



Yuma County
 2351 West 26th Street, Yuma, Arizona 85364
Housing Rehabilitation Program
Intake Form

Name: _____

Physical Address: _____

Mailing Address: _____

Phone #: _____ Cell #: _____ Other #: _____

Are you the owner occupant of your home? Yes No

Do you have a recorded deed? Yes No

Please classify your home type as follows:

Single-family housing unit Trailer/Mobile home Manufactured Home Multi-family housing unit

Do you have an existing mortgage on the home? Yes No

Please list all house hold members living in the home including yourself:

Name	Relationship to Applicant	Date of Birth	Employed Yes/No	Marital Status	Disabled Yes/No	Citizenship Status

Have you ever received assistance from Yuma County before? Yes No

If yes, what type of assistance: _____ When: _____

Are you or a member of your family a current or previous employee of the Yuma County?

If yes, Name of employee: _____ Date of Employment: _____

Annual Income of Household including those 18 years of age and older *(includes all gross income (before taxes) from all current sources; including employment, social security, public assistance, and dependents who receive social security, disability, pension, child support, public assistance, alimony, unemployment, etc.).* \$ _____

What general home improvements are needed?

Are you permanently disabled as declared by a Physician? Yes No

Authority for release of information: By signing below, I agree to participate in the Housing Rehabilitation Program and utilize Yuma County as my primary service agency, I authorize Yuma County to release information contained on this form and/or in my case file to DES, Arizona Department of Housing, any designated representative of these agencies, and/or any other agencies to which my case pertains.

Signature: _____ Date: _____

