



MOHAVE COUNTY COMMUNITY SERVICES DEPARTMENT

700 West Beale Street
PO Box 7000
Kingman, AZ 86402-7000
(928) 753-0723
(928) 753-0776 FAX

BHC DES Building
2601 Hwy 95
Bullhead City, AZ 86442
(928) 758-0702
(928) 758-0737 FAX

2031 Spawr Cir
Lake Havasu City, AZ 86403
(928) 453-0710
(928) 453-0728 FAX
Arizona Relay 711 TDD

Housing Rehabilitation Application

Applicant Name: _____ Date: _____

Physical

Address: _____
City, State, Zip Code

Mailing Address: _____
City, State, Zip Code

Telephone #: _____ Message #: _____

Email Address: _____

Please check below if you have any the below preferences apply to you (you may check more than one):

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

Family with children under 18: ☐ Veteran ☐

**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 also, if different)	Relationship to Applicant	Social Security #	Date of Birth	Gross Monthly Income	Source of Income	Ethnicity* (circle one)	Race**
	SELF			\$		A or B	
				\$			
				\$			
				\$			
				\$			
				\$			

* **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 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.):

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

Are you under a "Code Violation" from Mohave County Development Services or Environmental Health? If yes, please attach a copy and explain briefly.

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

No ☐ Yes ☐ If so, when: _____ Agency/Program: _____

Tell us about your home:

Approximate year your home was built: _____

Number of bedrooms: _____

_____ Permanent Single-Family Home

_____ Manufactured 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

Wastewater 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 homeowner's insurance? Yes ☐ No* ☐

- If NO, be advised you will need active homeowner's insurance when it's time to receive assistance in this program.

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 ☐

If yes list assets (i.e. savings/checking/CD/IRA/Stocks/Bonds/Life Insurance):

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

FOR OFFICE USE ONLY	
Date/Time Received:	Received by: