HUALAPAI HOUSING

Hwal'bay Ba:j Wayo:wo'jo

600 Highview Street ◊ P.O. Box 130 ◊ Peach Springs, Arizona
Phone (928) 769-2274 Fax (928) 769-2703

Application for Low-Rental Program

Legal Name of Applicant _____ Today's Date _____

Mailing Address _____ City _____ State _____ Zip _____

Tribe _____ Enrollment Number _____ Email Address _____

Home Phone _____ Work/Cell/Message _____

Legal Name of Co-Applicant _____ Mailing Address _____

Email Address _____ City _____ State _____ Zip _____

Home Phone _____ Work/Cell/Message _____

Person(s) who will reside in the unit

Name/Gender of Other Occupants: (please include yourself)

1.	☐Male ☐Female	6.	☐Male ☐Female
2.	☐Male ☐Female	7.	☐Male ☐Female
3.	☐Male ☐Female	8.	☐Male ☐Female
4.	☐Male ☐Female	9.	☐Male ☐Female
5.	☐Male ☐Female	10.	☐Male ☐Female

Date of Birth & Age: **Social Security Numbers:**

1.	6.	1.	6.
2.	7.	2.	7.
3.	8.	3.	8.
4.	9.	4.	9.
5.	10.	5.	10.

Relationship to Applicant:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Have you declared bankruptcy in the past seven (7) years? ☐Yes ☐No

Have you ever been evicted or asked to leave from a rental residence? ☐Yes ☐No

Have you hear had two or more late rental payments in the past year? ☐Yes ☐No

INCOME: Indicate below in "Per" section: A=Hourly B-Weekly C-Bi-Weekly D-Monthly

All members of the family listed on the application **who are 18 years and older**, and are employed, must submit an Income Verification Form to be completed by employer.

Monthly:

Name:	Rate of Pay: $	Per:
Source of Income:	Estimated Annual Income:$	
Employer(name & address):		

Name:	Rate of Pay: $	Per:
Source of Income:	Estimated Annual Income:$	
Employer(name & address):		

Name:	Rate of Pay: $	Per:
Source of Income:	Estimated Annual Income:$	
Employer(name & address):		

REFERENCES:

2 Places You have Lived

Current Landlord:
Phone No.:
Address:
How long at this address?

Previous Landlord:
Phone No.:
Address:
Reason you moved:

3 references other than relatives

Name:	Phone No.:
Mailing Address:	

Name:	Phone No.:
Mailing Address:	

Name:	Phone No.:
Mailing Address:	

I/We understand that this is not a contract and does not bind either party. The above information is true and complete to the best of my/our knowledge. I/We do not object to inquiries made to verify the statements made herein. This application will be on file for (1) year, if I/we wish to remain on the waiting list after (1) year period, I will respond in writing regarding my interest.

Signature of Applicant Date Signature of Co-Applicant Date

ADDITIONAL INFORMATION (Optional): Please give us any additional information that might help this department to evaluate your application. Thank You.

OFFICE USE ONLY	
Date Submitted Application:	Time: ☐A.M. ☐P.M.
Signature of Housing Representative:	

Total Estimated Income:$_____ Number of Occupants: _____

Review Date _____ Reviewed By: _____ Application Complete Y____N _____ (see notes below)

Notes:

_____

_____

_____

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