



CITY OF DOUGLAS

425 E. 10th STREET, DOUGLAS, ARIZONA 85607

TELEPHONE (520) 417-7385 FAX (520) 417-7158 TTY/TDD (520) 364-1582 www.douglasaz.gov

Public Housing Authority

Community Development Department / Division of Neighborhoods, Housing and Grants

SECTION 8 PRE-APPLICATION

Housing Choice Voucher Waiting List

TENANT BASED – VOUCHER (Open 08/01/05)

Project Based Housing Waiting Lists

Pioneer Village 1BR units [for the elderly(62+)and/or Disabled]

Casas de Esperanza -2BR, 3BR, 4BR units (for Families-)

Date Application was received by PHA _____ Time _____

Application Number _____

HEAD OF HOUSEHOLD INFORMATION:

Name	Social Security Number:	Birth Date:
Street Address:	City, State, Zip Code:	
Mailing Address:	City, State, Zip Code	
Phone Number: ()	<input type="checkbox"/> cell	Message Number:
Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Black-African American <input type="checkbox"/> Asian <input type="checkbox"/> Other Pacific Islander	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

Family Members/ Household Composition:

Name	Relation to Head (Spouse, Co-Head, Other Adult, child)	Date of Birth	Age	Sex (M/F)	Race (see list above)	Hispanic		Social Security Number
						YES	NO	
1.						<input type="checkbox"/>	<input type="checkbox"/>	
2.						<input type="checkbox"/>	<input type="checkbox"/>	
3.						<input type="checkbox"/>	<input type="checkbox"/>	
4.						<input type="checkbox"/>	<input type="checkbox"/>	
5.						<input type="checkbox"/>	<input type="checkbox"/>	

For additional members continue on page 3.

Please answer the following questions as they apply to members listed on this application:

1. Do you or any member of the applicant family live, work or attend school in the City of Douglas?	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Are you or any member of the applicant family a veteran or in the armed forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
3. Do you or any member of the applicant family work at least 20 hours per week?	<input type="checkbox"/> NO <input type="checkbox"/> YES
4. Are you or any member of the applicant family disabled? Name _____	<input type="checkbox"/> NO <input type="checkbox"/> YES
5. Are you a Victim of Domestic Violence? If yes, must have occurred within the past 30 days or be of a continuing nature and require written verification from the police, a social service agency, the court, a clergyman, a physician, and/or a public or private facility giving shelter and/or counseling to victims.	<input type="checkbox"/> NO <input type="checkbox"/> YES
6. Do you or any persons require a reasonable accommodation? _____ If yes, see page 4	

Source of Income (Employment, AFDC, SS/SSI, Child Support, Family Support, Self Employment, Other)

Name of Family Member	Source or Type of Income	Monthly Amount	Other information

Monthly Gross Income of the Household*: \$ _____

* This is the total monthly income, before deductions, of all family members that will be living in your unit

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I UNDERSTAND THAT SUBMISSION OF FALSE INFORMATION OR MISREPRESENTATION MAY RESULT IN LOSS OF ELIGIBILITY TO PARTICIPATE IN THE HOUSING CHOICE VOUCHER PROGRAM.

Signature of Applicant/Head of Household _____

Date _____

Signature of Co-Applicant/Spouse/Other Adult _____

Date _____

Received by PHA Staff: _____

Date _____



THERE ARE SIX ELIGIBILITY REQUIREMENTS FOR ADMISSION TO SECTION 8:

- A. Qualifies as a family.
- B. Family has income within the income limits.
- C. Family meets citizenship/eligible immigrant criteria.
- D. Family provides documentation of social security numbers.
- E. Family signs consent authorization documents.
- F. Family passes criminal background check.

SCREENING CRITERIA

In addition to the eligibility criteria, families must also meet the Douglas Housing Authority’s screening criteria in order to be admitted to the Section 8 program.

INCOME LIMITS- *Income limits effective for 12/01/2011*

Extremely Low Income limits are:
(30% of Cochise County Median Income)

1 Person	\$11,750
2 Persons	13,400
3 Persons	15,100
4 Persons	16,750
5 Persons	18,100
6 Persons	19,450
7 Persons	20,800
8 Persons	22,150

Very Low-Income limits are:
(50% of Cochise County Median Income)

1 Person	\$ 19,600
2 Persons	22,400
3 Persons	25,200
4 Persons	27,950
5 Persons	30,200
6 Persons	32,450
7 Persons	34,700
8 Persons	36,900

BEDROOM SIZE STANDARDS

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8

Note: Bedroom size standards are based on the assumption that each bedroom will accommodate not more than two (2) persons and relate to the number of bedrooms in the unit, not the family’s actual living arrangements

The PHA will consider factors such as family characteristics including sex, age, or relationship in the assignment of a unit. Consideration will also be given for medical reasons and the presence of a live-in aide.

Additional Family Members/ Household Composition

Continued from first page	Relation to Head (Spouse, Co-Head, Other Adult, child)	Date of Birth	Age	Sex (M/F)	Race (see list above)	Hispanic		Social Security Number
						YES	NO	
6.						<input type="checkbox"/>	<input type="checkbox"/>	
7.						<input type="checkbox"/>	<input type="checkbox"/>	
8.						<input type="checkbox"/>	<input type="checkbox"/>	
9.						<input type="checkbox"/>	<input type="checkbox"/>	
10						<input type="checkbox"/>	<input type="checkbox"/>	

LIST OF DOCUMENTS NEEDED BY THE PHA

The following documents will be requested by the PHA to establish eligibility for Section 8 Housing Assistance. The documents will be requested with the full application when the applicant has reached the top of the waiting list.

1. Social Security card for each person listed on the application.
2. Original, State Certified Birth Certificates for each person listed on the application and/or proof of citizenship.
3. Proof of income for each household member on the application that receives an income. Example: AFDC award letter, SS/SSI award letter, check stubs from employment, child support, alimony, family support or a notarized letter if you are self-employed.
4. Reasonable Accommodation form for persons with disabilities requesting accessibility or accommodations to participate equally in the housing program.
5. Picture identification form for all adult members in the household.

DOCUMENTOS QUE NECESITA TRAER

La siguiente lista de documentos seran requeridos por el Departamento de Viviendas, PHA para decidir si es elegible para recibir asistencia de vivienda de la Seccion 8. Los documentos seran requeridos cuando llegue al principio de la lista de espera, junto con la Aplicación de Elegibilidad.

1. Tarjeta del Seguro Social por cada persona en la lista de la solicitud. Incluyendo la de usted.
2. Acta de Nacimiento Certificada, por cada persona en la lista de la solicitud. Incluyendo la de usted.
3. Pruba de ingreso por cada miembro de la familia en la solicitud que reciba ingresos. Ejemplo: Carta de AFDC, Carta de SS/SSI, talons de cheque del empleo, verificación de ingreso para sus hijos menores, (Child Support), ayuda monetaria por parte de algun familiar, y si es usted propietario de su negocio, una carta notariada.
4. Forma de Acomodo Razonable para personas desahilitadas que requieren accesibilidad o comodidades de igualdad en la participacion en el programa de viviendas.
5. Identificación con foto todos los adultos en el hogar.

Notice of Right to Reasonable Accommodation

If you have a disability, and as a result of your disability you need:

- A change in the rules or policies to give you an equal opportunity to use the facilities or take part in the Section 8 program, or
- A change in the way we communicate with you or give you information, you may ask for this kind of change, which is called a reasonable accommodation.

If you can verify that you have a disability, and if your request is reasonable (does not pose “an undue financial or administrative burden”), we will try to grant your request.

We will give you an answer within 10 working days, unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons, and you can give us more information, if you think that will help.

If you need help filling a *Reasonable Accommodation Request Form* or if you want to give us your request in some other way, we can help you.

A *Reasonable Accommodation Request Form* is on side two of this notice.

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to participate in the Section 8 program.

Si Usted tiene una pregunta sobre esta forma, hable al 417-7385.

Request for a Reasonable Accommodation

Name: _____ TDD/Phone: _____

Address: _____

City: _____ Zip: _____

Currently, I am:

- Applying for the Section 8 waiting list
- An applicant on the waiting list
- A Voucher holder looking for a unit
- Housed in a Section 8 unit with this housing agency
- Housed in a Section 8 unit with another housing authority
- Other _____

The following member of my household has a disability that qualifies under HUD rules (a mental or physical impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment).

Name: _____

As a result of his/her disability, the following change or changes are necessary so the person listed can have the opportunity to equally participate in the Section 8 program:

You may verify the disability and the need for this request by contacting:

Name: _____ Title: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

I give you permission to contact the above individual for purposes of verifying that I, or a family member, have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation.

Signature _____ Date _____

