



PINAL COUNTY
wide open opportunity

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Health and Human Services

WAITING LIST APPLICATION – CONVENTION HOUSING ONLY – SECTION 8 CLOSED

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 SEPARATED 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
					Head of Household

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 AND COMMUNITY DEVELOPMENT DEPARTMENT

970 North Eleven Mile Corner Rd, Casa Grande, AZ 85194 T 520-866-7201 FREE 888-431-1311 F 520-866-7235 www.pinalcountyaz.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. Do not omit information. **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

Household Member Benefit Description Monthly Amount

PLEASE INDICATE WHICH PROGRAM/S YOU ARE APPLYING FOR:

“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**
- 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. Applicants displaced due to domestic violence.
- 2nd Preference- Elderly/Disabled/Handicapped:** Elderly applicants and all applicants whose head of household or spouse is receiving income based on their inability to work.
- 3rd Preference – In-Area:** applicants must reside or work within Pinal County.
- 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 _____

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FEDERAL PRIVACY ACT STATEMENT

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



P I N A L • C O U N T Y
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Are you a victim of Domestic Violence and working with an agency? _____

What agency? _____

Pinal County Division of Housing will require evidence that the family has been displaced as a result of fleeing violence in the home. Individuals and families are also eligible for this preference if there is proof that the individual or family is currently living in a situation where they are being subjected to or victimized by violence in the home. Evidence or proof may include a protection from abuse order, police report, or written verification that the individual or family is living in an emergency shelter. **The actual threatened violence must have occurred within the last 30 calendar days or be continuing nature.**

Signature

Date

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