

**SCATTERED SITES  
SINGLE FAMILY HOMES  
2- 5 BEDROOM UNITS**



**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<br>1.  |  | First Name | Middle Initial | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Social Security Number |
| Do you use any other Social Security Number or Name?<br><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<br>( )   |
| Mailing Address:  |  | Apt. #:    | City, State:   | Zip Code   | Secondary Phone<br>( ) |

**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/<br>African American             | 3. <input type="checkbox"/> American Indian/<br>Alaska Native | 1. <input type="checkbox"/> Hispanic or Latino     | <input type="checkbox"/> Elderly, 62 or older |                                     | <input type="checkbox"/> Handicapped / Disabled |
| 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"/> 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<br>2.        |                                       | First Name | Middle Initial                            | Relationship | Sex<br>M / F        | Age                 | Date of Birth |
| Social Security Number | Place of Birth (City, State, Country) |            | Race (Circle all that apply)<br>1 2 3 4 5 |              | Ethnicity<br>1 or 2 | Total Annual Income |               |
| Last Name<br>3.        |                                       | First Name | Middle Initial                            | Relationship | Sex<br>M / F        | Age                 | Date of Birth |
| Social Security Number | Place of Birth (City, State, Country) |            | Race (Circle all that apply)<br>1 2 3 4 5 |              | Ethnicity<br>1 or 2 | Total Annual Income |               |
| Last Name<br>4.        |                                       | First Name | Middle Initial                            | Relationship | Sex<br>M / F        | Age                 | Date of Birth |
| Social Security Number | Place of Birth (City, State, Country) |            | Race (Circle all that apply)<br>1 2 3 4 5 |              | Ethnicity<br>1 or 2 | Total Annual Income |               |
| Last Name<br>5.        |                                       | First Name | Middle Initial                            | Relationship | Sex<br>M / F        | Age                 | Date of Birth |
| Social Security Number | Place of Birth (City, State, Country) |            | Race (Circle all that apply)<br>1 2 3 4 5 |              | Ethnicity<br>1 or 2 | Total Annual Income |               |
| Last Name<br>6.        |                                       | First Name | Middle Initial                            | Relationship | Sex<br>M / F        | Age                 | Date of Birth |
| Social Security Number | Place of Birth (City, State, Country) |            | Race (Circle all that apply)<br>1 2 3 4 5 |              | Ethnicity<br>1 or 2 | Total Annual Income |               |
| Last Name<br>7.        |                                       | First Name | Middle Initial                            | Relationship | Sex<br>M / F        | Age                 | Date of Birth |
| Social Security Number | Place of Birth (City, State, Country) |            | Race (Circle all that apply)<br>1 2 3 4 5 |              | Ethnicity<br>1 or 2 | Total Annual Income |               |
| Last Name<br>8.        |                                       | First Name | Middle Initial                            | Relationship | Sex<br>M / F        | Age                 | Date of Birth |
| Social Security Number | Place of Birth (City, State, Country) |            | Race (Circle all that apply)<br>1 2 3 4 5 |              | Ethnicity<br>1 or 2 | Total Annual Income |               |

If space is required for additional household members, please attach an additional sheet.

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

Scattered Sites Program  
 251 W Washington Street, 4<sup>th</sup> Floor  
 Phoenix, AZ 85003  
 (602)495-0467

Single Family Homes throughout the City of Phoenix

- There are no 1-bedroom homes in Scattered Sites.
- The two bedroom waitlist is currently closed. Applicants will be notified if the application is not accepted.
- There are income qualifications for this program depending on family composition and size of unit.
- Must be a family of 2 or more who meet the minimum income requirement.
- No more than 2 people per bedroom.
- A security deposit is required at move-in, and is equal to one month's rent before the utility allowance.
- Residents are required to establish water, gas and/or electric utilities in the resident's name at time of move-in.
- Residents will need to secure lawn equipment to maintain a home.
- This housing program offers single family homes and is intended to facilitate homeownership and requires additional responsibilities from residents. Residents will be briefed on these responsibilities.

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:

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*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.

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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 |
|--------------------|---------------------------|---------------------------|
| 2                  | 2                         | 4                         |
| 3                  | 2                         | 6                         |
| 4                  | 4                         | 8                         |
| 5                  | 5                         | 10                        |

**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 address below. 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](http://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](http://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:

Scattered Sites  
Attention: Applications & Information  
251 W Washington Street, 4<sup>th</sup> Floor  
Phoenix, AZ 85003

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PMS006PA Rev. 04/2019

