

Step 2 • About your house

How long have you owned this home? _____

Did you acquire this home from other family members? _____

Give a simple description of the general house problems of which you are aware. Once your completed application is submitted with the necessary documentation your house will be scheduled for inspection to determine if your house is beyond repair and eligible for the program.

Optional information

You are not required to answer these questions, but your answers would be greatly appreciated. This information is used strictly for statistical purposes to help ensure that the program is serving a representative segment of the community.

Race

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black |
| <input type="checkbox"/> Native American | <input type="checkbox"/> White |
| <input type="checkbox"/> Other/Mixed | |

Ethnicity

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Non-Hispanic |
|--|---------------------------------------|

Step 3 • Sign and Verify

I (We), the undersigned applicant(s), do hereby certify that all personal and household information contained in this document is complete and true to the best of my (our) knowledge.

Homeowner's Signature

Date

Homeowner's Signature

Date

**If you have any questions concerning this application or the program
please call 882-5383 x 135.**

Remember

Provide supporting documentation with your application!

- **Proof of Income.** Most recent tax return AND most recent pay stub showing year-to-date, OR, if not employed, award letter from Social Security Administration OR other such proof from other sources of income.
- **Proof of homeownership.** Copy of deed showing recording information.
- **Personal identification.** Copy of government-issued photo identification of homeowner.
- **Optional information.** If you or any member of your household is handicapped, you may be provided with a verification form to be filled out by your doctor. While not necessary, this could be advantageous to you in establishing the priority of your case.

Submit entire application to:

Primavera Foundation
151 W. 40th Street
Tucson, AZ 85713