



## La Paz County Finance

1112 S. Joshua Avenue Office (928) 669-2247  
Parker, Arizona 85344 Facsimile (928) 669-9709

### Housing Rehabilitation Application

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
City, State, Zip Code

Mailing Address: \_\_\_\_\_  
City, State, Zip Code

Telephone #: \_\_\_\_\_ Message # \_\_\_\_\_

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*Please circle below if you have any of these preferences (you may check more than one):*

Head of Household (or Spouse): Elderly (62+)      Disabled

Family *with children under 18*      Veteran

Service Area you reside in: \_\_\_\_\_  
Name of Community

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**PLEASE LIST ALL HOUSEHOLD MEMBERS INCLUDING YOURSELF AND ALL GROSS MONTHLY INCOME.  
PLEASE ENTER ETHNICITY/RACE FOR HEAD OF HOUSEHOLD/APPLICANT ONLY.**

First Name (Last name too, if different)	Relationsh ip to Applicant	Social Security #	Date of Birth	Gross Monthly Income	Source of Income	Ethnicity *	Race **
	SELF			\$			
				\$			
				\$			
				\$			
				\$			
				\$			

**\* Ethnicity:** (A) Hispanic or Latino (B) Non-Hispanic or Non-Latino **\*\* Race:** (A) American Indian/Alaskan Native (B) Asian (C) Black/African American (D) Native Hawaiian/Other Pacific Islander (E) White (F) American Indian/Alaskan Native & White (G) Asian & White (H) Black/African American & White (I) American Indian/Alaskan Native & Black/African American (J) Other Multi-Racial

Please briefly describe the **Health or Safety Emergency Repairs** needed at your home (Ex. heating or cooling not working, no working plumbing, large holes in roof, failing septic, electrical hazards, ADA Accessibility, etc.):

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Please describe any other repairs or rehabilitation work needed at your home.

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Are you under a "Code Violation" from La Paz County?

Please attach copy and explain briefly.

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Have you had improvements done to your home under this Program or through another Agency?

No  Yes  If so, when: \_\_\_\_\_ Agency/Program: \_\_\_\_\_

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**TELL US ABOUT YOUR HOME:**

Approximate year your home was built: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_

\_\_\_\_\_ Permanent Single-Family Home

\_\_\_\_\_ Mobile Home

How do you heat your home?

- \_\_\_\_\_ Natural Gas
- \_\_\_\_\_ Propane Gas
- \_\_\_\_\_ Electric
- \_\_\_\_\_ Wood Stove/Heater
- \_\_\_\_\_ Other
- \_\_\_\_\_ None

How do you cool your home?

- \_\_\_\_\_ Central Air Conditioning
- \_\_\_\_\_ Evaporative Cooler
- \_\_\_\_\_ Window Air Conditioner
- \_\_\_\_\_ Other
- \_\_\_\_\_ None

How do you heat your water?

- \_\_\_\_\_ Natural Gas
- \_\_\_\_\_ Propane Gas
- \_\_\_\_\_ Electric
- \_\_\_\_\_ None

Waste Water Plumbing?

- \_\_\_\_\_ City Sewer
- \_\_\_\_\_ Septic System
- \_\_\_\_\_ None

How long have you owned AND lived in the home as your primary residence? \_\_\_\_\_

Do you own the real property on which your home is located? Yes  No

Do you have home owner's insurance? Yes  No

Do you own or have interest in any other property? Yes  No

If so, please list address/city/state: \_\_\_\_\_.

Do you have assets (savings/checking/CD/IRAs/Stocks/Bonds/Life Insurance)? Yes  No

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I affirm that the above information regarding my home, income, and household composition are true and correct. I understand that anyone who violates or knowingly provides false information in any report required, may be fined not more than \$10,000.00 or may be imprisoned for not more than five (5) years, or both (Chapter 11, Title 45 CFR 260.354).

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return complete application to the La Paz County Finance Office or mail to:**

**D Bishop Consulting  
3894 N Prescott St.  
Kingman, AZ 86409**

<b>FOR OFFICE USE ONLY</b>	
<b><i>Date/Time Received</i></b>	<b><i>Received by:</i></b>