



**Department of Community Development**  
 Neighborhood Services Division  
 One City Plaza, Yuma, AZ 85364  
 Office: (928) 373-5187

**For Office Use Only**

PHRP/HILP: \_\_\_\_\_  
 Year Built: \_\_\_\_\_  
 Parcel #: \_\_\_\_\_  
 Flood Zone: \_\_\_\_\_  
 Target Area: 2-YHN 3-CPN 5-MHN  
COY, Non-Target Area

# PRE-QUALIFICATION APPLICATION

## Housing Rehabilitation Programs

SOLICITUD DE PRE-CALIFICACIÓN  
 Programas para Rehabilitación de Viviendas

### HOUSEHOLD INFORMATION (Información del Hogar)

Date (Fecha): \_\_\_\_\_ Language of Preference (Idioma de Preferencia)  
English Español Other: \_\_\_\_\_  
 Name (Nombre): \_\_\_\_\_  
 Address (Dirección): \_\_\_\_\_ Phone (Teléfono): \_\_\_\_\_  
 Zip Code (Código Postal): \_\_\_\_\_ City County Email (Correo Electrónico): \_\_\_\_\_  
 Bedroom / Bathrooms (Recámaras/Baños): \_\_\_\_\_  
 House (Casa)  
 Mobile Home (Casa Móvil)  
 Does client own land M/H sits on? *Es propietario del terreno?* Yes No  
 If M/H, is it permanently affixed? *Está la casa móvil permanentemente fija?* Yes No  
 Additional names on the deed? *Nombre(s) adicionales en el título?* Yes No  
 If yes, please list *(De ser así, por favor listar nombre):* \_\_\_\_\_  
 Homeowner's Insurance? *Cuenta la vivienda con seguro?* Yes No  
 Property taxes current to within one year? *Está el impuesto a la propiedad al corriente?* Yes No  
 Mortgage current to within one month? *Está la hipoteca al corriente?* Yes No  
 Any other land/property owned? *Es dueño de alguna otra propiedad?* Yes No  
 Any outstanding lien/judgment on property? *Tiene la propiedad algún derecho de retención o juicio?* Yes No  
 Total Household Size (Total personas viviendo en casa): \_\_\_\_\_ Adults (Adultos): \_\_\_\_\_ Children (Niños): \_\_\_\_\_  
 Is a head of household disabled or elderly? *Tiene el jefe(a) del hogar alguna discapacidad o tercera edad?* Yes No  
 Is any member of household disabled or elderly? *Tiene otro familiar alguna discapacidad o tercera edad?* Yes No  
 Is any member of household a veteran? *Es algún miembro de la familia un veterano(a) de guerra?* Yes No  
 How did you hear about our program? *Como se informó de este programa?*  
Family/Friend Reference (Referencia de familiar/amigo) Non-Profit/Agency (Agencia) Other (Otro): \_\_\_\_\_

Type of work needed/comments (tipo de reparaciones necesarias/comentarios):

**INCOME INFORMATION (Información de Ingreso)**

Applicant (Solicitante): \_\_\_\_\_

Income source (Fuente de Ingreso): \_\_\_\_\_

- Weekly (Semanal)
- Bi-Weekly (Quincenal)
- Monthly (Mensual)

\$= \_\_\_\_\_  
 \$= \_\_\_\_\_  
 Total Annually (Total Anual)

Co-Applicant (Co-Solicitante): \_\_\_\_\_

Income source (Fuente de Ingreso): \_\_\_\_\_

- Weekly (Semanal)
- Bi-Weekly (Quincenal)
- Monthly (Mensual)

\$= \_\_\_\_\_  
 \$= \_\_\_\_\_  
 Total Annually (Total Anual)

**OTHER HOUSEHOLD MEMBERS**

Name (Nombre): \_\_\_\_\_

Income source (Fuente de Ingreso): \_\_\_\_\_

- Weekly (Semanal)
- Bi-Weekly (Quincenal)
- Monthly (Mensual)

\$= \_\_\_\_\_  
 \$= \_\_\_\_\_  
 Total Annually (Total Anual)

Name (Nombre): \_\_\_\_\_

Income source (Fuente de Ingreso): \_\_\_\_\_

- Weekly (Semanal)
- Bi-Weekly (Quincenal)
- Monthly (Mensual)

\$= \_\_\_\_\_  
 \$= \_\_\_\_\_  
 Total Annually (Total Anual)

**Grand Total** \$ = \_\_\_\_\_

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Please check corresponding column for family size:

<b>FAMILY SIZE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>100% MEDIAN INC.</b>	\$ 5,650	40,750	( 5,850	50,900	55,000	59,100	63,150	*7,200
<b>80% MEDIAN INC.</b>	\$8,500	32,600	6,650	40,700	44,000	47,250	50,500	53,750
<b>50% MEDIAN INC.</b>	\$7,850	20,400	22,950	25,450	27,500	29,550	31,600	3,600

**Calculate:**

GRAND TOTAL

100% MEDIAN

MFI %

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x 100 =

**Follow-up:**

Based on above information, does homeowner appear to be qualified for a Residential Rehabilitation Program?

Yes  No If yes, list which one(s): \_\_\_\_\_

Does type of work needed appear to be an emergency? \_\_\_\_\_

Applicant pre-qualified and placed on appropriate waiting list on (date): \_\_\_\_\_

Staff Person: \_\_\_\_\_

Date: \_\_\_\_\_