

PUBLIC HOUSING APPLICATION FORM

This application is for the Public Housing low rent program only. This is not an application for the Section 8 Voucher Program.

Notice: Applications that are left with blanks or not signed cannot be processed, or placed on our waiting list. If an item is not applicable please write N/A. Please print and use blue or black ink. **LEAVE NO BLANKS.**



FOR OFFICE USE ONLY

Date:

Time:

When completed, sign this form and mail or bring to one of the following locations:

Housing Authority of Maricopa County PH Applications Desk 2024 N. 7th Street #101 Phoenix, AZ 85006-2155	Housing Authority of Maricopa County 1510 S. 19 th Drive Phoenix, AZ 85009	Housing Authority of Maricopa County 710 W. 8 th Ave. Mesa, AZ 85210	Housing Authority of Maricopa County 1103 N. 6 th Street # 106 Avondale, AZ 85323	Housing Authority of Maricopa County 12976 W. Cottonwood Surprise, AZ 85374
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IMPORTANT

- The Housing Authority of Maricopa County (HAMC) operates mainly in the smaller cities and unincorporated areas of Maricopa County. For more information on HAMC jurisdiction areas, please consult our website at www.maricopahousing.org.
- Because of the size of Maricopa County and the Phoenix Metropolitan area, the Housing Authority of Maricopa County has divided its Public Housing operation into four separate areas, each with its own waiting list.

• Please check the box of the area in which you wish to be put on the waiting list. You may check multiple boxes, but you MUST mark at least one area.

- Coffelt (South Phoenix)**
 Mesa (East Valley)
 Avondale (Southwest area)
 Surprise (Northwest area)

1. Applicant Information

Applicant Name (Head of Household)				
Home address:		City:	State:	Zip:
Mailing Address:		City:	State:	Zip:
Home/Cell Phone:	Message Phone:	Email:		

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.

2. List below the names of ALL persons who will reside in the household including the head of household. (Please use additional sheets if needed to include all household members.)

Last Name, First Name, Middle Name	Date of Birth mm/dd/yy	Sex M/F	Race	Student (Yes/No)	Social Security Number (Required if Applicable)	Relationship to Head of Household
						Head of Household
Student status: Note for all family members listed above (18 years or older-only) please provide the following information: Are they currently attending or anticipate attending school as full time students within the next 12 months? Yes _____ No _____ If yes, please provide the school name and address:						

3. Rental History

Present Address:	Home address:	City, State, Zip Code:
Present Landlord:	Current landlord's name:	Mailing address: (Street, city, state, zip)
Dates Leased	From: to:	Current landlord's phone:
Previous Address:	Previous home address:	City, State, Zip Code:
Previous Landlord:	Previous landlord's name:	Mailing address: (Street, city, state, zip)
Dates Leased	From: to:	Previous landlord's phone:

4. Income Information

Please list income, for all household members. 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)	Average hours worked per week
	Employment				
	Unemployment				
	Social Security				
	SSI (Supplemental Security Income)				
	Public Assistance				
	Pension or Annuity				
	Child Support				
	Alimony				
	Interest or Dividends				
	Other:				

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. Local Preferences (Subject to Verification)

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

7. Other information

Criminal Record: 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 _____ If yes, please explain nature of crime:	
Date convicted:	File Number: County/State:
Is any member of the household subject to a lifetime state sex offender registration program in any state? Yes _____ No _____	
Failure to respond to this question may jeopardize the approval of your application.	
Alias: Please list any names any member of the household has used, including maiden names or any alias:	
Handicapped accessible unit: do any member (s) of the household request a handicapped accessible apartment? Yes _____ No _____	
Have you or anyone in your household ever been a tenant of any housing authority or any other federal housing programs? 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? Yes _____ No _____	

8. Verifications and Signatures

I/we understand that the Housing Authority of Maricopa County (HAMC) is relying on this information to determine my/our eligibility, and will investigate employment records, rental history, credit history, criminal/public records as well as any source of income or assets held by household members. The information obtained by HAMC and/or its agents will be used for management purposes only and will be held confidential. I/we certify that all the information given above is true and complete. I/we understand that, pursuant to Section 1001 of Title XVIII of the U.S. Code, any misrepresentation or willfully false statements made to a Department or Agency of the U.S. Government is grounds for denial or termination of assistance and punishable by fine and/or imprisonment.	
All adult members of the household must sign below:	
Signature:	Date:
Signature:	Date:
Signature:	Date:
Signature:	Date:

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.