

ARIZONA HOUSING DEVELOPMENT CORPORATION

420 S. Madison Avenue • Yuma, Arizona 85364

Telephone (928) 782-3823

Fax (928) 376-0399

Dear Applicant:

We are pleased to be able to offer you the opportunity to apply for residence at MAPLE GARDEN APARTMENTS. To make the application process run as smoothly as possible, we would appreciate you taking a few moments to complete the following applicant questionnaire.

Please complete the attached application in **BLUE OR BLACK INK**. If you do not fully understand a question, please leave it blank and we will review it at the time of your interview appointment.

Listed below, are items that you will need to bring in at the time of your interview in order to determine eligibility for your household.

- **Social Security Cards –For ALL family members over 18 years of age**
- **Picture I.D. – For ALL family members over 18 years of age**
- **Proof of Income – For ALL family members – last 3 months (check stubs/award letter, etc.)**

Should you have any questions, or require further information, please contact me at 782-3823 ext. 126.

Thank you for your time and assistance.

Yours truly,

Susana Chavez
Property Manager



CONTACT INFORMATION

Dear Resident:

Welcome to Maple Garden Apartments! We're glad you're here. We want to do everything we can to make Maple Gardens a safe, happy and comfortable home for you. We would appreciate you taking a few moments to complete the following questionnaire.

1. Resident Name & Address_____

2. Home tel.#_____ Work tel.#_____

3. Emergency Contact Information (Name, Address & Phone #)_____

4. Please list the names of all members of the household who occupy this apartment

5. Place of employment (Name, Address & Phone#) _____

PLEASE RETURN THIS QUESTIONNAIRE AS SOON AS POSSIBLE TO:

Housing Authority of the City of Yuma

420 S. Madison Avenue

Yuma, Arizona 85364

Thank you for your time and assistance.

Yours truly,

Susana Chavez

Property Manager

Maple Garden Apartments

Applicant Questionnaire

Household Information

List all household members who will occupy this apartment.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birth Date <i>Month, Date, Year</i>

Current Address:

Daytime Phone:

Evening Phone:

YES

NO

Include all income anticipated for the next 12 months.

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1. Employment wages?

Household member: _____

Name of Company: _____

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2. Other income?

Household member: _____

Source of income: _____

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3. Checking or savings account?

Amount: _____

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4. Will you be receiving any rental assistance? (Section 8 voucher)

Name of Agency: _____

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5. Does your household have or anticipate having any pets other than those used as service animals?

Housing References

List the past THREE years of housing references. *(If additional space is required, use the back of this page.)*

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
	_____	_____		
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
	_____	_____		
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
	_____	_____		
Phone:	() _____	_____		

Personal Reference

List a personal reference other than a relative.

Name:	_____		
Address:	_____		
Phone:	_____	Relationship: _____	Years Known: _____

Rental History

YES

NO

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6. Have you or any one else named on this application filed for bankruptcy?

Explanation: _____

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7. Have you or any one else named on this application been convicted of a felony or are a registered sex offender?

Explanation: _____

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8. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs

Explanation: _____

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9. Have you or any one else named on this application been convicted of property damage?

Explanation: _____

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10. Have you or any one else named on this application been evicted from a rental unit?

Explanation: _____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____

Relationship: _____

Years Known: _____

Signature Clause

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I also understand that providing false information or making false statements may be grounds for denial of my application. I understand that my occupancy is contingent on meeting management's resident selection criteria.

Signature _____

Date _____

Signature _____

Date _____

For Office Use Only

Date of Interview: _____

Desired Apt. Type: _____



City of Yuma

Michael Morrissey
Executive Director

HOUSING AUTHORITY OF THE CITY OF YUMA

420 S. Madison Avenue - Yuma, Arizona 85364

Telephone (928) 782-3823

Fax (928) 343-2595

AUTHORIZATION

I, _____ do hereby authorized the Housing Authority of the City of Yuma (HACY) to contact any agencies, including government agencies and other Housing Authorities, offices, groups, or organizations to obtain and release any information or materials which are deemed necessary for my participation in the housing assistance program and / or to investigate suspected fraud and / or program abuse. This includes a criminal history check.

This consent form expires 15 months after signed.

Signature

ID Number

Date of Birth

Social Security Number

Date