



PINAL COUNTY
WIDE OPEN OPPORTUNITY

**Application for Housing Assistance
SANTA CRUZ VILLAGE APARTMENTS**

INSTRUCTIONS: Please complete all questions. Any future changes to your application **MUST** be updated online at Pinalcounty.housingmanager.com or reported in writing immediately. You will be **REQUIRED** to update your application **ANNUALLY** between October 1st and October 31st. Failure to update your application will result in you being dropped from the waiting list.

| | | | | | |
|----------------------|------------|-----|------------------------|---------------|---------------|
| Applicants Last Name | First Name | MI: | Social Security Number | Date of Birth | Phone # |
| Mailing address | | | City | State | Zip |
| | | | | | Email address |

CHOOSE ONE FROM EACH COLUMN

| | | |
|---|--|---|
| ETHNICITY: <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC | GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE | RACE: <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native |
|---|--|---|

ANSWER YES OR NO TO EACH QUESTION

| | |
|--------------------------|---|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> Are you, your spouse, or co-head a person with disabilities? |
| <input type="checkbox"/> | <input type="checkbox"/> Are you, your spouse, or co-head 62 years or older? |
| <input type="checkbox"/> | <input type="checkbox"/> Do you require an accessible unit, including the need for accessible features? |

SELECT ALL PROGRAMS YOU ARE INTERESTED IN

Santa Cruz Village (1 BR units only for 62 years or older; handicapped and/or disabled)

LOCATION: ELOY, ARIZONA

LIST ALL PEOPLE (HEAD OF HOUSEHOLD FIRST) WHO WILL LIVE WITH YOU. USE BACKSIDE OF APPLICATION IF NEEDED.

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

GIVING TRUE AND COMPLETE INFORMATION:

I/We certify that all information provided on this pre-application is true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information is grounds for denial or termination.

Signature of Applicant

Date

HOUSING DEPARTMENT

970 North Eleven Mile Corner Rd, Casa Grande, AZ 85194 T 520-866-7201 F 520-866-7235 www.pinalcountyaz.gov

