



AGING IN PLACE PROGRAM

PROGRAM GUIDELINES

The Aging in Place Program (AIP) is dedicated to assisting homeowners (age 65 or above) make their home a safe and comfortable place to live. The program focuses on enabling participants to identify common challenges within the home, understand the concepts that create a safe living environment, and make necessary safety improvements, mobility modifications, and weatherization enhancements that will increase the quality of life in their home.

The AIP Program is limited to a set list of available services, not to exceed \$15,000. The AIP program is an income eligible program and may require a payment. Payments will be determined based on income. **Homeowners will also be required to complete eight (8) volunteer hours (Sweat equity) either in their community or on their own home.**

Eligibility Standards

The AIP Program is only available to age eligible, homeowner-occupied applicants, within the Habitat for Humanity service area. Assistance is provided to those applicants who meet low-to-moderate income standards, mandated by the Department of Housing and Urban Development (HUD). These guidelines are frequently updated and reflect income categories based on family size. The household income cannot exceed 80% of the Area Median Income. Eligibility for assistance or determination of ineligibility is based on the total gross annual income for the household size in accordance with HUD's income standards. Income qualification is required, even if the applicant is certified as disabled. In addition to meeting the income guidelines, applicants must own and live in their homes.

Program Operation

The Program shall provide repairs and/or replacement for owner-occupied, income-eligible households. The AIP Program offers the following types of assistance:

- **Safety Improvements:** Easy-to-see contrast steps, grab bars, non-slip stair treads, no-step door threshold, railings in halls and stairs, raised toilet seat, ramps, repair tripping hazards, secure door or window locks, minor lighting improvements, minor electrical repairs
- **Mobility Modifications:** Easy-to-use cabinet pulls, lever-style door handles/faucets, small bathroom modification, widen doorways
- **Weatherization Enhancements:** Replace caulking or sealing, weather strips to doors, door replacements, window replacements, Insulation
- **Exterior Painting:** Exterior paint, Desert landscaping
- **Other Services:** Roof repair & replacements, fascia repairs, minor plumbing repairs

Application Process

The AIP Program is administered through Habitat for Humanity Central Arizona. Homeowner's requesting Assistance shall request an AIP Application packet through by contacting Habitat for Humanity Central Arizona directly. The application packet will include a checklist of required documentation and an application for assistance.

- Have you completed all of the questions on both pages of the application?
- Have you included your gross annual household income on the application?
- Have you initialed and signed all the appropriate spaces on the application?
- Have you included all names and social security numbers for all occupants in the home?

The completed application packet shall be returned to Habitat for Humanity Central Arizona's Phoenix office with copies of the following information, as indicated in the checklist, for **all occupants 18 years and older**:

- Deed to property (Warranty, Joint Tenancy or Quit Claim Deed)
- Mortgage Statement
- Property Tax statement
- Last one (1) month of Pay Stubs for Employment
- Bank Statement from the last one (1) month
- Most current Benefit Award letters
(Social Security, Disability, Pension, Retirement, Child Support, Alimony, Welfare or other public assistance, Unemployment/Workers Compensation)
- Most recent tax returns
- Most current Utility Statement, include all that apply (Electric, Water, Gas)
- State issued identification
- Social security card
- One (1) form of government issued identification

Applicants may obtain information about this program by contacting Habitat for Humanity Central Arizona at 602-268-9022

Why are you, or those residing in the home, unable to complete the work independently? ____ Financial Limitations ____ Physical Limitations	Please describe limitations preventing you from completing the work independently:
Are you or your spouse a U.S. Armed Forces Veteran? ____ Yes ____ No	If "Yes" which Branch _____ Years of Service _____
Do you have an active code violation or warning about this property? ____ Yes ____ No	If yes, what?
Is your home a mobile/manufactured home? Yes No	If "Yes", do you own the real property on which the home is located? ____ Yes ____ No
Do you operate a business out of your home? ____ Yes ____ No If "Yes", please give name and nature of business:	
Are you employed by HFHCAZ? ____ No ____ Yes Are you related to or know anyone employed by HFHCAZ ? ____ No ____ Yes If yes, please provide name: Name: _____ Relationship: _____ Dept: _____	
How did you hear about the program?	

By signing below, you certify that all the information you have given or will give with this application is true and complete. You authorize us to verify all your statements with any source, obtain credit and employment history, and exchange information with others about your credit and account experience. You agree to provide additional information that we may require to process this application, including, but not limited to, true and complete federal income tax returns, employment verification and income verification. 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 2 years, or both, under provisions of the U.S. Criminal Code.

Signature of Applicant: _____ Date _____

Signature of Co-Applicant: _____ Date _____

Please select all projects you would be interested in:

____ Exterior paint ____ Landscaping ____ Windows/facia replacement ____ New Roof ____ Other:

Please return this completed application to:

Habitat for Humanity Central Arizona
115 E Watkins Street
Phoenix, AZ 85004
602-268-9022



FEDERAL PRIVACY ACT NOTICE

PURPOSE: Family income and other information is being collected by the Department of Housing, Urban Development (HUD), and Habitat for Humanity Central Arizona (HFHCAZ) to determine an applicant's eligibility, and the amount, if any, the family must pay toward the rehabilitation of their home.

USE: HUD/HFHCAZ uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the government's financial interest; and to verify the accuracy of the information furnished. HUD or HFHCAZ may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

PENALTY: You must provide all of the information requested by HFHCAZ. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

SERVICES FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or HFHCAZ: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the Social Security numbers of all household members at least six (6) years old.

I read the federal Privacy Act notice on _____
Date

Signature of Homeowner



**Verification of United States Citizenship or
Lawful Immigration Status by Presentation
of Documents by Client**

Legal Name of Applicant: _____

I have examined one document presented by the applicant from below or I have examined two documents by the applicant. I have recorded title, number and expiration date, if any, of the document(s) presented. (Note: An applicant must present original documents or copies certified by the issuing agency. All documents must be in English.)

Document Title	Issuing Authority	A Document Number (if any)	Expiration Date (if any)

The document(s) that I have listed above (1) appear to be genuine original documents or genuine copies certified by the issuing agency, and (2) relate to the applicant.

Print Name of Employee or Designee: _____

Signature of Employee or Designee: _____ Date: _____

Only one of the following documents is required to be present by an applicant:

1. Arizona driver's license or Arizona non-operating identification card issued after October 1, 1996.
2. A driver's license or non-operating license issued by another state or outlying possessions of the United States if the license indicates on its face that the person has provided proof of United States Citizenship.
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
4. A United States certificate of birth abroad.
5. U.S. passport (current or expired).
6. Unexpired Foreign Passport with an I-551 stamp.
7. Unexpired Foreign Passport indicating nonimmigrant visa status and such visa status either has not expired or has been extended.
8. A United States Citizenship and Immigration Services Employment Authorization Document (EAD).
9. Form I-94 verifying current status as "Refugee", "Asylum Granted", "Parolee", or "Cuban-Haitian Entrant", with photograph.
10. Certificate Naturalization (Form N-550 or N-570).
11. Certificate of U.S. Citizenship (Form N-560 or N-561).
12. A tribal certificate of Indian blood.
13. A tribal or bureau of Indian affairs affidavit of birth.



Lead Based Paint Receipt

After carefully reading this notice, please detach this receipt and return it to Habitat for Humanity Central Arizona.

I have received a copy of the notice entitled:

“LEAD BASED PAINT
PROTECT YOUR FAMILY FROM
LEAD IN YOUR HOME”

Receipt

PRINT Full Name:
Address:
Signature:
Date:



AFFIDAVIT CONCERNING TRUTHFULNESS
OF DOCUMENTS PRESENTED

(Arizona Revised Statutes A.R.S. _1_ §§501-502)

Under oath and penalty, I swear that the documents I have submitted to Habitat for Humanity Central Arizona, as required by my application for any federal, state or local public benefit, are true and accurate as presented.

X _____
Signature

Date

STATE OF ARIZONA)
)ss.
County of Maricopa)

On this ____ day of _____, 20____, before me personally appeared _____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and knowledge that he/she executed the same. That he/she affirms under penalty perjury that the statements in this document are true to the best of his/her knowledge and belief.

Notary Public

My Commission Expires:



AFFIDAVIT OF ZERO INCOME

I, _____, affirm that I have no income at this time. When my income commences, I will immediately alert Habitat for Humanity Central Arizona.

The information I have provided is true and complete to the best of my knowledge.

Signature

Date

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. GOVERNMENT, AS TO ANY MATTER WITHIN ITS JURISDICTION; MISREPRESENTATION OF ANY INFORMATION IS GROUNDS FOR INELIGIBILITY/TERMINATION OF HOUSING ASSISTANCE.

AFFIDAVIT NO BANK ACCOUNT

I, _____, affirm that I have no bank account at this time. If that should change, I will immediately alert Habitat for Humanity Central Arizona.

The information I have provided is true and complete to the best of my knowledge.

Signature

Date

SPECIAL NOTES FOR FILE: