



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*

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**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? \_\_\_\_\_

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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:** \_\_\_\_\_

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**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