



**CARES Act Shelter in Place
OWNER OCCUPIED HOUSING REHABILITATION PROGRAM**

Name: _____

Address: _____

Phone number: _____ Email: _____

Household Member(s) / Income Information:

Name (List all household members.)	Gross Monthly Income	Income Source	Date of Birth (Month / Date / Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe requested repairs and how the household has been impacted by COVID-19.

Repairs Requested:

COVID-19 Household Impact Description (if applicable):

Have you previously received, or do you expect to receive assistance from another source to repair your home? (i.e. insurance proceeds, weatherization funding, home repair assistance, etc.) If so, please describe:

By signing below, I hereby declare under penalty of perjury that the above listed information is complete and accurate to the best of my knowledge.

Signature _____

Date _____

Please return this application and the City of Phoenix Conflict of Interest Disclosure to CaresActOOR@fsl.org