



**3. Rental History**

|   |                                |   |
|---|--------------------------------|---|
| We reserve the right to deny an application if, after making a good faith effort, we are unable to verify prior rental history. |                                |   |
| <b>Present Address:</b>   | Home address:                  | City, State, Zip Code:                      |
| <b>Present Landlord:</b>  | Current Landlord's name:       | Mailing address: (Street, city, state, zip) |
| <b>Dates Leased</b>   | From:                      to: | Current Landlord's phone:                   |
| <b>Previous Address:</b>  | Previous home address:         | City, State, Zip Code:                      |
| <b>Previous Landlord:</b>   | Previous landlord's name:      | Mailing address: (Street, city, state, zip) |
| <b>Dates Leased</b>   | From:                      to: | Previous landlord's phone:                  |

**4. Income Information**

Please list income, for all occupants 18 yrs & older. If paid monthly then enter the total amount earned. If paid an hourly wage enter the hourly wage and the number of hours you work each week. If you work full time (40) hours each week then put the total amount you earn each week.

| Member | Source of income                   | Monthly income | Hourly rate | Full or part time (F/P) | Avg hours worked per week |
|--------|------------------------------------|----------------|-------------|-------------------------|---------------------------|
|        | Employment                         |                |             |                         |                           |
|        | Unemployment                       |                |             |                         |                           |
|        | Social Security                    |                |             |                         |                           |
|        | SSI (Supplemental Security Income) |                |             |                         |                           |
|        | Public Assistance                  |                |             |                         |                           |
|        | Pension or Annuity                 |                |             |                         |                           |
|        | Child Support                      |                |             |                         |                           |
|        | Alimony                            |                |             |                         |                           |
|        | All Interest Income                |                |             |                         |                           |
|        | Dividends                          |                |             |                         |                           |
|        |                                    |                |             |                         |                           |
|        |                                    |                |             |                         |                           |
|        |                                    |                |             |                         |                           |

**5. Assets**

Please list assets held by members of the household

| Type | Bank/ Institution | Account Number | Balance |
|------|-------------------|----------------|---------|
|      |                   |                |         |
|      |                   |                |         |
|      |                   |                |         |
|      |                   |                |         |
|      |                   |                |         |
|      |                   |                |         |
|      |                   |                |         |
|      |                   |                |         |
|      |                   |                |         |
|      |                   |                |         |

Do you own a house or real estate? Yes                      no                      If yes, what is the appraised value \$ \_\_\_\_\_

Do you have any other assets not listed above (excluding household possessions)?

**6. Other information**

| <b>References:</b> please list 2 (two) persons not related or living with you, who you have known for at least one year.  |              |               |
|---|--------------|---------------|
| Name  | Address      | Phone         |
|   |              |               |
| <b>Criminal Record:</b> Have you or any of the intended occupants been convicted of a crime, including but not limited to, drug related or violent criminal activity, use, distribution or manufacturing of a controlled substance? Yes _____ No _____<br>If yes, please explain nature of crime: |              |               |
| Date convicted:   | File Number: | County/State: |
| <b>Alias:</b> Please list any names any member of the household has used, including maiden names or any alias:  |              |               |
| <b>Handicapped accessible unit:</b> do any member (s) of the household request a handicapped accessible apartment?<br>Yes _____ no _____  |              |               |
| Have you or anyone in your household ever been a tenant of any housing authority or any other federal housing programs?<br>Yes _____ no _____   |              |               |
| Are you currently receiving housing assistance? Yes _____ no _____  |              |               |
| Have you or anyone in your household ever moved from a rental unit while still owing rent, or been evicted from a rental unit?<br>Yes _____ no _____  |              |               |

**7. Local Preferences**

|   |
|---|
| HAMC does consider certain conditions as preferential, as permitted by HUD legislation  |
| Please check the statement(s) that pertain to you:  |
| <input type="checkbox"/> Involuntary Displacement, Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition. |
| <input type="checkbox"/> Victim(s) of domestic violence   |
| <input type="checkbox"/> Working families and those unable to work because of age or disability   |
| <input type="checkbox"/> Veteran  |
| <input type="checkbox"/> Enrolled in educational, training or upward mobility program.  |

**8. Verifications and signatures**

|   |       |
|---|-------|
| I/we understand that the Housing Authority of Maricopa County (HAMC) is relying on this information to determine my eligibility, and investigate both current and past employment records, rental history; credit history, criminal/public records as well as any source of income or assets held by household members. Further, I/we understand that it is a criminal offense to willfully make false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction and that if any material misrepresentations is made, I/we would be subject to prosecution and fined for not more than \$250.00 and my/our application will be denied and or my/our tenancy terminated. The information obtained by HAMC and/or its agents will be used for management purposes only and will be held confidential. I/we hereby swear to the best of my/our knowledge the information is true and complete as of the date below, and authorize HAMC to make inquires to verify statements herein. |       |
| <b>All adult members of the household must sign below:</b>  |       |
| Signature:  | Date: |
| Signature:  | Date: |
| Signature:  | Date: |
| Signature:  | Date: |
| Signature:  | Date: |

*The Housing Authority of Maricopa County does not discriminate on the basis of race, color, religion, gender, national origin, age, physical or mental disability, Veteran status, familial or marital status, or because income is derived in whole or in part from public assistance in the admission or access to, or treatment or employment in, its programs and activities.*

