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GILA COUNTY DIVISION of HEALTH and COMMUNITY SERVICES

Office of Community Services
"Helping People to Help Themselves"

**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

Email Address _____ I would like to receive correspondence via email

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):

Race: White _____ Black/African American _____ American Indian /Alaska Native _____ Asian / Pacific Islander _____

Ethnicity: Hispanic/Latino _____ Not Hispanic/Latino _____

Navajo WIOA

Community Action Program/
Economic Development

GEST/HOUSING

One-Stop Phone: (928) 425-7631 -- Fax:(928) 425-9468

Reasonable accommodations for persons with disabilities may be requested.



Equal Employment Opportunity Employer/Program.
Auxiliary aids and services are available upon
request to individuals with disabilities.



800-304-4452 toll free
Countywide T.D.D. (928) 425-0839

Do you or any member of your family claim any type of disability for the purpose of qualifying for reasonable accommodations 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 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 _____

Stock, Bonds, CD's, Investments _____ Real Estate _____

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) _____

Date: _____