

Gila County Housing Services Pre-Application Form

Please **print** all information

Date: _____

Full Name: _____

Home Address: _____

Mailing Address: _____

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

Age of Head of Household: _____

Gender of Head of Household:

Male Female

Number of persons in household: _____

Ethnicity:

Please mark one

- 1 White 2 Black/African American 3 Asian
 4 American Indian/Alaska Native 5 Native Hawaiian/Other Pacific Islander
 6 American Indian/Alaskan Native & White 7 Asian and White
 8 Black/African American & White 9 American Indian/Alaskan Native & Black African American
 10 Other Single or Multi-Racial Category

1. Type of Housing: 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. List all types of Monthly Income Sources (**Gross amount**):

Source: _____	Amount: \$ _____
TOTAL Amount: \$ _____	

7. Is anyone living in the home disabled? Yes No

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

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

Explain: _____

10. Have you received any housing rehab, home repair or weatherization assistance from Gila County?

Yes No if yes, when? _____

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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:** _____

HOUSING SERVICES PROGRAMS

Notice to potential participants

(Please tear off and keep this page)

Once the attached form is completed, placement on a Housing Services Program Waiting List will be determined based on the information provided on the Pre-Screening Form. You will receive an approval/denial notice within 10 days of submittal of the Pre-Screening form.

The programs have an average waiting period of between 6 to 14 months.

If there is a health and/or safety emergency, please note so on item #9 state what the emergency is and what type of repair is needed.

This program is not designed to assist with the regular maintenance of your home. If your home is listed for sale either by owner or a real estate office, you are not eligible for these services. Applicant must occupy the home for the last 12 months and continue occupancy for no less than 12 months after services are received.

In order to be eligible to be placed on the waiting list, these conditions must be met:

1. You must have a Fee Simple Title to the building and property or you must hold a 99 year lease agreement.
2. Your income must meet Federal Poverty Income Guidelines, as well as, State Housing Trust Fund Income Guidelines
3. The home must be owned solely by the head of household. Co-ownership situations are ineligible for assistance.
4. The home or homeowner cannot have received prior assistance from these programs.

When your name comes to the top of the waiting list, you will be contacted and an appointment for an application for services will be set.

At the time of application for services you must provide the following information:

1. You must be able provide verification of total loss coverage insurance on your home.
2. Verification of property taxes paid and up to date.
3. Income verification from all sources for the last 3 months.
4. Current copies of your utility bills (electricity and heating).
5. Verification of home and property ownership.
6. Verification of emergency need (if for health or safety).
7. Birth Certificates of all Household Members.
8. Social Security Cards on all Household Members.
9. Income tax copies for the previous tax year.

Please address any questions regarding this form to:

Housing Services Department
5515 S. Apache St.
Globe, AZ 85501
(928) 425-7631 phone/voice message
800-304-4452 toll free