



**Yuma County**  
**198 South Main Street, Yuma, Arizona 85364**  
**(928) 373-1167**  
**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: \_\_\_\_\_

