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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Head of Household</th>
<th>M/F</th>
<th>Social Security Number</th>
<th>Birth Date Month, Date, Year</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Current Address: ________________________________

Daytime Phone: ________________________________

Evening Phone: ________________________________

**Income Information**

Include all income anticipated for the next 12 months.

1. Employment wages?
   - Household member: ________________________________
   - Name of Company: ________________________________

2. Other income?
   - Household member: ________________________________
   - Source of income: ________________________________

3. Checking or savings account?
   - Amount: ________________________________

4. Will you be receiving any rental assistance? (Section 8 voucher)
   - Name of Agency: ________________________________

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

YES  NO
**Housing References**

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

<table>
<thead>
<tr>
<th>Landlord’s Name/Address</th>
<th>Your Address</th>
<th>Own/Rent</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td>Own ☐</td>
<td>From:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td>Rent ☐</td>
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</table>

**Personal Reference**

List a personal reference other than a relative.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>Phone:</th>
<th>Relationship:</th>
<th>Years Known:</th>
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<tbody>
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Rental History

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<th>YES</th>
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</tbody>
</table>

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

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

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

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

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: ____________
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