

**SENIOR & DISABLED HOUSING
1 BEDROOM ONLY**



City of Phoenix
HOUSING DEPARTMENT

PRE-APPLICATION

This form is used for placement on the waiting lists for housing programs you have chosen. Applicants must be 18 years of age to apply.

APPLICATION MUST BE FULLY COMPLETED OR IT WILL NOT BE ACCEPTED

NOTE: If you, or a member of your household, included on this pre-application do not have, or have not been issued a social security number, please enter "555-55-5555" where applicable.

Head of Household

Last Name of Head of Household 1.		First Name	Middle Initial	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number
Do you use any other Social Security Number or Name? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, Name/Number:			Date of Birth	Total Annual Income?	
Preferred Language; <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, please specify:					
Current Address:		Apt. #:	City, State:	Zip Code	Primary Phone ()
Mailing Address:		Apt. #:	City, State:	Zip Code	Secondary Phone ()

AFFIRMATIVE ACTION INFORMATION Applicants are considered for housing without regard to race, color, religion, sex, national or ethnic origin, familial status, actual or perceived sexual orientation, gender identity, marital status or disability. To help us comply with Federal/State recordkeeping, reporting and other legal requirements, please check the appropriate boxes.

Race (Check All That Apply)			Ethnicity (Check One)	Is the Head of Household or Spouse:
1. <input type="checkbox"/> White	2. <input type="checkbox"/> Black/ African American	3. <input type="checkbox"/> American Indian/ Alaska Native	1. <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Elderly, 62 or older
4. <input type="checkbox"/> Asian	5. <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		2. <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Handicapped / Disabled
				<input type="checkbox"/> None of These

Does your family need reasonable accommodations? ☐ Yes ☐ No (If yes, indicate type needed)

☐ Wheelchair Accessibility ☐ Visual Impairment ☐ Hearing Impairment ☐ Separate Sleeping Quarters ☐ Other:

Household Composition and Characteristics **List only those members who will be living with you.

Last Name 2.	First Name	Middle Initial	Relationship	Sex M / F	Age	Date of Birth
Social Security Number	Place of Birth (City, State, Country)	Race (Circle all that apply) 1 2 3 4 5		Ethnicity 1 or 2	Total Annual Income	

Please Note: This Pre-application is not for the Section 8 Program.

Fillmore Gardens
802 N. 22nd Place
Phoenix, AZ 85006
(602)495-5701

Sunnyslope Manor
205 E. Ruth Ave.
Phoenix, AZ 85020
(602)495-5701

Maryvale Parkway Terrace
4545 N. Maryvale Parkway
Phoenix, AZ 85031
(602)495-5701

One bedroom apartments only!

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In filling vacancies, the first priority will be given to elderly applicants (62 years of age or older) on the waiting list. If no elderly applicants are on this list, the next priority will be given to disabled near-elderly applicants (ages 50-61). If no near-elderly disabled applicants are on the list, units will be offered to non-elderly disabled applicants. Applicants are selected from the waiting list using the preferences outlined above.

- One bedroom units are available.
- There can be no more than 2 persons in a 1-bedroom unit.
- Rent is 30% of adjusted monthly income.
- All utilities, except cable and telephone, are included in the rent.
- A mandatory \$2 monthly fee applies for use of the laundry facility.
- A security deposit is required at move-in, and is equal to one month's rent.

Additional Questions:

- One pet per household is permitted; however, there are limitations as to type, size and breed. Please specify type, size and breed of your pet:

Please note: The pet policy does not apply to service or assistive/companion/emotional support animals. If you require an assistive/companion/emotional support animal(s), please select the reasonable accommodation section above. The specific policies that apply to your assistive/companion/emotional support animal(s) will be discussed with you at the time your application is reviewed.

- How many people are in your household? _____
- Please provide an email address at which you can be contacted: _____
- Are you, or a member of the household listed on this pre-application, employed? If yes, please list the employer name and address, including the City, State and Zip Code.

The following table demonstrates how the Housing Department determines the bedroom size for the family:

Number of Bedrooms	Minimum Number of Persons	Maximum Number of Persons
1	1	2

Certification: Please read the statement below carefully. Acceptance of your application by the Housing Authority (HA) will require that you agree to the terms below:

- I understand my participation in any HA housing program is subject to the eligibility requirements as determined by the HA policy and the U.S. Department of Housing and Urban Development (HUD) regulations.
- I understand the HA has adopted a policy of performing criminal background checks for all adult household members. In most cases, a criminal history does not mean my application will be automatically rejected. The HA will review each applicant's criminal history individually except in limited circumstances.
- I understand the HA has adopted a policy of screening all adult household members, including but not limited to debts owed to former landlords, evictions from former landlords and previous government subsidized units.
- I understand I will be required to provide the HA with verification and/or proof to support any or all of the claims made on this pre-application.
- I hereby certify under penalty of perjury, that to the best of my knowledge, all of the information I have provided on this pre-application is true and correct, and hereby authorize verification of the information on my pre-application including, but not limited to, a credit report.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Please note if you do not agree to the terms listed above your pre-application will not be accepted.

Pre-applications can be mailed or submitted in person at the above address. Once your application comes up for review, you will be contacted at the mailing address you provide. Status information will be provided online at www.waitlistcheck.com.

If your address, phone number, family composition, income or any other reported information changes, **you must notify us in writing. Please complete the Application Update form available online at phoenix.gov/housing and return it to the property you have submitted an application for.** If you have submitted multiple applications, the Application Update form will be required for each property. If we cannot contact you by mail, your name will be removed from the waiting list.

If you would like to be removed from the waiting list, please submit your request in writing. Our mailing address is:

City of Phoenix Housing Department
Attention: Applications & Information
251 W. Washington Street, 4th Floor
Phoenix, AZ 85003

I certify to the information given and agree to the terms above.

Signature

Date

