

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
<p>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:</p>						

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

References: please list 2 (two) persons not related or living with you, who you have known for at least one year.		
Name	Address	Phone
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: _____		
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: