



City of Phoenix

HOUSING DEPARTMENT
OCCUPANCY SERVICES OFFICE
830 E. Jefferson Street • Phoenix, AZ 85034
602-534-2142 • TTY 602-534-5500
FAX 602-534-4243

PRE-APPLICATION
This form is used for placement
on the waiting lists for housing
programs you have chosen.

NOTE: USE LEGAL NAMES

PLEASE PRINT CLEARLY

USE INK PEN

HEAD OF HOUSEHOLD: (Last Name) (First Name) (Middle Initial)

Your Social Security Number or ID Number: Sex:

Complete Address: (Street Address) (Apt. No.) (City, State) (ZIP Code)

Mailing Address: (P.O. Box Number Street Address) (Apt. No.) (City, State) (ZIP Code)

Day Phone No.: Message Phone No.:

Date of Birth: (MonthDayYear) Place of Birth: (City, State, Country)

Monthly Income You Receive: (Dollar Amount) Source of Income: (Wages, SSI, SSD, TANF/Welfare, Etc.)

Marital Status - Check One: Single Married Legally Separated Divorced Widowed

EQUAL HOUSING OPPORTUNITY INFORMATION

Applicants are considered for housing without regard to race, color, religion, sex, national origin, disability or sexual orientation. To help us comply with Federal/State recordkeeping, reporting and other legal requirements, please check the appropriate box.

RACE: (Check all that apply) 1. White 2. Black/African American 3. American Indian/Alaska Native 4. Asian 5. Native Hawaiian/Other Pacific Islander

ETHNICITY: (Check one) 1. Hispanic or Latino 2. Non-Hispanic or Latino

Is Head of Household, spouse or co-applicant 62 years of age or older? Yes No

Does Head of Household, spouse or co-applicant claim disabled status for eligibility purposes? Yes No

Will Head of Household or any family member require any of the following? (Check all that apply)

- A separate bedroom First floor apartment A wheelchair accessible barrier-free apartment
Unit for Hearing Impaired Unit for Vision Impaired Other modifications to unit Assisted Animal

If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation:

Will Head of Household or any family member need any features not mentioned? Yes No

If yes, please indicate how the Housing Department should accommodate your family:

Will head of household or any family member require a live-in care attendant? Yes No

If yes, please explain:

LOCAL PREFERENCES

THE CITY OF PHOENIX HOUSING DEPARTMENT USES "LOCAL PREFERENCES" IN THE SELECTION PROCESS.

Working applicants and applicants who live in Phoenix qualify for a preference and will be considered for housing assistance before other applicants. Applicants 62 years of age or older, or applicants whose head or spouse receive Social Security Disability, Supplemental Security Income, or any payments based on their inability to work will be given the benefit of the local preference. Please check the local preference(s) that applies to you.

- Working Receive Disability Income Live in Phoenix
Displaced by City of Phoenix or Maricopa County Attorney Action None at this time

NON CITIZEN RULE

NOTICE: EFFECTIVE JUNE 19, 1995, ONLY UNITED STATES CITIZENS, NATIONALS, OR ELIGIBLE NONCITIZENS WILL RECEIVE HOUSING ASSISTANCE.



EQUAL HOUSING OPPORTUNITY REASONABLE ACCOMMODATIONS PROVIDER

For alternative formats call TTY 602-534-5500.

**HOUSEHOLD MEMBER INFORMATION**

**OTHER ADULT** (Last/First/M.I.): \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_ Monthly Income: \_\_\_\_\_ Source: \_\_\_\_\_

**RACE:** (Check all that apply)  White  Black/African American  American Indian/Alaska Native  
 Asian  Native Hawaiian/Other Pacific Islander **ETHNICITY:** Hispanic or Latino  Yes  No

Is this family member in need of a special accommodation?  Yes  No Type needed: \_\_\_\_\_

**OTHER ADULT** (Last/First/M.I.): \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_ Monthly Income: \_\_\_\_\_ Source: \_\_\_\_\_

**RACE:** (Check all that apply)  White  Black/African American  American Indian/Alaska Native  
 Asian  Native Hawaiian/Other Pacific Islander **ETHNICITY:** Hispanic or Latino  Yes  No

Is this family member in need of a special accommodation?  Yes  No Type needed: \_\_\_\_\_

**MINOR** (Last/First/M.I.): \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_ Type of Income Received: \_\_\_\_\_

**RACE:** (Check all that apply)  White  Black/African American  American Indian/Alaska Native  
 Asian  Native Hawaiian/Other Pacific Islander **ETHNICITY:** Hispanic or Latino  Yes  No

Is this family member in need of a special accommodation?  Yes  No Type needed: \_\_\_\_\_

**MINOR** (Last/First/M.I.): \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_ Type of Income Received: \_\_\_\_\_

**RACE:** (Check all that apply)  White  Black/African American  American Indian/Alaska Native  
 Asian  Native Hawaiian/Other Pacific Islander **ETHNICITY:** Hispanic or Latino  Yes  No

Is this family member in need of a special accommodation?  Yes  No Type needed: \_\_\_\_\_

**MINOR** (Last/First/M.I.): \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_ Type of Income Received: \_\_\_\_\_

**RACE:** (Check all that apply)  White  Black/African American  American Indian/Alaska Native  
 Asian  Native Hawaiian/Other Pacific Islander **ETHNICITY:** Hispanic or Latino  Yes  No

Is this family member in need of a special accommodation?  Yes  No Type needed: \_\_\_\_\_

**MINOR** (Last/First/M.I.): \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_ Type of Income Received: \_\_\_\_\_

**RACE:** (Check all that apply)  White  Black/African American  American Indian/Alaska Native  
 Asian  Native Hawaiian/Other Pacific Islander **ETHNICITY:** Hispanic or Latino  Yes  No

Is this family member in need of a special accommodation?  Yes  No Type needed: \_\_\_\_\_

**CRIMINAL BACKGROUND SCREENING**

This housing department through the "Extender Act" can deny occupancy on the basis of illegal use of a controlled substance or alcohol abuse when such use or abuse leads to behavior that threatens the health, safety or right to peaceful enjoyment of the premises by other residents. The "Extender Act" provides that the housing department may request criminal conviction records of adult applicants from the National Crime Information Center (NCIC), police departments and other law enforcement agencies. The housing department may also request records of juveniles convicted as adults.

Have you/household members ever violated a previous obligation in connection with a HUD program?  Yes  No

Have you/household members ever engaged in felonious criminal activity or felonious use/possession of drugs?  Yes  No

Do you/household members owe money to any federally subsidized housing program?  Yes  No

# PLEASE CHECK THE HOUSING PROGRAMS YOU ARE APPLYING FOR:

*You may apply for more than one program*

## Conventional Housing

Locations:

- 1003 South 9th Avenue
- 305 West Pima
- 6300 South 7th Avenue
- 1720 East Adams
- 1940 1/2 East Villa

This is the Multi-Family Assisted Housing Program. Apartments are provided in the city's five public housing developments. Apartments range in size from one to five bedrooms. Each apartment is furnished with a gas stove, refrigerator, and evaporative cooling. Ground floor apartments have both front and back yards. The location of the five housing communities are listed. No pre-selection of location allowed.

## Section 8 Housing

The Section 8 Housing Assistance Payments Program is designed to assist eligible lower-income families in renting an existing house or apartment. Under the program, the City of Phoenix Housing Department may make a monthly payment to the landlord on behalf of an eligible family. The payment is the difference between the rent that the family can afford to pay based upon their income and the full rent for the dwelling unit. Families that have been determined eligible and have been certified to receive a Housing Choice Voucher are responsible for finding a place to rent and negotiating a lease with the landlord. Any family issued a Housing Choice Voucher that does not live in the City of Phoenix at the time the family applied for assistant MUST lease a unit in the Phoenix city limits for at least twelve months from the beginning of the initial lease term.

## Section 8 – Non Elderly Disabled Housing

This Section 8 Housing Assistance Payments Program is specifically designed to assist eligible **NON-ELDERLY DISABLED UNDER 62 YEARS OF AGE** lower-income families. **This Housing Choice Voucher Program is strictly for ONE-BEDROOM units ONLY.** This program has the same criteria and operates in the same way as the Section 8 Housing mentioned above.

## Senior and Disabled Housing

Eligible senior or applicants who are disabled are welcome to apply for all Assisted Housing programs. Eligibility requirements are the same for all applicants. For more detailed information, please request a copy of the City of Phoenix Housing Department's brochure.

Preference is given to elderly families at Fillmore Gardens and Sunnyslope Manor. Applicant or spouse must be 62 years of age or older.

Locations:

- Fillmore Gardens  
802 N. 22nd Place  
(Shortest waiting period.)
- Sunnyslope Manor  
205 E. Ruth
- Check this box if you will accept a studio apartment at  
McCarty or Pine Tower

Community Wide Program

(Locations listed below.  
No pre-selection of location allowed.)

Maryvale Terrace  
4545 N. Maryvale Parkway  
Washington Manor  
1123 E. Monroe Street  
McCarty Apartments  
1130 E. Monroe Street  
Pine Tower Apartments  
2963 N. 36th Street

## Scattered Sites Housing Program

This housing program offered by the City of Phoenix Housing Department provides home ownership opportunities to qualified **working families of 2 persons or more** who are considered low to moderate income households. Participants in the program select a home that has been purchased by the City. The families rent the home from the City. Throughout the leasing period, Housing Staff will conduct annual/quarterly home inspections and monthly yard inspections. Properties will be sold to those families who demonstrate an ability to maintain a home, complete the home ownership training, and agree that this home will be their primary residence for a least five (5) years. This program is open to all families who **meet the qualifying criteria**. For more information, please request a copy of the Scattered Sites flyer.

**NOTICE: YOU ARE REQUIRED TO NOTIFY THE HOUSING DEPARTMENT (IN WRITING) OF ANY CHANGE OF ADDRESS. IF WE CANNOT CONTACT YOU AT THE ADDRESS LISTED, YOUR NAME MAY BE REMOVED FROM THE WAITING LIST, AND YOU WILL HAVE TO RE-APPLY.**

**I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.**

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

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

# For All Assisted Housing Programs

Families; individuals who are disabled, handicapped, or at least 62 years of age; single adults may be eligible for the programs if the annual income of the family or individual is below the following limits:

HUD Issue: 02-20-2003

## PERSON/FAMILY INCOME LIMIT

PROGRAM	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
<b>30% of Median</b>	12250	14000	15750	17500	18900	20300	21700	23100
<b>Very Low-Income</b>	20400	23300	26250	29150	31500	33800	36150	38500
<b>Low-Income</b>	32650	37300	42000	46650	50350	54100	57850	61550

**\*For each person in excess of 8 persons, eight percent (8%) of the four-person base should be added to the eight-person limit. Figures should be rounded to the nearest \$50.**

**In general, income from all sources received by all members of the family household who are not minors (under 18 years of age) are included in the annual income of the family. Examples of income which will be counted and verified in writing to determine if the applicant will be eligible for the program are:**

- Wages, overtime pay and tips before taxes and payroll deductions, earned by adult family members;
- Social Security, S.S.I., unemployment benefits, insurance, public assistance, child support payments, interest and dividends, pensions, and disability benefits.

**The general criteria for tenant screening are:**

- Applicants pay their rent on time
- Maintain their units in a clean, safe manner
- Abide by the terms of the lease
- Have the ability to live independently with or without supportive services

**Screening materials include, but are not limited to:**

- Past/current landlord checks.
- Acceptable credit references.
- Acceptable background checks via public record information provided by Superior, Municipal court and FBI records.
- Interview with clients and other family members.