



**PINAL COUNTY**

WIDE OPEN OPPORTUNITY

**APPLICATION FOR  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
COVID-19 EVICTION AND FORECLOSURE PREVENTION**

**I. ELIGIBILITY**

What assistance are you applying for?     Rent             Mortgage         Deposit         HOA fees

Are you a resident of Pinal County?     Yes             No

Have you or a member of your household been affected financially by COVID-19?     Yes         No

Does your household meet the 80% income limit for your family size?     Yes     No

Are you currently experiencing any of the following as a result of COVID-19?

Loss of Income         Reduced hours         Loss of employment

Furlough             Unexpected or unplanned expense

Caring for family member         Other

Family Size	LI (80% Median)
1 person	43,600
2 persons	49,800
3 persons	56,050
4 persons	62,250
5 persons	67,250
6 persons	72,250
7 persons	77,200
8 persons	82,200

Explain your COVID-19 related hardship:


**II. PERSONAL**

Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS No. \_\_\_\_\_

Co-applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS No. \_\_\_\_\_

Physical Address \_\_\_\_\_ Daytime Phone (    ) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Household Composition: Add all people who will live with you. Use an additional sheet of paper if needed.**

Name	Soc. Sec. #	Gender	Age	Date of Birth	Relationship To Head of Household
1.					
2.					
3.					
4.					
5.					
6.					
7.					

**Race and Ethnicity for Head of household This information is being collected for reporting purposes only.**

**Race**

- American Indian or Alaska Native     
  Asian     
  Black or African American  
 Caucasian or White     
  Native Hawaiian or Pacific Islander  
 Other Multi-Racial

**Ethnicity**

- Hispanic or Latino     
  Non-Hispanic of Latino

**III. INCOME**

On the Chart below, please list all sources and amounts of money received by any or all members of your household.

**Please provide Current Proof of Income**

Member Name	Employment /Wage		Unemployment	TANF Cash	Child Support		Social Security/ SSI	Other (Explain)
	Rate/Hour	Hour/Week			Amount	Frequency		

Please list Employer Information below

Person Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

How Often Paid: \_\_\_\_\_

Person Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

How Often Paid: \_\_\_\_\_

Are you self-employed or the owner/ co-owner of a business?  YES  NO  
 If yes, what is the name of the business? \_\_\_\_\_

**IV. ASSETS**

On the Chart below, please list all assets for all members of your household. Provide 3 months of current and consecutive statements for each asset.

Member Name	Bank	Account Type (see examples below) Checking, Savings, IRA/Retirement, Stocks, Bonds, IRA Retirements, Life Insurance, Money Market, Trust, Other	Account Number	Account Balance

**V. RENTAL/MORTGAGE INFORMATION**

Complete this Section if you are past due on your rent.
What is your monthly rent payment? _____ How many months are you past due? _____ What are the penalties due, if any? _____ What is the total amount past due? _____
Comments:
Landlord/ Property Manager Information
Landlord Name: _____ Billing or Mailing Address: _____ Phone Number: Email (If available): _____ Company Website (if applicable): _____

Complete this Section if you are past due on your Mortgage

What is your monthly mortgage payment? \_\_\_\_\_

How many months are you past due? \_\_\_\_\_

What are the penalties due, if any? \_\_\_\_\_

What is the total amount past due? \_\_\_\_\_

Comments:

Mortgage/Lender Information

Company/Lender you pay mortgage to: \_\_\_\_\_

Mortgage Account Number: \_\_\_\_\_

Billing or Mailing Address: \_\_\_\_\_

Phone Number: Email (If available): \_\_\_\_\_

Company Website (if applicable): \_\_\_\_\_

Have you received any COVID related assistance from any other agency?  Yes  No

If yes, what is the amount you received? \_\_\_\_\_ Date received? \_\_\_\_\_

Name of Agency who provided assistance: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Contact Person and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date



**VI. CERTIFICATION**

\_\_\_\_\_ I certify that the application information provided is true and complete to the best of my/our knowledge

\_\_\_\_\_ I certify that I have experienced financial hardship that were caused by COVID19 after March 01, 2020

\_\_\_\_\_ I agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record

\_\_\_\_\_ I further grant permission and authorize any employer, financial institution, bank, mortgage lender, management company/landlord, or other public or private agency to disclose information deemed necessary to complete this application

\_\_\_\_\_ The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of determining eligibility and obtaining funding under the Eviction and Foreclosure Prevention through Pinal County Housing Authority

\_\_\_\_\_ **WARNING! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States.**

ONLY COMPLETED APPLICATIONS WITH ALL VERIFICATIONS REQUESTED WILL BE REVIEWED FOR ELIGIBILITY

Confirm that you have included copies (do not send originals) of all documents required in connection with this application as listed within the Application Checklist.

All Adults are required to review the contents of this application for accuracy and completeness and sign and date:

\_\_\_\_\_

Head of Household

\_\_\_\_\_

Date

\_\_\_\_\_

Other Adult Household Member

\_\_\_\_\_

Date

\_\_\_\_\_

Other Adult Household Member

\_\_\_\_\_

Date

\_\_\_\_\_

Other Adult Household Member

\_\_\_\_\_

Date

\_\_\_\_\_

Other Adult Household Member

\_\_\_\_\_

Date

## **VII. REQUIRED DOCUMENTS CHECKLIST**

- ✓ Valid Photo ID or valid Arizona Driver's License for all adult household members (18 years of age or older)
- ✓ Birth Certificate or U.S. Citizenship and Immigration Services (USCIS) government-issued documents to verify legal residency for all household members currently residing in the household
- ✓ Social Security Cards for all household members
- ✓ Current household income, for all adult household members (Current consecutive paystubs for last 30 days from date of submission of application, or, Unemployment Benefits Statement(s), Social Security Benefits, Retirement, Child Support, Alimony, Other)
- ✓ Completed and signed "Consent of Information Form" granting PCHA ability to collect and use of pertinent information as provided for in consent form in order to determine eligibility and provision of assistance
- ✓ Duplication of benefits agreement signed by all household members

**ADDITIONAL DOCUMENTS:** Additional documents may be required for verification purposes, this list is not inclusive

- Self-Certification of Employment Loss of Income due to COVID-19
- Self-Certification of Self-Employment Loss of Income due to COVID-19
- For households with total combined assets above \$5,000 provide all pages of most recent bank statement(s) for all asset accounts (e.g. all checking, savings, money market accounts, CD's, 401K accounts, retirement accounts and whole life insurance, etc.)
- Most Current Mortgage Statement(s) from Mortgage Company/Service which must include the borrowers name, address of property and primary account number(s)
- Current Rental Lease/Rental Agreement which must include the tenant name(s) address of property and landlord/management company name as applicable
- HOA statement for your current and past two months to verify any arrearage which must contain your name, property address and account number.



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**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT:**

I authorize the release of information to Pinal County Housing Department (PCHD) needed to complete and verify my participation in their Housing Assistance Programs. I understand the information obtained with its use may be shared with the Department of Housing and Urban Development (HUD) in administering and enforcing Program rules and policies.

**INFORMATION COVERED:**

I understand that previous or current information regarding me or my household may be needed. Verifications that may be requested include, but are not limited to:

Identity and Martial Status	Employment	Income
Residences and Rental Activity	Assets	Medical Allowances
Credit Activity	Criminal Activity	Child Care Allowances

I understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

The groups or individuals that may be asked to release the above information (depending on Program requirements) include but are not limited to:

Other Public Housing Agencies	Past and Present Employers	Welfare Agencies	Financial Institutions
Retirement Systems	Unemployment Agencies	Courts and Post Offices	Utility Companies
Veteran Administration	Schools and Colleges	Medical Providers	Credit Bureaus
Social Security Administration	Support and Alimony Providers	Child Care Providers	Credit Providers

**COMPUTER MATCHING NOTICE AND CONSENT:**

I understand PCHCD and/or HUD may conduct computer matching to verify the information supplied for my application and/or re-certification. I understand that I have a right to notification of any adverse information found and a chance to disprove information verified during computer matching. PCHD or HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to State Employment Security Agencies,; Department of Defense; Office of Personnel Management; the U S Postal Service; the Social Security Administration; and State Welfare and food stamp agencies.

**CONDITIONS:**

I understand and agree photocopies of this Authorization may be used for the purposes stated above. The Original is retained by the PHA and will stay in effect for 15 month from the date signed. I understand that all adult household members must sign this form. I understand I have a right to review my file and correct any information obtain.

\_\_\_\_\_  
PRINT NAME HEAD OF HOUSEHOLD

\_\_\_\_\_  
PRINT NAME of SPOUSE

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD      DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE      DATE

\_\_\_\_\_  
PRINT NAME OF OTHER      DATE

\_\_\_\_\_  
PRINT NAME OF OTHER      DATE

\_\_\_\_\_  
SIGNATURE OF OTHER      DATE

\_\_\_\_\_  
SIGNATURE OF OTHER      DATE



## DUPLICATION OF BENEFITS CERTIFICATION

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.

This certification must be completed by any subrecipient, individual or family, business, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CARES Act requirement to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

I, \_\_\_\_\_,  
Name/title

Hereby certify that I have not received any financial assistance from any other agency in relation to Covid-19 Eviction and Foreclosure Prevention Assistance for or on behalf of

\_\_\_\_\_  
(Name assistance recipient)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date