:

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- Foreign Passport with United States Visa.
 Print first four numbers/letters on Passport:

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 Print first four numbers/letters on Visa:

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- I-94 Form with a photograph.
 Print first four numbers on I-94:

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- USCIS Employment Authorization Document (EAD).
 Print first four numbers/letters on EAD:

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 or Perm. Resident Card (acceptable alternative):

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- Refugee Travel Document.
 Date of issuance: _____; Refugee country: _____

- U.S. Certificate of Naturalization.
 Print first four digits of CIS Reg. No.:

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- U.S. Certificate of Citizenship.
 Date of issuance: _____; Place of issuance: _____

- Tribal Certificate of Indian Blood.
 Date of issuance: _____; Name of tribe: _____

- Tribal or Bureau of Indian Affairs Affidavit of Birth.
 Year of birth: _____; Place of birth: _____

Signed: _____ Dated: _____

Office Use Only	Employee Name: _____	CMS No.: _____
Promptly report all observed violations of federal immigration law to: azicereport@dhs.gov		
<input type="checkbox"/> Reported violation (check if applicable and attach copy of email to this form)		