



Pre- Application For Housing Assistance City of Chandler

Please complete the entire application and return to the City of Chandler Housing Authority, Mail Stop 101, PO Box 4008. Chandler, AZ 85244-4008. Incomplete applications will be returned.

Check the Program you are applying for: HOUSING CHOICE VOUCHER (SECTION 8) PUBLIC HOUSING

1 HEAD OF HOUSEHOLD INFORMATION:

Last Name: _____ **First Name:** _____

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

Phone #: -- Alternate Phone #: --

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

Do you need a Handicapped accessible unit? Yes No

What type of accessible unit do you need? Hearing Mobility Sight Other _____

Mailing Address: _____

Physical Address: _____

ST/PO Box: _____

Street: _____

City: _____

City: _____

State: _____

State: _____

ZIP Code: _____

ZIP Code: _____

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

	Last Name	First Name	MI	Relationship	Birthdate	Age	Sex	Social Sec. No.
1.				HEAD				
2.								
3.								
4.								
5.								
6.								
7.								
8.								

If you have more than 8 household members, please check here and list them on a separate piece of paper.

For Housing Authority Use Only:

Unit Type: 1 2 3 4 5 Elderly 1 Elderly 2 Verified By _____ Date _____

3 INCOME INFORMATION

What is the total household income (before taxes) received by your entire household each month:
\$ _____

Do you work in the City of Chandler? YES NO

Sources of Income: _____

4 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

5 CRIMINAL AND HOUSING ASSISTANCE HISTORY

Have you or any member of your household listed in this application ever been arrested for any criminal activity or drug related criminal activity? Yes No

If yes, please state which household member, the dates, charges, city and state: (*who, what, when and where*)

Have you or any other household member received previous housing assistance? Yes No

If yes, list who, where and when:

6 HOUSEHOLD PREFERENCES

The Housing and Redevelopment Division will select families based on the following local preferences within each bedroom size category: Please check any of the following that apply to your household: All items checked will be verified before assistance is offered.

- Displaced person(s):** Individuals or families displaced by local government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster Relief Laws.
- Living or Working in the City of Chandler:** Applicants must reside or work within the City of Chandler. Applicants must be contributing toward household expenses and must be physically employed by an employer within the City of Chandler.
- Working Persons:** Applicants with an adult family member enrolled in an employment training program, currently working 20 hours a week, or attending school on a full-time basis. This preference is also extended equally to all elderly families and all families whose head or spouse is receiving income based on their inability to work.
- None of the Above**
-



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 twelve (12) months from the date of applicant's/participant's signature.

Signature of Applicant or Participant	Date	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <p style="text-align: center; margin-top: 5px;">Social Security Number</p>
Signature of Other Family Member over the age of 18	Date	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <p style="text-align: center; margin-top: 5px;">Social Security Number</p>
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Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

City of Chandler
Housing and Redevelopment
Mail Stop 101
P.O. Box 4008
Chandler, AZ 85244

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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, the HA or the owner responsible for the unauthorized disclosure or improper use.



Chandler Arizona
Where Values Make The Difference

REQUEST FOR REASONABLE ACCOMMODATION

This is an important notice. Please have it translated.

Estes es un aviso importante. Sirvase mandarlo traducir.

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

Name: _____ Social Security # --

Address: _____ Phone: --

I am a person with a disability as defined by one or more of the following: *A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or is regarded as having such an impairment.*

If I am not the person with a disability, the following member of my household has a disability as defined above:

Name: _____

Relationship to you (e.g. child, parent): _____

As a result of this disability, I am requesting the following reasonable accommodation for my household:

This request for reasonable accommodation is necessary so that I/they can:

I authorize the City of Chandler Housing and Redevelopment Division to verify that I have or someone in my household has a disability and we have the need for the reasonable accommodation I have requested. In order to verify this information the COCHRD may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, or non-medical service agency whose function is to provide services to the disabled, or other expert in the field of _____.

Name: _____ Title of professional or expert: _____

Agency/Clinic/Facility: _____

Address: _____

Telephone: _____ Fax: _____

I understand that the information obtained by the COCHRD will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

I hereby verify that the above information is true and accurate to the best of my knowledge and belief.

Printed Name

Signature

Date

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:
265 East Buffalo Street
Chandler, AZ 85225



Chandler Arizona
Where Values Make The Difference

RE: WAITING LIST NOTIFICATION

Dear Applicant:

Thank you for applying for Housing Assistance with the City of Chandler Housing and Redevelopment Division. Your application has been accepted and will be reviewed for preliminary determination of eligibility. If you meet our eligibility requirements, your application will be placed on our waiting list on the following date and time stamped above for the following housing programs:

- Housing Choice Voucher (Section 8)**
- Public Housing**

It is our desire to provide you with safe, decent, and sanitary housing. 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.

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.

I have read and am aware of the following:

1. My application has been submitted.
2. I will not receive immediate assistance. My wait before housing may be offered will be anywhere from a few months to longer than a year. Household Preferences offered by the housing authority will affect my wait for assistance.
3. The Housing Authority will place me on the waiting list and at a later date will verify all information on my application.
4. It is my responsibility to ensure that all changes to this application, including changes in address, household members and income must be reported in writing. No telephone changes will be accepted. **Failure to report changes in writing will result in removal from the waiting list.**
5. If my application is removed from the waiting list, I will need to reapply when the Housing and Redevelopment Division is accepting applications.
6. My application for housing assistance may be denied because of criminal activity or debts to another housing authority of any household member.
7. This application does not obligate the City of Chandler Housing & Redevelopment Division to provide housing nor does it obligate me to accept 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 or in the termination of my housing assistance. 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

Signature of Co-Head/Spouse

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

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

City of Chandler Housing and Redevelopment Division
<http://affordablehousing.chandleraz.gov>
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Office Location:
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