

In life, things change. Sometimes we find ourselves needing some extra help we didn't plan for. The purpose of this program is to provide assistance to homeowners or occupants of residential properties who are elderly, disabled, or experiencing a financial constraint making it difficult to maintain landscape, unable to afford paint and maintain aging, blighted building exteriors. We offer landscape maintenance and property improvements using volunteer labor and donated materials.

## PROGRAM CRITERIA

Do you meet the program criteria for annual income? Use the Annual Income Guideline chart on the right for reference.

(These limits are determined by the U.S. Department of Housing and Urban Development (HUD).

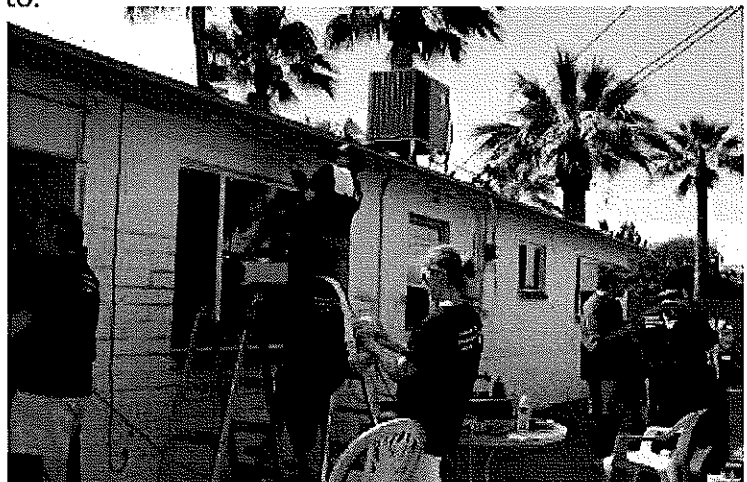
Household members include all adult (age 18 and older) related family members and unrelated people who share the housing unit, excluding lodgers (individual(s) renting a room(s)) and paid live-in help such as a home health aide.

Household Size (persons)	Income (limit)
1	\$52,400
2	\$59,850
3	\$67,350
4	\$74,800
5	\$80,800
6	\$86,800
7	\$92,800
8	\$98,750

If you need help and believe your income meets the financial criteria, please fill out the application on the reverse side and mail it to:

City of Scottsdale  
Operation Fix It  
7601 E. McKellips, Bldg. C  
Scottsdale AZ, 85257

You can also  
contact:  
Human Services  
Representative  
Reese Miller at (480)312-8703 or  
email: [rmiller@scottsdaleaz.gov](mailto:rmiller@scottsdaleaz.gov)



# NEIGHBORHOOD PROJECT CERTIFICATION and PRIVATE PROPERTY WAIVER

Thank you for allowing the Operation Fix It Program to assist with remedying serious or unsightly landscape maintenance impediments or deteriorated exterior surface conditions on this residential, private property. In this case, occupant(s) are not able to perform these duties due to the following:

Please check all that apply: \_\_\_\_\_ Financial Constraint \_\_\_\_\_ Physically Disabled \_\_\_\_\_ Elderly \_\_\_\_\_ Foreclosure

Property owner's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Cross Streets: \_\_\_\_\_

Telephone: HM: \_\_\_\_\_ CELL: \_\_\_\_\_ OFF: \_\_\_\_\_

Monthly or annual gross income: \$ \_\_\_\_\_ Sources of income include: Employment/Social Security/ Disability/Taxes

Pension/ Other \_\_\_\_\_ \* Supported documentation may be required upon request.

How many people over the age of 18 live in the home? \_\_\_\_\_ Their income: \_\_\_\_\_

What do you need assistance with? and why? \_\_\_\_\_

Your area Code Inspector if known is: \_\_\_\_\_

The Operation Fix It Program possesses the right to refuse assistance if the applicant does not meet eligibility requirements or the nature of the request is deemed not to be in the best interest of the program or the City of Scottsdale. The property owner on behalf of himself/herself, his/her heirs, personal representatives, principals, successors and assigns agrees to indemnify, defend and hold harmless the City of Scottsdale, its elected and appointed officials, officers, employees, agents and volunteers from and against any and all claims, losses, liability, costs, or expenses arising out of bodily injury of any person or damage to any property. Additionally property owner, on behalf of himself/herself, his/her heirs, personal representatives, principals, successors and assigns, hereby agrees to release any and all claims, demands, causes of action of any kind, known or unknown, real or imagined, it may have against the City of Scottsdale, its elected and appointed officials, officers, employees, agents and volunteers. It is understood that this is a full and final release and discharge of property owner's claims, including claims for costs and attorney's fees, if any, all demands and causes of action, present or future, known or unknown, real or imagined, developed or undeveloped in any way arising out of the provisions of any services or assistance provided by the City of Scottsdale via the Operation Fix It Program.

## The property owner also agrees to the following:

1. Keep all pets away from the work crew.
2. Be on site during the work period.
3. Observe the work crew if physically able.
4. Do not use alcohol or any illegal substance on the day of the project.
5. Be aware that some projects might not be completed, or may be cancelled or rescheduled due to insufficient manpower, weather conditions, etc.
6. Accepts the service or assistance "as is," and will be personally responsible for making any changes or improvements
7. Failure to observe this agreement will be grounds for cancellation of service.

I/we have reviewed the above application and agree to all of its terms and conditions and also certify that the information that I/we have provided in support of my/our application is true and correct to the best of my/our knowledge.

PROPERTY OWNER (Signature) \_\_\_\_\_ DATE \_\_\_\_\_





Dear Applicant,

It is vital your income qualifies you for assistance. To do this, I need proof of income for each member of your household that is 18 years of age and older. Proof of income includes monies received over the last 12 months and all money that you are anticipating receiving within the next 12 months.

The following is a list of documents you need to provide copies of *only if they apply to you*. These documents will be reviewed and used to ensure you meet the income guidelines set for the Operation Fix It program. \*Please attach these documents to the included forms for a complete packet.

- Wages / paycheck stubs
- Copy of the most recent year's income taxes
- Last 3 months of bank statements (including checking and savings activity)
- Copy of award letter for Social Security, Disability, SSI
- Pensions
- Retirement fund benefits
- Unemployment benefits
- Death benefits

Please sign this document here acknowledging you have read and understand the requirements stated above.

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Homeowner signature

Date

If you have any questions, please don't hesitate to contact me.

Sincerely,

*Reese Miller*

Reese Miller  
Human Services Representative  
[rmiller@scottsdaleaz.gov](mailto:rmiller@scottsdaleaz.gov)  
(o) 480.312.8703

## INCOME QUESTIONNAIRE

Name/Address of Head of Household: \_\_\_\_\_

Applicants must either own only their home or one other property of equal or less value than the primary residence. Households with \$50,000 in liquid assets are not eligible for assistance. Liquid assets include but not limited to Checking & Savings Account, CD's, Money Market Accounts, etc..

We need to know about the income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining eligibility for assistance provided by the Operation Fix It. Check **Yes** for a particular type of income if any household member gets it. We'll get the details from you later. Check **No** only if no member of your household gets the particular type of income.

***Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully make false statements, or misrepresentations, of any material fact involving the use or obtaining of federal funds.*

Employment Income: *this does not include income of children younger than 18 or live-in aides.*

	<u>Yes</u>	<u>No</u>
Wages	<input type="checkbox"/>	<input type="checkbox"/>
Salaries	<input type="checkbox"/>	<input type="checkbox"/>
Overtime pay	<input type="checkbox"/>	<input type="checkbox"/>
Commissions	<input type="checkbox"/>	<input type="checkbox"/>
Fees	<input type="checkbox"/>	<input type="checkbox"/>
Tips	<input type="checkbox"/>	<input type="checkbox"/>
Bonuses	<input type="checkbox"/>	<input type="checkbox"/>
Any other amounts adult household members earn from working for other people or from their own business	<input type="checkbox"/>	<input type="checkbox"/>

Benefits payments: *this includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Social Security or Supplemental Social Security Income.*

	<u>Yes</u>	<u>No</u>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>
Disability pay or benefits	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment benefits	<input type="checkbox"/>	<input type="checkbox"/>
Severance pay	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>
Insurance policy payments to you	<input type="checkbox"/>	<input type="checkbox"/>
Pensions	<input type="checkbox"/>	<input type="checkbox"/>
Retirement fund benefits	<input type="checkbox"/>	<input type="checkbox"/>
Death benefits	<input type="checkbox"/>	<input type="checkbox"/>
Any other benefit payments: veterans disability, black lung sick benefits, dependent indemnity compensation	<input type="checkbox"/>	<input type="checkbox"/>

Welfare assistance: *this includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disabled person.*

	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>

Alimony or Child Support: *this includes adoption assistance payments.*

	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>

Interest, dividends, and other income from household assets:

	<u>Yes</u>	<u>No</u>
Interest from bank accounts or bonds	<input type="checkbox"/>	<input type="checkbox"/>
Dividends from stocks or mutual funds	<input type="checkbox"/>	<input type="checkbox"/>
Income distributed from trust funds	<input type="checkbox"/>	<input type="checkbox"/>
Money from renting household assets	<input type="checkbox"/>	<input type="checkbox"/>
Any other interest, dividends, or rent	<input type="checkbox"/>	<input type="checkbox"/>
Lottery winnings paid in periodic Payments	<input type="checkbox"/>	<input type="checkbox"/>

Money or gifts regularly given by persons not living in the unit: *this includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include recurring amounts paid directly to a child care provider, gifts of groceries, utility rebates paid to senior citizens, payments received for the care of foster children, or gifts received on a non-recurring basis.*

	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>

Any other sources of income?

	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please specify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all of the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Head of Household/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

***Please return this completed form with your application.***



**AFFIDAVIT DEMONSTRATING LAWFUL PRESENCE IN THE UNITED STATES**

Arizona Revised Statute Section 1-502 requires that any person, who applies to the City for a local public benefit, must demonstrate that he/she is lawfully present in the United States, by presenting one of the documents listed below. If the public benefit applied for is solely for a minor child, the document presented must relate to that minor child.

Please place a check mark next to the applicable document and present the document to the City employee who is assisting you.

- 1. An Arizona driver license issued after 1996. Print first 4 numbers/letters from license: [ ] [ ] [ ] [ ]
2. An Arizona non-operating identification License. Print first 4 numbers/letters: [ ] [ ] [ ] [ ]
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States. Year of birth: \_\_\_\_\_; Place of birth: \_\_\_\_\_
4. A United States Certificate of Birth abroad. Year of birth: \_\_\_\_\_; Place of birth: \_\_\_\_\_
5. A United States passport. Print first 4 numbers/letters on Passport: [ ] [ ] [ ] [ ]
6. A foreign passport with a United States Visa. Print first 4 numbers/letters on Passport [ ] [ ] [ ] [ ] Print first 4 numbers/letters on Visa [ ] [ ] [ ] [ ]
7. An I-94 form with a photograph. Print first 4 numbers on I-94: \_\_\_\_\_
8. A United States Citizenship and Immigration Services Employment Authorization Document (EAD). Print first 4 numbers/letters on EAD: \_\_\_\_\_
9. Refugee travel document. Date of Issuance: \_\_\_\_\_; Refugee Country: \_\_\_\_\_
10. A United States Certificate of Naturalization. Print first 4 digits of CIS Reg. No.: \_\_\_\_\_
11. A United States Certificate of Citizenship. Date of Issuance: \_\_\_\_\_; Place of Issuance: \_\_\_\_\_
12. A tribal Certificate of Indian Blood. Date of Issuance: \_\_\_\_\_; Name of Tribe: \_\_\_\_\_
13. A tribal or Bureau of Indian Affairs Affidavit of Birth. Year of Birth: \_\_\_\_\_; Place of Birth: \_\_\_\_\_

In accordance with the requirements of State Law, I do swear or affirm under penalty of perjury that I am, or the minor child whose name is listed below is, lawfully present in the United States and that the document I presented to establish this presence is true.

Signature

Date

Printed Name

Printed name of minor child (if applicable)



## **Right to Financial Privacy Act Certification**

The Community Services Division and the City of Scottsdale's Operation Fix It Program certify compliance with the Right to Financial Privacy Act of 1978, and that information with regard to the applicant's financial records will be kept confidential within the requirements of applicable provisions.

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*Applicant's Signature*

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*Date*



## EXEMPT TAX RETURN VERIFICATION

I, \_\_\_\_\_, did not file a federal tax return  
*(Applicant's printed name)*  
because I was not required to do so pursuant to IRS regulations for the year  
\_\_\_\_\_.  
*(Year)*

I certify that the above information is true.

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*



**HUMAN SERVICES**

**AUTHORIZATION TO OBTAIN/RELEASE  
CLIENT RECORDS AND/OR INFORMATION**

**SOCIAL SERVICE ELIGIBILITY**

In order to better assist you, or your minor child or children, there are times when we may need to obtain or release personal information. This information will only be released or obtained with your approval, as you indicate below. Please initial boxes below to indicate that you authorize releasing and/or obtaining personal information relating to the following:

	Release	Obtain
Bank records		
Billing statements		
Employment (current and past)		
Federal, State, and County agencies		
Housing information		
Legal		
Medical		
Psychological		
School information		
Salvation Army		
St. Vincent de Paul		
Other		

**I HEREBY AUTHORIZE** City of Scottsdale Human Services Staff to release and/or obtain the information indicated immediately above to/from the following individuals or organizations, as applicable. Name/Organization: \_\_\_\_\_

I understand that the contents of my client record, or that of my minor child or children, as applicable, including the information indicated above, may be discussed between Human Services staff members for the purposes of supervision and case coordination, and shared with crisis intervention staff members, as deemed necessary and appropriate. I also understand that I may withdraw this consent at any time, except as to actions that have been already taken, by making a written request to a representative of Human Services.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Guardian/Parent Name (as applicable): \_\_\_\_\_

Guardian/Parent Signature (as applicable): \_\_\_\_\_ Date: \_\_\_\_\_