



1860 W. Sapphire Lane  
Winterhaven, California 92283  
(760) 572-0243  
Fax (760) 572-0245

**THE FOLLOWING INFORMATION IS REQUIRED TO  
PROCESS YOUR APPLICATION:**

- ☐ State ID or Driver's License for all adult household members
- ☐ Proof of Enrollment (Tribal ID, CDIB, *etc.*)
- ☐ Proof of income for all adult household members
- ☐ Proof of conveyance document transferring possession of dwelling to homeowner (deed, tribal court documents, probate hearing settlement, *etc.*)
- ☐ Good Standing of QHA accounts

**ALL DOCUMENTS ARE REQUIRED IN ORDER TO DETERMINE ELIGIBILITY.**  
**ORIGINAL COMPLETED APPLICATIONS MUST BE SUBMITTED IN PERSON**  
**OR MAILED TO THE QHA OFFICE.**





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## CONVEYED HOMEOWNER REHAB PROGRAM APPLICATION

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tribal ID # \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

List all household members:

Name	Relationship to Applicant	D.O.B.	Tribal Affiliation	M/F	Social Security No.
	SELF				

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Please provide a written attestation to demonstrate hardship due to the COVID-19 pandemic relating to the safety and sustainability of the residence, to the extent available, attach supporting documentation.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Roof  | <input type="checkbox"/> Bathroom Remodel        | <input type="checkbox"/> Electrical Repairs           |
| <input type="checkbox"/> Air Conditioning Unit   | <input type="checkbox"/> Kitchen Remodel         | <input type="checkbox"/> Electrical Panel Replacement |
| <input type="checkbox"/> Windows   | <input type="checkbox"/> Tilework                | <input type="checkbox"/> Lighting Replacement         |
| <input type="checkbox"/> Exterior/Interior Doors   | <input type="checkbox"/> Exterior/Interior Paint | <input type="checkbox"/> Water Heater                 |
| <input type="checkbox"/> Drywall Repairs   | <input type="checkbox"/> Cast Iron Plumbing      | <input type="checkbox"/> Appliance Replacement        |
| <input type="checkbox"/> Other Areas of Concern (Provide a detailed description of concern): |  |   |

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Please acknowledge and initial below:

\_\_\_\_\_ I attest that the information provided is complete and true to my knowledge.

\_\_\_\_\_ I understand that information provided may be verified and that the provision of false or inaccurate information is fraudulent and my application will be rejected.

\_\_\_\_\_ I understand my application will be processed and when verified will be added to a waiting list.

\_\_\_\_\_ I understand program funding is limited and that a determination of eligibility and listing on a waiting list does not guarantee selection for the work to be undertaken.

\_\_\_\_\_ I understand that, as part of the application process, my home is subject to a full inspection.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

QHA Intake Rep: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Is applicant a homeowner?

Yes ☐ No ☐

Does household have a delinquent balance on any QHA account?

Yes ☐ No ☐

The household is eligible ☐ ineligible ☐

\_\_\_\_\_  
INTAKE OFFICER

\_\_\_\_\_  
DATE

APPROVED: \_\_\_\_\_

\_\_\_\_\_  
EXECUTIVE DIRECTOR

\_\_\_\_\_  
DATE