



INITIAL APPLICATION FOR HOME REPAIRS PROGRAM

Today's Date:

Applicant Name:

Home Address:

Phone:

Cell:

How Many People Live in Home:

Are you the homeowner?

Total Household Income:

(This includes all adults living in the home.)

Applicant Email:

Preferred contact (check one)? Mail:

Phone:

Text:

Have you received assistance from Rebuild Superior, Inc previously? If yes, please describe it. (A note that preference will be given to new applicants)

Optional Responses - for grant writing purposes

As of June 18, 2025, here are the requirements for very low income:

USDA Racial Composition and Outreach

- | | | |
|----------------------------------|----------|--------------------|
| ● White | \$38,200 | 1-4 people in home |
| ● Black | \$50,450 | 5+ people in home |
| ● Asian/Pacific Islander | | |
| ● American Indian/Alaskan Native | | |
| ● Hispanic | | |

Additional information, including income, property, and identity verification will be requested.

Please return this form by mail to Rebuild Superior, Inc., PO Box 187, Superior, AZ 85173,

ATTN: Housing Preservation Program or email to anna@rebuildsuperioraz.org.

This institution—Rebuild Superior, Inc.—is an equal opportunity provider.