



HOME SAFETY PROGRAM

520.879.5918

Program Guidelines

The Pascua Yaqui Tribe Housing Division administers the Home Safety Program which is designed to assist tribal homeowners of conventional homes at or below 80% of Medium Area Income, who are elderly, veteran, disabled or low income, by providing repair services that would improve home safety with the following systems: plumbing, electricity, accessibility, heating and cooling and structural. Homeowners will be charge for all materials and labor with a repayment plan with Pascua Yaqui Tribe, including automatic payroll deductions. In situations where maintenance is required straightaway, repairs can begin in lieu of a completed application/determination based on the initial assessment by Home Safety Program staff, but the application process must still be completed to determine final eligibility. The total amount of the assistance cannot exceed \$2000.00 per address. Homeowner can only qualify for the service again only after full payment of previous service. All services will be based on the availability of funds.

Program Goal

The goal of Home Safety Program is to improve the safety of eligible homeowners by removing imminent health and safety hazards and increase habitability in their homes.

Program Objectives

1. To repair and/or make physical improvement to homes occupied by eligible homeowners to remove health and safety hazards and
2. To make necessary adaptations and/or improvements to homes occupied by eligible homeowners with disabilities.

Client Eligibility

- Enrolled Pascua Yaqui Tribe Homeowner on and off the Reservation.
- Owner occupant, must certify ownership and only residence.
- Homebuyers may not have cash assets exceeding \$ 5,000.00.
- Household Income must not exceed the limits listed below (income from all persons residing in the home must be included in the total annual income).

Family Size	Income Limit	Family Size	Income Limit
1	\$31,750.00	5	\$49,000.00
2	\$36,300.00	6	\$52,650.00
3	\$40,850.00	7	\$56,250.00
4	\$45,350.00	8	\$59,900.00

Priority Requirements (Must meet at least THREE requirements)

1. Homeowner
2. Elder (62 years and older) or Veteran.
3. Special Needs or Medically Disable.
4. Total Household Income must not exceed 80% area median income.

Requested Documents

- Valid enrollment number
- Copy of title and/or deed
- Proof of address
- Verification of income of all household members over the age of 18 (pay stubs, award letters for SSI/SSA, TANF, G.A., Etc.)
- Verification of disability by a license medical professional (required for accessibility improvements).

Payback Provision

Payback agreement payment amount is determined by household income:

- Income <\$15,000 = \$50.00 (with evidence of need lower payment set by Director)
- Income \$15,000-\$25,000 = \$75.00
- Income \$25,000-\$35,000 = \$100.00
- Income \$35,000-\$45,000 = \$150.00
- Income >\$45,000 = \$175.00

Eligible Activities

- Plumbing Repairs (Water Leaks, Clogged Sewer System, Etc.)
- Structural Repairs Where Hazards Exist (Framing Failures, Ceilings Collapsing, Etc)
- Electrical Repairs Where Hazards Exist (Exposed Bare Wire, Broken Switches, Etc)
- Roof Repair.
- Repair of Heating / Cooling Systems.

Accessibility Improvements

- Wheelchair Ramps
- Hand Railings, Grab Bars
- Kitchen and Bathroom Adaptations
- Doorway Widening

If you are within program guidelines, are in need of the eligible repairs, and would like to be consider for assistance, you MUST reply to all questions in the application. Provide a copy of all applicable requested documents. Services will be render to qualified applicants 1st Elderly /Veteran, 2nd the disabled and 3rd the low income. Assistance will be based on the availability of funds.

Home Safety Program

First Options:

1. IF THIS IS AN EMERGENCY CALL 911 IMMEDIATELY.
2. If outside of the reservation, government improvement services within Town, City, County or State must be contact first.
3. This is a prevention program. No services after hours, weekends or Holidays provided.

Home Safety Program Eligible Activities

Safety Repairs to be performed:

- Plumbing Repairs – Water Leaks, Broken Toilets,
- Structural Repairs Failures in:
 - Patio Structural Framing
 - Roof Framing
 - Load Bearing Walls
 - Floor Framing
 - Ceiling Framing
- Electrical Repairs Failures in:
 - Wiring
 - Receptacles and Switches
 - Panel Breakers (No Panel Upgrades)
- Roof Repair
 - Replace Broken / Missing Tiles or Shingles
 - Patch Roof Leaks
- Heating / Cooling System Repairs
 - Standard repair to existing system.
 - Owner responsible for filters and pads.

Accessibility Safety Enhancements (Medical Prescription require):

- Wheelchair Ramps
- Hand Railings, Grab Bars
- Kitchen and Bathroom Adaptations.
- Doorway Widening

Other restrictions to Application:

1. Owner will be charge a \$50.00 travel fee if repairs are outside of the scope of work.
2. \$50 a Month Minimum Payment.



PASCUA YAQUI TRIBE HOUSING DIVISION
HOME SAFETY PROGRAM SENIOR APPLICATION (62 and Older)
4781 W. Calle Tetakusim, Tucson, AZ. 85757 Ph. # 520-879-5918

1. APPLICANT(S) PLEASE PRINT:

Homeowner A: _____ **Date of Birth:** _____
First Middle Initial Last

Enrolled # _____ Last Four SS # ____ Ph. # _____

Homeowner B: _____ **Date of Birth:** _____
First Middle Initial Last

Enrolled # _____ Last Four SS # ____ Ph. # _____

Home Address: _____
Street Apt.

City State Zip Code Ph. # _____

2. Household Composition and Characteristics: List all other members who live in the home who are 18 or older. Give the relationship of each family member to the owner(s).

Full Name	Relationship	Birth Date	Sex M / F	Last four SS #

3. House Info: Year Built _____ # of bedrooms _____ # of bathrooms _____ Lot size _____

Home Insurance Policy Number _____ No Home Insurance _____

4. Are you or a family member Disabled? _____ Yes _____ No

5. Are you a Veteran? _____ Yes _____ No

6. Employment: Are you and/or other household members currently employed? ____ Yes ____ No. With:

- Name _____ Address: _____ Telephone: _____
- Name _____ Address: _____ Telephone: _____

7. Medical/Medical Expenses

Do you have medical expenses? ____ Yes ____ No Amount per month _____

8. Do you have any dependents that live with you?

____ Yes ____ No If so, How many? _____

9. **Income:** Do you or any members of your household receive any of the following types of income?

	Source	Monthly Amount	Documentation Needed at Eligibility Interview
___ Yes ___ No	Wages/Salaries		Pay stub/letter from employer
___ Yes ___ No	Social Security SSI Railroad Retirement		Current Award Letter
___ Yes ___ No	Disability Insurance		Most Recent Statement/Check Stub
___ Yes ___ No	Income from Self-Employment		Tax Documents or Written Statement
	Total Monthly Income	\$	

Do you or any members of your family have any other regular sources of income not listed above?

___ Yes ___ No If yes, please describe _____

10. Have you or any members of your household **disposed of assets** totaling more than \$2,000 for less than fair market value during the past two years?

___ Yes ___ No If yes, please describe: _____

11. **Home Safety work require:**

- ☐ Plumbing ☐ Cooling ☐ Heating ☐ Structural ☐ Grab Bars
☐ Roof Repair ☐ Electrical ☐ Ramp & Railings ☐ Door Widening

12. **Applicant(s)' Certification**

I/we certify that all information provided in this application and all the supportive documentation are true. I/we understand any falsification, misleading or knowingly withholding information on this application would immediately disqualify me/us from receiving services for 12 months. I/we also understand that this a loan and agree to pay back in full and within the time allowed. I/we acknowledge and accept that services will not be provided if I/we do not meet the financial eligibility requirements. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the **Home Safety Program** to verify all information provided on this application and to contact agencies and institutions mention in this application and property registers to confirm ownership. I/we understand that our information will be kept confidential, however may be review by auditors to verify program compliance.

Signature of Homeowner: _____ Date _____

Signature of Homeowner: _____ Date _____

Signature of PYT representative: _____ Date _____

Office Use Only: _____ TUCSON _____ GUAD _____ O/P _____ PASCUA

___ EL Income ___ Very Low Income ___ Low Income ___ Disabled ___ Veteran ___ Elder

Date Received: _____ Application #: _____ Approved No Yes by _____

01/22/25

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/irv9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.