



# City of Chandler Kingston Duplex Affordable Housing Application



Please complete the entire application and return to the City of Chandler Housing and Redevelopment Division, Mail Stop 101, PO Box 4008. Chandler, AZ 85244-4008. Incomplete applications will not be accepted.

**Date of Application:** \_\_\_\_\_

## 1 APPLICANT INFORMATION:

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Social Security #:    -   -     Date of Birth:   -   -

Phone #:    -    -     Email Address: \_\_\_\_\_

Sex:  Male  Female Age:    Elderly (62 Years or older)

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

ST/PO Box: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

1`ZIP Code: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

## 2 FAMILY COMPOSITION INFORMATION: List each person who will be living in the unit.

	Last Name	First Name	MI	Relationship	Birthdate	Age	Sex	Social Sec. No.
1.				<b>Head Of Household</b>				
2.								
3.								
4.								



### 3 INCOME INFORMATION

FAMILY MEMBER NAME	EMPLOYER NAME /ADDRESS/PHONE NUMBER	JOB TITLE	RATE/HOUR	HOURS/WEEK/MONTHLY
			\$	
<i>Other Sources of Income (Please indicate the source)</i>				
			\$	
			\$	
FAMILY MEMBER NAME	EMPLOYER NAME /ADDRESS/PHONE NUMBER	JOB TITLE	RATE/HOUR	HOURS/WEEK/MONTHLY
			\$	
<i>Other Sources of Income (Please indicate the source)</i>				
			\$	
			\$	

### 4 ASSET INFORMATION

List all Bank Accounts (savings and checking), stocks, bonds, securities, CD's, credit union shares, IRA or Keogh Plans, Savings Bonds, or any possessions kept for investment purposes, etc.

FAMILY MEMBER	NAME & ADDRESS (BANK, BROKER, ETC.)	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE/VALUE	OFFICE USE ONLY
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify)		\$	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify)		\$	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify)		\$	

## 5 EQUAL OPPORTUNITY COMPLIANCE

The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect your selection for the program. Please check the appropriate box.

Race of the head of household:

White (Caucasian)       Black       Pacific Islander       Asian       American Indian

Ethnicity of the head of the household:     Hispanic       Non-Hispanic

## 6 GENERAL INFORMATION

<u>YES</u> <input type="checkbox"/>	<u>NO</u> <input type="checkbox"/>	<b>Do you or any member of the household believe he/she needs a reasonable accommodation to participate in any program for the City of Chandler Housing and Redevelopment Division?</b> The City of Chandler Housing and Redevelopment Division is committed to fully complying with all state, federal and local laws involving non-discrimination and equal opportunity. If you check yes, <u>please request and complete a "Reasonable Accommodation" form or speak to a housing representative.</u>
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household ever used a name other than the one you are using now? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever filed Bankruptcy? If yes, please provide the court and case number:
<input type="checkbox"/>	<input type="checkbox"/>	Are you a party of any lawsuit? If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any member of your household smoke?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a pet?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been evicted from a rental unit? If yes, please explain:

## 7 LANDLORD REFERENCES

Please list three (3) of your most recent landlords:

LANDLORD NAME AND ADDRESS	LANDLORD'S TELEPHONE #/FAX #	RENT \$	DATES YOU LIVED THERE FROM:      TO:	REASON FOR LEAVING
			Present-	

8 VEHICLES (APPLICANT/OCCUPANT)			
MAKE	MODEL	YEAR	LICENSE PLATE NUMBER

**9 PREFERENCES**

Please check one of the following that apply to your household: All items checked will be verified before assistance is offered.

- Living or Working full-time in the City of Chandler:** Applicants must reside in the City of Chandler or working full-time for an employer in the City of Chandler.

Employer name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

- None**



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Where Values Make The Difference

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, \_\_\_\_\_ hereby give my permission to the City of Chandler Housing and Redevelopment Division to obtain independent information about me and my family for the purpose of determining eligibility, the appropriate level of housing benefits and suitability under the United States Housing and Urban Development's assisted housing programs. Specifically, I authorize release of information from:

- Banks and Other Financial Institutions
- Credit Bureaus
- Courts
- Current and Former Employers
- Current and Former Landlords
- Drug and/or Alcohol Treatment Facilities (limited to facility which has reasonable cause to believe applicant is currently engaged in illegal use of controlled substance)
- Family Composition
- Federal, State, Tribal or Local Benefit Agencies Welfare and other Social Service Agencies
- Identity and Marital Status
- Medical Providers
- The National Crime Information Center, Police Departments, and other law enforcement agencies
- Providers of: Alimony, Childcare, Child Support, Disability Assistance and Medical Care
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Utility Companies
- Other:

I agree that the City of Chandler Housing and Redevelopment Division may use photocopies of this authorization to accompany its requests for information. I understand that City of Chandler Housing and Redevelopment Division is soliciting documents to verify eligibility, level of benefits and suitability under HUD's assisted housing programs, including sources of income and assets, wages and unemployment claims, tax return information, identification and composition of household, housing history. The City of Chandler Housing and Redevelopment Division acknowledges the responsibility to the extent provided by law to protect information it receives in determining the applicant's/participant's eligibility for housing assistance. This form is valid for fifteen (15) months from the date of applicant's/participant's signature.

\_\_\_\_\_  
Signature of Applicant or Participant

\_\_\_\_\_  
Date

--  
Social Security Number

\_\_\_\_\_  
Signature of Other Family Member over the age of 18

\_\_\_\_\_  
Date

--  
Social Security Number

\_\_\_\_\_  
Signature of Other Family Member over the age of 18

\_\_\_\_\_  
Date

--  
Social Security Number

\_\_\_\_\_  
Signature of Other Family Member over the age of 18

\_\_\_\_\_  
Date

--  
Social Security Number

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## CONSENT TO CREDIT AND CRIMINAL HISTORY CHECK

I/We, \_\_\_\_\_, the undersigned applicant(s) authorize landlord, The City of Chandler Housing and Redevelopment Division or his/her/their agent to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application. I/We further authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/our credit.

Signed Tenant #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Tenant #2: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Tenant #3: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Tenant #4: \_\_\_\_\_ Date: \_\_\_\_\_



# KINGSTON DUPLEX AFFORDABLE HOUSING RENTAL PROGRAM

Dear Applicant:

Thank you for applying for the City of Chandler Kingston Duplex Affordable Housing Rental Program. Your application has been accepted and will be reviewed for preliminary determination of eligibility.

The City of Chandler Housing and Redevelopment Division acknowledges the responsibility to the extent provided by law to protect information it receives in determining the applicant's/participant's eligibility for housing assistance.

I do hereby swear and attest that all the information above about my household and me is true and correct. I understand that my having provided any false information will result in my application being canceled or denied. I declare under penalty of perjury under the laws of the United States of America and the State of Arizona that the information contained in this application of facts is true, correct and complete.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

If a person other than applicant/participant completes this application, please sign and complete the following.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Relation to applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone

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

*Mailing Address:*  
Mail Stop 101, PO Box 4008  
Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division  
<http://affordablehousing.chandleraz.gov>  
Ph.(480)782-3200♦Fax (480)-782-3220

*Office Location:*  
235 S. Arizona Avenue  
Chandler, AZ 85225