



PINAL COUNTY
wide open opportunity

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Health and Human Services

WAITING LIST APPLICATION

Please complete this form completely. **DO NOT** omit information. Failure to complete this form in full can result in the denial of your application. **Please Print.**

HEAD OF HOUSEHOLD

LAST NAME, FIRST, MI SOC. SEC. # SEX AGE DATE OF BIRTH

CIRCLE ONE

MARITAL STATUS SINGLE MARRIED LEGALLY SEPARATE DIVORCED WIDOWED

CURRENT PHYSICAL ADDRESS	APT.#	CITY	STATE	ZIP CODE	PHONE AREA CODE ()
MAILING ADDRESS		CITY	STATE	ZIP CODE	

LIST ALL PERSONS (HEAD OF HOUSEHOLD FIRST) WHO WILL LIVE IN THE UNIT WHILE YOU ARE ON THE PROGRAM:

NAME	SOC. SEC. #	SEX	AGE	DATE OF BIRTH	RELATIONSHIP

Have you ever lived in any subsidized housing program before? Yes _____ No _____

If so, where? _____ When? _____

Most Recent Landlord (do not list relatives)

NAME ADDRESS, CITY, STATE, ZIP CODE PHONE #

HOUSING DIVISION

970 North Eleven Mile Corner Rd, Casa Grande, AZ 85294 T 520-866-7201 FREE 888-431-1311 F 520-866-7235 www.pinalcountyz.gov

IN THE LAST FIVE (5) YEARS HAVE YOU GONE BY ANY OTHER NAME? Yes _____ No _____

NAMES: _____



Are you or any member of your household a registered sex offender? Yes_____ No_____

Do you or any member of your household have any criminal records? (Including any drug arrests or violent crimes) Yes_____ No_____

Pinal County Division of Housing will conduct a criminal background check on all adult members (18 years of age and older) in the household who are listed on this application.

AFFIRMATIVE ACTION INFORMATION

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

Check One	Check One	Check One
RACE	ETHNICITY	ARE YOU:
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Elderly - 62 or older
<input type="checkbox"/> Black	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Disabled
<input type="checkbox"/> American Indian/ Native American		<input type="checkbox"/> Handicapped
<input type="checkbox"/> Asian/ Pacific Islander		<input type="checkbox"/> None of the above

Any Handicap needs for anyone in household? No_____ Yes_____: explain_____

FAMILY INCOME INFORMATION

How much money (wages / welfare / benefit income / any other income) is available to the family each month? (total from below) \$_____

List sources of income for all members in the household. If employment is listed for any household member, the employer name, full address and telephone number must be included. **Failure to complete this form in full can result in the denial of your application.**

Household Member Name & Address of Employer Monthly Gross

Household Member Name & Address of Employer Monthly Gross

Household Member Benefit Description Monthly Amount

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PLEASE INDICATE WHICH PROGRAM/S YOU ARE APPLYING FOR:

() **SECTION 8 VOUCHER:** You may choose a unit anywhere in Pinal County, except in Eloy city limits, and we will assist you in paying your rent.

“PLEASE BE ADVISED OF THE FOLLOWING”:

+ ONE BEDROOM UNITS AVAILABLE ONLY IN APACHE JUNCTION AND ELEVEN MILE CORNER.

+ FOUR BEDROOM UNITS NOT AVAILABLE IN APACHE JUNCTION AND COOLIDGE

() **CONVENTIONAL:** The Housing Department is your landlord. Please **circle** the area(s) you wish to live in: **Stanfield Maricopa Casa Grande Coolidge Eloy Eleven Mile Corner Apache Junction**

() **CO-OP APARTMENTS:** The Housing Department is your landlord. Units are located at ELEVEN MILE CORNER only. **One Bedroom size not available.**

() **SANTA CRUZ VILLAGE APARTMENTS:** The Housing Department is your landlord. One bedroom units specially designated for **Elderly and persons with Disabilities only**. These units are located **ONLY** in Eloy.

Your name has been placed on our waiting list(s) for rental assistance. Changes to any information contained herein must be reported **in writing** immediately. To keep your application active, you must contact this office every six (6) months. Priority is given to families/individuals according to preference points. Pinal County residents will be given the highest priority in each preference group. The sequence is determined based on the date and time of application according to the preference that apply to your household. **PLEASE INDICATE WHICH PREFERENCE APPLIES TO YOU:**

- () **1st Preference-** Displaced Person(s)- Individual or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal Disaster Relief Laws.
- () **2nd Preference-** Applicants who are currently employed and have been continually employed in Pinal County for six (6) months prior to an offer of housing assistance. **This preference is also extended equally to all elderly families and all families whose head or spouse is receiving income based on their inability to work.**
- () **3rd Preference-** Applicants with an adult family member enrolled in an employment training program, currently working twenty (20) hours a week, or attending school on a full-time basis.
- () **All others**

THESE PREFERENCES APPLY TO THE CONVENTIONAL AND SECTION 8 PROGRAMS ONLY.

I/We hereby certify that the information given to the Housing Authority on preference, household composition, and income, is accurate and complete to the best of my/our knowledge and belief.

I/We understand that **false statements/information** is punishable under federal law.

I/We also understand those false statements/information are grounds for termination of Housing Assistance and/or termination of tenancy.

Applicant Signature _____ Date _____

Housing Representative _____ Date _____

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the Pinal County Housing Department (the Authority) at application or reexamination. HUD will collect the information on Form HUD-50058. The data it will collect includes name, sex, birth date, Social Security Number (SSN), income (by source), assets, certain deductible expenses, and rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicant and resident to give the Authority the SSN(s) of household members at least six (6) years old. If you are an applicant and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. Seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 required applicants and resident to provide the other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Authority this information, the Authority may have to evict you or withdraw your housing assistance.

I read the Federal Privacy Act Statement on:

DATE

SIGNATURE

HEAD OF HOUSEHOLD OR SPOUSE