



Gila County Housing Services
Pre-Application Form

Please **PRINT** all information

Date: _____

First Name: _____ MI: _____ Last Name: _____

Home Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Telephone Number: _____ Cell#: _____ Message#: _____

Age of Head of Household: _____

Gender of Head of Household:

Male Female

Number of persons in household: _____ Adults _____ Children

Is anyone living in the home disabled? Yes No

Ethnicity:

Please mark one

11 White

13 Asian

15 Native Hawaiian or Other Pacific Islander

16 American Indian or Alaskan Native & White

18 African American & White

20 Other Multi-Racial

12 Black/African American

14 American Indian or Alaskan Native

17 Asian and White

19 American Indian or Alaskan Native & Black

Hispanic? Yes No

1. Type of Home: house mobile home travel trailer Other _____

2. Is the home listed for sale at this time? Yes No

3. Do you have a deed/title to the home and property in your name only? Yes No

4. Do you have total loss/fire coverage insurance on your home/property? Yes No

5. Are your property taxes paid up to date? Yes No

If No, explain: _____

6. Age of home: _____ Square Footage: _____ # of Bedrooms: _____

Continued on reverse side

7. List all household members' Monthly Income (Gross amount - before taxes and deductions):

Source: _____ Amount: \$ _____

TOTAL Monthly Amount: \$ _____

8. Is there a health or safety emergency at this time? Yes No

Explain: _____

9. What type of home repair(s) do you need?

10. Have you received housing rehabilitation from Gila County in the past? Yes No

if yes, when/explain? _____

I authorize Gila County Housing Services (GCHS) to contact any source necessary to establish the accuracy of the information on this form. Housing Services will use the information only in the administration on any assistance. GCHS will not release this information to any person or agency outside of GCHS or its agents. Under penalty of perjury and acknowledged by my signature below, I swear and affirm that all information on this form is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

When complete return this form to:

Gila County Housing Services
5515 S. Apache Ave., Suite 200
Globe, Arizona 85501

Phone: (928) 425-7631
Fax: (928) 425-9468
Toll Free: 800-304-4452, Ext.8650