



**Gila County Community Services Division**

5515 S. Apache Avenue, Suite 200, Globe, Arizona 85501

(928) 425-7631

800-304-4452 Toll Free

Countywide T.T.Y. 7-1-1



*"Improving the Quality of Life for all Residents, one life at a time"*

Equal employment opportunity employer/program.

Auxiliary aids and services are available upon request to individuals with disabilities.

**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 F Date of Birth \_\_\_\_\_

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

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

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ 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. Please check (Head of Household only):**

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

Asian / Pacific Islander \_\_\_\_\_

Hispanic \_\_\_\_\_ Non Hispanic \_\_\_\_\_

**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. \_\_\_\_\_

ADULT \_\_\_\_\_ 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)? \_\_\_\_\_ Name of the Head of Household? \_\_\_\_\_

**SOURCE(S) OF FAMILY INCOME BEFORE TAXES FOR EACH FAMILY MEMBER 18 AND OLDER - CHECK ALL THAT APPLY AND IDENTIFY AMOUNT:**

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

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

**Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.**

**I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.**

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

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

\_\_\_\_\_

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

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

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