

PRE-QUALIFICATION APPLICATION HOME Tenant-Based Rental Assistance Program

HOUSEHOLD INFORMATION *(Información del Hogar)*

Date *(Fecha)*: _____
 Name *(Nombre)*: _____
 Current Address *(Dirección)*: _____
 Zip Code *(Código Postal)*: _____ City County

TBRA Project #: _____
 Language of Preference *(Idioma de Preferencia)*
 English Español Other: _____
 Phone *(Teléfono)*: _____
 Email *(Correo Electrónico)*: _____

HOUSEHOLD COMPOSITION

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.

| Member's Full Name | Relationship | Date of Birth | Age | Sex |
|--------------------|--------------|---------------|-----|-----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- Are you currently homeless in shelter or living in substandard housing? Yes No
- Have you been (or are at risk to be) displaced from your housing? Yes No
- Are you a victim of domestic violence? Yes No
- Are you currently in public housing or participated in another housing program? Yes No
- Is a head of household disabled or elderly? Yes No
- Is any member of household disabled or elderly? Yes No

INCOME INFORMATION *(Información de Ingreso)*

Include all wages, salaries, tips; other income such as alimony, child support, and Social Security, TANF or other benefits.

What is the total annual income of all household members? \$ _____

FOR OFFICE USE ONLY

Please check corresponding column for family size:

| FAMILY SIZE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| 100% MEDIAN INC. | \$38,500 | \$44,000 | \$49,500 | \$54,900 | \$59,300 | \$63,700 | \$68,100 | \$72,500 |
| 80% MEDIAN INC. | \$30,750 | \$35,150 | \$39,550 | \$43,900 | \$47,450 | \$50,950 | \$54,450 | \$57,950 |
| 50% MEDIAN INC. | \$19,250 | \$22,000 | \$24,750 | \$27,450 | \$29,650 | \$31,850 | \$34,050 | \$36,250 |

Calculate:

GRAND TOTAL

100% MEDIAN

MFI %

÷

x 100 =

Staff Person: _____

Date: _____



HOUSING AUTHORITY OF THE CITY OF YUMA

420 S. Madison Avenue • Yuma, Arizona 85364

Telephone: (928) 782-3823

www.hacy.org



Fax Numbers:

Programs (928) 343-2595

Administration (928) 373-0399

*Michael Morrissey
Executive Director*

TBRA Program Criteria Eligibility

Family must meet the following criteria in order to qualify for the Emergency TBRA Program:

- an individual or family who lacks a fixed, regular, and adequate nighttime residence;
- an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- an individual or family who—
 - (A) will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, as evidenced by—
 - (i) a court order resulting from an **eviction** action that notifies the individual or family that they must leave within 14 days;
 - (ii) the individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or
 - (iii) credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause;
 - (B) has no subsequent residence identified; and
 - (C) lacks the resources or support networks needed to obtain other permanent housing;
- an individual or family who after submitting their application for emergency housing-
 - (A) Has moved due to economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance.
 - (B) Are now living in the home of another because of economic hardship and loss of their primary residence
- Homelessness/near homelessness
- Eviction

Signature of Applicant/Resident: _____

Date: _____

Office Use Only:

Date
Received: _____

Notes: _____