



PINAL COUNTY  
wide open opportunity

OFFICE USE ONLY

Housing Rep Initials \_\_\_\_\_  
Date Stamp \_\_\_\_\_

## Application for Housing Assistance Conventional Only

**INSTRUCTIONS:** Please complete all questions. If you or any member in household has never received a social security number, you will need to enter 999-99-9999 for that individual. Any future changes to your application **must** be reported in writing within 10 days.

Applicants Last Name	First Name	MI:	Social Security Number	Date of Birth	Phone #
Mailing address/City/State/Zip				County of Residency	Gross Annual income for entire household \$

### CHOOSE ONE FROM EACH COLUMN

<b>ETHNICITY:</b> <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC	<b>GENDER:</b> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<b>RACE:</b> <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native
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### ANSWER YES OR NO TO EACH QUESTION

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/> Are you or your spouse a person with disabilities?
<input type="checkbox"/>	<input type="checkbox"/> Are you or your spouse elderly (62 years or older)?
<input type="checkbox"/>	<input type="checkbox"/> Are you currently homeless displaced by government action?
<input type="checkbox"/>	<input type="checkbox"/> Are you or any member of your household a lifetime registered sex offender?
<input type="checkbox"/>	<input type="checkbox"/> Are you currently in the U. S. Military in active status?
<input type="checkbox"/>	<input type="checkbox"/> Are you a victim of Domestic Violence?
<input type="checkbox"/>	<input type="checkbox"/> Are you a U. S. Veteran discharged under honorable conditions?
<input type="checkbox"/>	<input type="checkbox"/> Are you employed? In what county is your employer located _____?

### SELECT ALL PROGRAMS YOU ARE INTERESTED IN

**Conventional (Public) Housing:** Check which areas you are interested in:  
 Apache Junction  Casa Grande  Coolidge  Eleven Mile Corner  Eloy  Maricopa  Stanfield  
**PLEASE BE ADVISED OF THE FOLLOWING: A. ONE BEDROOM UNITS AVAILABLE ONLY IN APACHE JUNCTION AND ELEVEN MILE CORNER**  
**B. FOUR BEDROOM UNITS NOT AVAILABLE IN APACHE JUNCTION AND COOLIDGE**

**Santa Cruz Village** (one bedroom units only for 62 years or older; handicapped and/or disabled)

### LIST ALL PEOPLE (HEAD OF HOUSEHOLD FIRST) WHO WILL LIVE WITH YOU. USE BACKSIDE OF APPLICATION IF NEEDED.

Name	Soc. Sec. #	Gender	Age	Date of Birth	Relationship To Head of Household
1.					<b>Self</b>
2.					
3.					
4.					

### GIVING TRUE AND COMPLETE INFORMATION:

I/We certify that all information provided on this pre-application is true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information is grounds for denial or termination.

Signature of Applicant

HOUSING DEPARTMENT

Date

970 North Eleven Mile Corner Rd, Casa Grande, AZ 85194 T 520-866-7201 F 520-866-7235 [www.pinalcountyaz.gov](http://www.pinalcountyaz.gov)

