



**GILA COUNTY DIVISION of HEALTH and COMMUNITY SERVICES**  
Office of Community Services  
*"Helping People to Help Themselves"*

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**HOUSING CHOICE VOUCHER PROGRAM  
PRE-APPLICATION FOR RENTAL ASSISTANCE**

**TO BE COMPLETED BY APPLICANT / TENANT:** Date \_\_\_\_\_ Time \_\_\_\_\_

**Full Name of Head of Household: (First, Last & Middle initial)**

\_\_\_\_\_

SS# \_\_\_\_\_ Sex: M / F Date of Birth \_\_\_\_\_

**Spouse/Significant Other** \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_  
City State Zip Code

Mailing Address \_\_\_\_\_  
City State Zip Code

Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Message \_\_\_\_\_

**Name and phone number of two friends or relatives that we can contact if we are unable to reach you at the phone number(s) listed above:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**The following information is required for statistical purposes so the Department of HUD may determine the degree to which minority families utilize its programs. (Head of Household only):**

White \_\_\_\_\_ Black / African American \_\_\_\_\_ Hispanic / Latino \_\_\_\_\_ American Indian / Alaska Native \_\_\_\_\_  
Asian / Pacific Islander \_\_\_\_\_

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REPAC

Community Action Program/  
Economic Development

GEST

HOUSING

WIB

5515 S. Apache Ave. Suite 200  
Globe, AZ 85501



Reasonable accommodations for persons with disabilities may be requested.



(928) 425-7631  
(928) 425-9468 FAX  
800-304-4452 toll free  
T.T.Y. 7-1-1

**Do you or any member of your family claim any type of disability for the purpose of qualifying for reasonable accommodation in PHA rules or policies, modifications of the housing unit, or specific housing needs?**

\_\_\_ Yes \_\_\_ No

If yes please describe: \_\_\_\_\_

**Marital Status of Head of Household:** Single \_\_\_ Married \_\_\_ Widow(er) \_\_\_ Divorced

**HOW MANY PEOPLE WHO WILL LIVE IN THE UNIT?** Please include yourself. \_\_\_\_\_

**ADULTS** \_\_\_ Male \_\_\_ Female      **CHILDREN** \_\_\_ Male \_\_\_ Female

**Have you or any Family member ever been arrested or convicted of any criminal activity?**

Please explain-

\_\_\_\_\_  
\_\_\_\_\_

**Have you or any family member ever received any type of housing assistance? (Yes / No)**

If yes, Provide: Family Member Name: \_\_\_\_\_

Housing Agency Name: \_\_\_\_\_

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

What year(s)? \_\_\_\_\_ Who was the Head of Household? \_\_\_\_\_

**SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY AND IDENTIFY AMOUNT:**

Wages \_\_\_\_\_       Social Security \_\_\_\_\_       Child Support \_\_\_\_\_

SSI \_\_\_\_\_       TANF/Welfare \_\_\_\_\_       Other \_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.**

**I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the housing choice voucher program.**

Signature of Head of Household \_\_\_\_\_

Signature of Other Adult(s) \_\_\_\_\_

\_\_\_\_\_

Gila County Employee Signature: \_\_\_\_\_

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

Time Stamp: \_\_\_\_\_