



Miami Housing Rehabilitation Pre-Application Form

Please **PRINT** all information

Date: _____

First Name: _____ MI: _____ Last Name: _____

Home Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Telephone Number: _____ Cell#: _____ Message#: _____

Age of Head of Household: _____

Gender of Head of Household:

Male Female

Number of persons in household: _____ Adults _____ Children

Is anyone living in the home disabled? Yes No

Ethnicity:

Please mark one

11 White

13 Asian

15 Native Hawaiian or Other Pacific Islander

16 American Indian or Alaskan Native & White

18 African American & White

20 Other Multi-Racial

12 Black/African American

14 American Indian or Alaskan Native

17 Asian and White

19 American Indian or Alaskan Native & Black

Hispanic? Yes No

1. Type of Home: house mobile home travel trailer Other _____

2. Is the home listed for sale at this time? Yes No

3. Do you have a deed/title to the home and property in your name only? Yes No

4. Do you have total loss/fire coverage insurance on your home/property? Yes No

5. Are your property taxes paid up to date? Yes No

If No, explain: _____

6. Age of home: _____ Square Footage: _____ # of Bedrooms: _____

7. List all household members' Monthly Income (Gross amount - before taxes and deductions):

Source: _____ Amount: \$ _____

TOTAL Monthly Amount: \$ _____

8. Is there a health or safety emergency at this time? Yes No

Explain: _____

9. What type of home repair(s) do you need?

10. Have you received housing rehabilitation from Gila County in the past? Yes No

if yes, when/explain? _____

I authorize Town of Miami to contact any source necessary to establish the accuracy of the information on this form. Miami Housing Rehabilitation will use the information only in the administration on any assistance. Town of Miami will not release this information to any person or agency outside of Town of Miami or its agents. Under penalty of perjury and acknowledged by my signature below, I swear and affirm that all information on this form is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

When complete return this form to:

Town of Miami
500 W Sullivan St
Miami, AZ. 85539

Phone: (928) 473-4403
Fax: (928) 473-3003



Town of Miami HOME/CDBG CHECKLIST

500 W Sullivan Street
Miami, AZ. 85539
Phone: (928) 473-4403 Fax: (928) 473-3003

THE FOLLOWING DOCUMENTS ARE REQUIRED

1. **State Issued Birth Certificate or Passport**
This is a FEDERAL LAW requirement for EVERYONE in the household.
2. **Driver's License or Photo ID.**
For anyone over the age of 18 years old.
3. **Social Security Card(s)**
For EVERYONE in the household.
4. **Income Verification**
ALL household income within the last 30 days, including the date of application.
This includes wages, paycheck odd jobs, award letters, child support, Unemployment Insurance, SS, SSI, SSD, etc.
6. **SNAP (Food Stamps) Verification**
Provide the most recent letter from DES showing the benefit amount.
You can go online to <https://myfamilybenefits.azdes.gov> with your case number to create an account and print out your benefits.
7. **Most Recent Bills**
For electric and gas or propane. For propane, we will need a quote from the propane company.
8. **Three months of bank statements.**
Must provide proof of most recent three months.
9. **Homeownership/Land ownership proof.**
10. **Homeowners Insurance.**
Declaration page required.
11. **Last year's tax return.**

Additional information may be required to receive services.
If you do not have required documents, services may be deferred.

