



**480-898-0228 phone | 480-898-9007 fax | [www.AffordableRental.org](http://www.AffordableRental.org)**

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Save the Family's Transitional Program was designed to promote self-sufficiency and stabilize family lifestyles with the community through intensive job training, life skills and counseling. It was quickly discovered that as these families entered into employment after training, their entry level wages were often not enough to obtain and maintain housing that was in line with their wage earnings. The lack of affordable housing for these families, often headed by single women heads of households, seems to perpetuate the cycle of homelessness. The ARM, therefore, was developed as another stepping-stone to self-sufficiency where clients would be able to pay below-market rates for their housing.

The ARM of Save the Family is an acronym for the Affordable Rental Movement. This organization, which is an affiliate of Save the Family, was established as a separate, nonprofit entity whose purpose was to develop affordable rentals for working poor families and individuals and offers supportive services to help them maintain and increase their self-sufficiency.

Since 1994, ARM has purchased more than 140 affordable housing units that are utilized as rentals. Rehabilitation and maintenance of the units, which is overseen by a Property Management Coordinator and Maintenance Technicians, is accomplished through grant funding, volunteer groups, and in-kind donations.

ARM of Save the Family does not discriminate on the basis of race, color, religion, age, national origin, sex, disability, sexual orientation or political affiliation and makes reasonable efforts to accommodate the physically challenged upon notification.

The ARM Program was designed to help families and individuals develop their potential in the following areas:

- Becoming more employable
- Increasing financial stability
- Increasing family stability through educational and referral programs through Save the Family and other community agencies



Equal Housing Opportunity



Special Services Available Upon Request



## Application Procedure

1. You must be employed and/or have stable income to afford the unit. You will need to provide the Agency **at least three months of income verification** (e.g., wage statements, interest statements or unemployment compensation documentation)
2. The Agency works with families and individuals that have no credit, bad credit, evictions and judgments.
3. Applications can be printed from [www.savethefamily.org](http://www.savethefamily.org) or they can be picked up at our office located at 125 E. University Dr., Mesa, AZ 85201 Monday thru Friday between 8:00 am and 5:00 pm. Completed applications can be mailed to the above address, attn: ARM or emailed to [info@affordablerental.org](mailto:info@affordablerental.org).
4. **Applications that are not filled out completely will not be reviewed.** If something on the application does not apply to you please indicate so by writing N/A. Please make sure the “Monthly Spending Plan” sheet is completely filled out.
5. If anything changes on the application – such as contact information, employment or household composition, you must notify the Agency in order to make the necessary changes. Changes can be submitted via email ([kristas@savethefamily.org](mailto:kristas@savethefamily.org)) or by phone 480-898-0228 ext. 401.
6. Each applicant is required to pay a **non-refundable \$30 application fee when there is a unit available** in the form of cash, money order, or cashier’s check made out to ARM of Save the Family for the cost of a credit/criminal background check.
7. The Agency has 2, 3, and 4 bedroom units ranging in price between \$475 and \$850.
8. There is a **\$300 security deposit** required at the time of move in.
9. Section 8 Certificates are accepted and welcomed.
10. The family or individual must be at or below 60% of the Federal Poverty Income Guidelines.
11. **Pets are not allowed.**

### 2017 HOME Income Limits – effective 6/15/17

	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30%	\$13,900	\$15,900	\$17,900	\$19,850	\$21,450	\$23,050	\$24,650	\$26,250
50%	\$23,200	\$26,500	\$29,800	\$33,100	\$35,750	\$38,400	\$41,050	\$43,700
60%	\$27,840	\$31,800	\$35,760	\$39,720	\$42,900	\$46,080	\$49,260	\$52,440
80%	\$37,100	\$42,400	\$47,700	\$52,950	\$57,200	\$61,450	\$65,700	\$69,900



Equal Housing Opportunity



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# ARM of Save the Family Application

This application must be filled out completely and legibly to be considered for occupancy. Failure to complete all sections and may result in delay or denial of this application. If a section does not apply to you, please write N/A.

Date of application: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Size of Unit being requested: 2 bdrm  3brdm  4brdm

### Information on Head of Household

Applicant's full name (first, middle, last): \_\_\_\_\_

Present address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers: phone \_\_\_\_\_ cell \_\_\_\_\_ email \_\_\_\_\_

Marital status:  Single  Married  Divorced  Widowed  Other \_\_\_\_\_

### Household Composition

Please list household member starting with Head of household on line 1, then in order of oldest to youngest.

Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status		
					Full	Part	N/A
	Head				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1) Do you anticipate any changes in the size of your household **within the next 12 months**? Yes  No   
 (Examples: a future spouse, minor entering the home through adoption, children returning from foster care, etc.)  
 If yes, please describe any changes here \_\_\_\_\_

2) Does your house hold receive section 8 rental or voucher assistance? Yes  No   
 If yes please specify: \_\_\_\_\_

3) Are all household members U.S. citizens? Yes  No   
 If no please list each family member and where they were born? \_\_\_\_\_

4) Does any member of your household require Reasonable Accommodation? Yes  No   
 If yes, please specify \_\_\_\_\_



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

## INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

Yes  No  **1.) Is any member of the household employed?**

**Job 1.)** Who is employed? \_\_\_\_\_ Hours worked per pay period? \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position held: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Wage/Salary: \_\_\_\_\_ How Often are you paid? \_\_\_\_\_

Address: \_\_\_\_\_

**Job 2.)** Who is employed? \_\_\_\_\_ Hours worked per pay period? \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position held: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Wage/Salary: \_\_\_\_\_ How Often are you paid? \_\_\_\_\_

Address: \_\_\_\_\_

**Check if there are any additional jobs in the household**  
(Attach a separate sheet with contact information)

Yes  No  **2.) Are any household members self-employed?**

Who is self-employed? \_\_\_\_\_

What type of work does this person do? \_\_\_\_\_

Income earned? \_\_\_\_\_

Did you file taxes on this income?  YES  NO (please provide you last 2 years tax returns)

Yes  No  **3.) Are any adult members of your household that are unemployed?**

Which members are unemployed? \_\_\_\_\_

Yes  No  **4.) Is any household member receiving Unemployment benefits?**

Who is receiving unemployment benefits? \_\_\_\_\_

Amount received: \_\_\_\_\_ How Often: \_\_\_\_\_

Yes  No  **5.) Does any household member receive Public Assistance payments such as TANF Assistance? (Please do not include SNAP benefits here.)**

Who is receiving TANF/Assistance benefits? \_\_\_\_\_

Agency name: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount received: \_\_\_\_\_ How Often: \_\_\_\_\_

Yes  No  **6.) Do any members of your household receive Social Security Benefits?**

Who is receiving the benefits? \_\_\_\_\_

Amount received: \_\_\_\_\_ How Often?: \_\_\_\_\_



Yes  No  **7.) Does any household member receive periodic payments from a pension, annuity or retirement benefit account?**

Please check one:  Pension  Annuity  Other Retirement

Who receives these benefits? \_\_\_\_\_

What company pays this person? \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes  No  **8.) Is there any other source of income that we haven't already asked about above that you receive?** If yes, please describe: \_\_\_\_\_

Amount received: \_\_\_\_\_ How Often: \_\_\_\_\_

Yes  No  **9.) Do any adult members of your household have zero income?**

Which adult members have zero income?: \_\_\_\_\_

### **Child Support and Alimony Information**

1) Does any member of your household have a **COURT ORDER** to receive Child Support of Alimony payments, even if no child support or alimony is being received? Yes  No

Case Id # \_\_\_\_\_

a) Name of person with court order: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

b) Name of person(s) paying support / alimony: \_\_\_\_\_

2) Are the **FULL** courts ordered amount(s) being received? Yes  No

If **NO**, Are you making efforts to collect the amounts due? Yes  No

If **YES**, please explain the effort you're making here: \_\_\_\_\_

### **School Information**

1) Is any member in your household a part of full time student in an institute of **higher education**?

Yes  No  If yes, who is enrolled? \_\_\_\_\_

Name of School: \_\_\_\_\_

How do they pay for their education? \_\_\_\_\_

(Do they receive Pell Grants, Student Loans, Financial Aid, etc.?)

3) Does any Adult member of your household intend to become a student in an institute of higher education within the next 12 months? Yes  No

If yes, who will be enrolling? \_\_\_\_\_

Name of School: \_\_\_\_\_

How will they pay for their education? \_\_\_\_\_

(Will they be using Pell Grants, Student Loans, Financial Aid, etc.?)



**Financial Information**

Does any household member currently have a Checking or Savings Account?

Name on account: \_\_\_\_\_ Bank: \_\_\_\_\_

Name on account: \_\_\_\_\_ Bank: \_\_\_\_\_

**Other assets**

Do any household members currently have any of the following : 401K, Pensions, Money Market Accounts, CDs or any other investment income? Yes  No   
If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

In the past two years, has any household member disposed of any asset(s) valued at \$1,000 or more for less than the fair market value? Yes  No   
If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

**Residential History**

	PRESENT	PREVIOUS
Landlord/Community		
Address		
City, State, Zip		
Landlord's Phone #		
Rent Amount		
Dates Rented	From: To:	From: To:
Reason for Leaving		

**Previous Leasing Record**

A Reason for leaving present address: \_\_\_\_\_

B Previous evictions: Have you, your spouse or, co-applicant ever broken a rental agreement or lease contract? Yes  No   
If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

C Have you or anyone on this application ever been asked to leave a property, evicted or moved to avoid problems with other tenants or the landlord? Yes  No   
If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

D Have you ever declared bankruptcy? Yes  No  If yes, please explain  
Date of bankruptcy \_\_\_\_\_ Has the matter been resolved? Yes  No  If no, please explain

\_\_\_\_\_  
\_\_\_\_\_



E Are you a registered Sex Offender? Yes  No   
If yes, please explain

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F Have you or anyone on this application plead guilty to or been convicted of any felonies; or any misdemeanor dealing with drugs, gangs or violence (this includes any juvenile crime in the same categories)? Yes  No   
If yes, please explain

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G Are there any ongoing criminal cases against your or any member of your household? Yes  No   
If yes, please explain

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H Have you, or any other member of your household, ever been convicted of dealing or manufacturing illegal drugs? Yes  No   
If yes, please explain

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**Conflict of Interest**

A Are you a current or former employee of Save the Family? Yes  No   
If yes, please explain

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B Are you related to any Save the Family Employee or Board Member? Yes  No   
If yes, please explain

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C Are you employed by the City of Mesa, Chandler, Gilbert, Scottsdale, Tempe or Phoenix? Yes  No   
If yes, please explain

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Department:  
Position:

D Do you, your employer or your family members have any function or responsibilities with respect to HOME, NSP or other federal funds that the City of Mesa, Chandler, Gilbert, Scottsdale, Tempe or Phoenix administers? Yes  No   
If yes, please explain

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**I verify that the information provided on this application is true and correct and that any misrepresentation of income/assets will result in termination of residency.**

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**Signature**

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**Date**

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**Signature**

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**Date**

**In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.**



**Monthly Spending Plan** - The following information must be filled out completely or application will not be reviewed

Monthly Income

Head of Household

Spouse/Significant Other (or Children in Household who Work)

Gross Income Amount	_____	Gross Income Amount	_____
How Often do You Get Paid?	_____	How Often do You Get Paid?	_____
Take Home Pay	_____	Take Home Pay	_____
AFDC	_____	AFDC	_____
Other Income (child support, SSI)	_____	Other Income (child support, SSI)	_____
Food Stamps (don't include in total income)	_____	Food Stamps (don't include in total income)	_____

Total Take Home Income Monthly: \_\_\_\_\_

**Current Monthly Living Expenses**

This Side for Office Use Only

Current Rent	\$ _____	\$ _____
Electric Bill	\$ _____	\$ _____
Child Care Expenses	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Car Insurance	\$ _____	\$ _____
Gas for Car	\$ _____	\$ _____
Phone Bill	\$ _____	\$ _____
Food	\$ _____	\$ _____
Other Monthly Bills	\$ _____	\$ _____
Other Monthly Bills	\$ _____	\$ _____
<b>Total Living Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>
Past Evictions (how much you owe)	\$ _____	\$ _____
Past Judgments (how much you owe)	\$ _____	\$ _____
Past Due Electric Bills	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____





## Rental Verification Form

**Authorization** (to be completed by applicant) Verification form will be faxed by ARM to applicant's previous landlord

I, \_\_\_\_\_ authorize the ARM of Save the Family to verify my rental history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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## THIS PART IS TO BE COMPLETED BY LANDLORD

Please complete the following and fax to ARM of Save the Family at **(480) 898-9007**

ARM of Save the Family would like to get a current/previous rental reference for:

Tenant(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Was rent paid on time? \_\_\_\_\_ # of times Rent was Late: \_\_\_\_\_

Have you had to file suit? \_\_\_\_\_ Any Returned Checks? \_\_\_\_\_

Did Tenant give proper notice to vacate? \_\_\_\_\_ Was security deposit refunded? \_\_\_\_\_

Was the property kept in good condition? \_\_\_\_\_

Were Police called to the property for any reason? \_\_\_\_\_

In so, number of times: \_\_\_\_\_ Any noise complaints? \_\_\_\_\_

Would you rent to this tenant again? \_\_\_\_\_

Any Additional Comments? \_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing this Verification: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# Screening Consent Form All adult applicants, 18 or older

Please Print

\_\_\_\_\_  
Head of Household Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Other Name(s) Used

\_\_\_\_\_  
Date(s) you stopped using other name(s)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Co-applicant Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Other Name(s) Used

\_\_\_\_\_  
Date(s) you stopped using other name(s)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Current street address

\_\_\_\_\_  
Previous street address

## Authorization to Release Information and Records

I, \_\_\_\_\_, hereby authorize *ARM of Save the Family* and/or their agent to conduct an appropriate background investigation of my employment, education, credit files, and criminal records for determination of my eligibility for housing. I authorize all persons who may have information relevant to this investigation to disclose it to *ARM of Save the Family* and/or their agent. I release and agree to hold harmless all persons providing such information and *ARM of Save the Family*, its officers, directors, employees and agents from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information or files in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 14, USC section 1681 et seq.

I understand that these searches may be used to determine placement in housing. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether housing was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. After reading this document, I fully understand its contents and authorize the background verification.

I understand that California law required Company to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Company to liability (Section 1786.29).

I hereby certify that all information provided in this authorization is true, correct and complete.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

“We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that provide funds to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.”