



PRE-APPLICATION

This form is used for placement on the waiting lists for housing programs you have chosen. Applicants must be 62 years of age or a veteran to apply.

PLEASE USE PEN/INK

PLEASE PRINT CLEARLY

FAMILY COMPOSITION

Applicant
Last Name of Head of Household
First Name
Middle Initial
Sex
Social Security Number
Do you use any other social Security Number or Name?
Date of Birth
Place of Birth (City, State, Country)
Marital Status - Please check only one:
Single Married Legally Separated Divorced Widowed
Current Address:
Mailing Address:

AFFIRMATIVE ACTION INFORMATION Applicants are considered for housing without regard to race, color, religion, sex, national origin, or sexual orientation. 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. White 2. Black/African American 3. American Indian/Alaska Native
1. Hispanic or Latino
2. Non-Hispanic or Latino
Elderly, 62 or older
Handicapped / Disabled
Veteran or spouse of veteran

Does your family need reasonable accommodations?
Wheelchair Accessibility
Visual Impairment
Hearing Impairment

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

Last Name
First Name
Middle Initial
Relationship
Sex
Age
Date of Birth

Bedroom Size (check all you are willing to accept)

1BR 2BR Studio

1. Do you or anyone in your household require the features of an accessible unit (Mobility, vision, or hearing impairment)? YES NO

a. If yes, please describe:

2. Will you or anyone in your household require a live-in care attendant? YES NO

Name of Live-In Care Attendant:

Relationship (If any):

3. Does anyone in the household require a reasonable accommodation and/or modification to the unit? YES NO

a. If yes. Please describe:

Rental History: Provide two years of rental history:

Current Address:
City, State, Zip
Date Moved In:
Date Moved Out:
Landlord Name:
Rent:
Reason for leaving:

Previous Address:
City, State, Zip
Date Moved In:
Date Moved Out:
Landlord Name:
Rent:
Reason for leaving:



**6) Current Income**

Identify each source of Income currently received and/or anticipated to be received in the next 12 months

	YES	Annual Gross Income
Not Employed .....	<input type="checkbox"/>	
Wages, salaries (include overtime, Tips, bonuses, commissions, etc.) .....	<input type="checkbox"/>	
Self-employed or works for someone who pays in cash.....	<input type="checkbox"/>	
Public Assistance (AFDC / TANF) .....	<input type="checkbox"/>	
Disability benefits including social security disability .....	<input type="checkbox"/>	
Unemployment Compensation .....	<input type="checkbox"/>	
Worker's Compensation / Severance Pay .....	<input type="checkbox"/>	
Social Security / SSI Benefits (including unearned income of minor children) .....	<input type="checkbox"/>	
Regular payments from pensions (railroad, etc.) .....	<input type="checkbox"/>	
Income from annuities or life insurance dividends .....	<input type="checkbox"/>	
Income from inheritance, insurance settlements, lottery winnings .....	<input type="checkbox"/>	
Military Pay .....	<input type="checkbox"/>	
Child Support / Alimony .....	<input type="checkbox"/>	
Student financial assistance (public, private, not including student loans) .....	<input type="checkbox"/>	
Recurring Gift Contributions .....	<input type="checkbox"/>	
Rental Income .....	<input type="checkbox"/>	
Death Benefits .....	<input type="checkbox"/>	
Adoption Assistance .....	<input type="checkbox"/>	
Trust Income .....	<input type="checkbox"/>	
Other Income (Inheritance, insurance policies, required minimum distribution) .....	<input type="checkbox"/>	
Zero Income (No income from any source) .....	<input type="checkbox"/>	

**7) Assets**

List all assets for all household members. Complete one for each household member.

	YES	Cash Value
Checking .....	<input type="checkbox"/>	
Savings.....	<input type="checkbox"/>	
Cash cards used to receive government benefits or other income .....	<input type="checkbox"/>	
Cash on hand .....	<input type="checkbox"/>	
Stocks .....	<input type="checkbox"/>	
Certificate of Deposits .....	<input type="checkbox"/>	
Money Markets or Mutual Funds .....	<input type="checkbox"/>	
Treasury Bills .....	<input type="checkbox"/>	
US Savings Bonds .....	<input type="checkbox"/>	
IRA / Keogh .....	<input type="checkbox"/>	
401K .....	<input type="checkbox"/>	
Pension / Retirement / Annuity .....	<input type="checkbox"/>	
Whole Life Insurance .....	<input type="checkbox"/>	
Universal Life Insurance .....	<input type="checkbox"/>	
Land Contract / Deed of Trust .....	<input type="checkbox"/>	
Real Estate .....	<input type="checkbox"/>	
Safety Deposit Box .....	<input type="checkbox"/>	

Do all combined assets of the entire household total less than \$5000? YES NO

In the past 2 years have you sold or given away any assets in excess of \$1000 or less than Fair Market Value? YES NO

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy as well as credit and criminal background checks.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN

_____	_____
Applicant	Date
_____	_____
Co-Applicant	Date

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, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at \*\* 208 (a) (6), (7) and (8).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\* 408 (a) (6), (7) and (8).\*\*

**To report a change of address:**

Changes of address are ONLY ACCEPTED IN WRITING. You are required to notify of any change of address. If we cannot contact you at the address you provide, your name will be removed from the waiting list and you will have to re-apply for housing. Applications can be submitted in person 9:00 a.m. to 3:00 p.m. Monday through Friday at 2577 W Queen Creek Rd, Chandler, AZ 85249 or by fax at 480-385-6785.

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For Veteran Alliance to complete:

Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ Missing Information: \_\_\_\_\_