



**EVICTION PREVENTION PROGRAM APPLICATION
(GILBERT)**

Applicant(s) Information:

_____	_____	_____	_____
First name	Last name	M.I.	SSN
_____	_____	_____	_____
First name	Last name	M.I.	SSN
_____	_____	_____	_____
Current address	City	State	Zip Code
_____	_____	_____	_____
Phone number(s)	Email address		

Pre-Qualification: (by selecting the statements below, you certify that the statements are true and correct to the best of your knowledge and understand that a false statement may disqualify you from the program)

- Applicant is at least 18 years or older or an emancipated minor under Arizona law.
- Applicant is a U.S. Citizen or legal resident
- Applicant is currently residing in the Town of Gilbert, Arizona
- Applicant or a member in the applicants' household have been adversely affected by COVID-19 Pandemic

Financial Hardship Questionnaire/Screening Questions: (complete requested information and check all that apply)

Employment – Head of Household

A determination of financial hardship due to lost employment or income either permanently or temporarily due to the effects of the COVID-19 pandemic.

When COVID-19 restrictions were imposed by the Arizona Governor March 12th, 2020:

- I was not in a working position
- I was employed in a working position
 - Full time (40 hours/week)
 - Part time (<40/week)

Employment – Significant Other

When COVID-19 restrictions were imposed by the Arizona Governor March 12th, 2020:

- I was not in a working position
- I was employed in a working position
 - Full time (40 hours/week)
 - Part time (<40/week)

Myself/My Significant Other's employer has guaranteed my return to employment once the COVID-19 restriction are lifted and I am receiving or have applied for unemployment compensation.

Myself/My Significant Others employer has contacted me to return to work on _____, 2020 and has guaranteed return to my previous position and scheduled hours.

Myself/ My Significant Other's employer has not guaranteed my return to employment once the COVID-19 restrictions are lifted; and, I am not receiving and have not applied for unemployment compensation.

Are you experiencing a loss of income/housing due to the effects of COVID-19? Yes No

Housing: (Rental assistance)

A determination of housing crisis due to lost employment or income either permanently or temporarily due to the effects of the COVID-19 pandemic.

I am not at risk of losing my current housing and I am able to pay my rent or mortgage payment.

I am experiencing a housing crisis and facing potential homelessness.

Reason: _____

Renters:

\$ _____ \$ _____
 Monthly rent payment Day rent is due (day of the month) Total amount of late fees owed to date

I received an eviction notice from my landlord/property manager dated _____

I am currently receiving housing assistance from _____

Utilities:

	Type	Monthly Payment	Due Date	Late fees owed	Last month it was paid/amount
SRP	<input type="checkbox"/> Electric <input type="checkbox"/> Gas	\$		\$	
APS	<input type="checkbox"/> Electric <input type="checkbox"/> Gas	\$		\$	
Other	<input type="checkbox"/> Electric <input type="checkbox"/> Gas	\$		\$	

Applicants Household Information:

Please list all persons who will be residing in your household. Please note that you **MUST** use the legal name of each member as it appears on his or her Social Security Card. All adult members 18 years or older must sign all forms certifying the information is true and complete. (Birth Certificates, Socials and Valid ID are required)

First name	Last name	M.I.	Relationship	DOB	Sex (M/F)	SSN	Disabled?
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Information:

Total Number of persons in the Family	1	2	3	4	5	6	7	8
Total Annual Income Limit (80% AMI)	\$43,600	\$49,800	\$56,050	\$62,250	\$67,250	\$72,250	\$77,200	\$82,200

List total gross MONTHLY income (before taxes) and payments received by **each family member from all sources.**

1. _____
 First name Last name M.I.

Source	Monthly Amount
Earned income through employment	\$
Cash Assistance (TANF)	\$
Child Support	\$
Unemployment Benefits	\$
Social Security Benefits (SSI/SSDI)	\$
Worker's Compensation Insurance	\$
Veteran's Type	\$
Private Disability Insurance	\$
Retirement Pension/Income from former job/military	\$
Alimony/Spousal support	\$
Interest/Dividends	\$
Other: _____ (Circle One – Temporary or Ongoing)	\$

2.

First name

Last name

M.I.

Source	Monthly Amount
Earned income through employment	\$ _____
Cash Assistance (TANF)	\$ _____
Child Support	\$ _____
Unemployment Benefits	\$ _____
Social Security Benefits (SSI/SSDI)	\$ _____
Worker's Compensation Insurance	\$ _____
Private Disability Insurance	\$ _____
Alimony/Spousal support	\$ _____
Other: _____ (Circle One – Temporary or Ongoing)	\$ _____

Did you or any household member file a federal tax return? Yes No

If yes, who? _____

****Please note that it is required to provide the past two years of tax returns for any member that is required to file****

Education Income:

Does any member of your household over the age of 18 attend school and receive financial assistance, including grants or scholarships? Yes No

If yes, who?

Household Member Name	School Name	Address	Type of Assistance	Amount
				\$ _____
				\$ _____

Assets Information:

Does any member of your household have assets, including but not limited to, checking and/or savings accounts, IRA's, 401K, bonds? Yes No

If yes, who?

Name	Type of Account	Bank Name	Account #	Balance
				\$ _____
				\$ _____

REQUIRED DOCUMENTS

<input type="checkbox"/> <u>PROOF OF IDENTITY:</u> <ul style="list-style-type: none"> • Copy of Driver License or State of Arizona ID, etc. for all adult household members • Copy of Birth Certificate (Head of Household only) • Copy of Social Security Card (Head of Household only) 		
<input type="checkbox"/> <u>OWNERSHIP VERIFICATION:</u> Copy of deed or title (title free and clear, manufactured /mobile home) to your property. Include lease agreement.		
<input type="checkbox"/> <u>RENT/ MORTGAGE:</u> Most recent rent/ mortgage payment statement (coupon not acceptable). Verification of delinquent housing such as eviction notice or mortgage late notice		
<input type="checkbox"/> <u>TAX RETURNS:</u> Previous two years tax return.		
<input type="checkbox"/> <u>ASSETS:</u> Provide the two most current months statements for all assets including, but not limited, to:		
<ul style="list-style-type: none"> • Checking Accounts • Savings Accounts • Direct Deposit/Debit Cards • Certificates of Deposit (CD) 	<ul style="list-style-type: none"> • IRA, Roth IRA • 401k • Bonds • Stocks 	<ul style="list-style-type: none"> • Insurance Policies • Trust Funds • Equity In Real Property • Other Financial Investments
<input type="checkbox"/> <u>INCOME:</u> Provide current income documentation for adult household members including, but not limited, to:		
<i>Employment/Job Training</i>	The last two months of current and consecutive pay stubs. Payroll printout. Letter from employer indicating hours worked weekly and hourly pay.	
<i>Unemployment Benefits</i>	Current benefit letter. Print out from Unemployment.	
<i>Public Assistance</i>	Most recent DES benefit letter.	
<i>Social Security/SSI</i>	Most recent benefit award letter. 1-800-772-1213 www.ssa.gov	
<i>Veterans (V.A.) Benefits</i>	Most recent benefit award letter. 1-800-827-1000	
<i>Worker's Compensation</i>	A statement from employer, insurance company, law firm, etc., showing your awarded amount.	
<i>Alimony</i>	A copy of the court order or a statement with the amount and frequency.	
<i>Regular Contributions or Gifts</i>	Provide a statement from the organization or individual indicating amount received, name, address, and phone number.	
<i>Child Support</i>	Printout from Child Support Agency for the last 12 months, including dollar amount received. For support not paid through the Office of Support Enforcement, submit a statement from the person providing the support, including monthly amount, address, and phone number.	
<i>Retirement Pension/Annuities</i>	A statement from the account administrator verifying your gross monthly benefit.	
<i>Trust</i>	Verification from the trust administrator of the current value of the trust, the type of trust (irrevocable or revocable), and the date & type of any disbursements over the past twelve months	
<i>Self-Employment</i>	Profit and Loss statement.	
<i>Student Status/Income</i> <i>For adults enrolled in school (18+)</i>	Verification of full- or part-time student status, tuition expenses, financial aid, scholarships, and/or grant income.	

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

APPLICANT CERTIFICATION: I certify that the information given to Save the Family on this form is accurate and complete to the best of my knowledge and belief. I understand that any false statements or information are punishable under Federal and state law and are grounds for denial or termination of assistance. I certify that all copies of documents submitted have not been altered and I am able to produce original documentation if required.

AUTHORIZATION FOR RELEASE OF INFORMATION: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Town of Gilbert any information needed to complete and verify my application for participation. I understand and agree that this Authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and Save the Family in administering and enforcing program rules and policies. I agree that a photocopy of this Authorization may be used for the purposes stated above. The original of this Authorization is on file with Gilbert’s Housing & Community Development Division and Save the Family. I understand I have a right to review my file and correct any information that I can prove is incorrect.

PERMISSION TO VERIFY INFORMATION: My signature below indicates that I understand and agree that HUD or Save the Family may conduct computer-matching programs to verify the information supplied for my application and/or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or Save the Family may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State Welfare and food stamp agencies. Preliminary criminal background information obtained from public information sources is also understood.

_____	_____	_____
Client name	Signature	Date
_____	_____	_____
Client name	Signature	Date
_____	_____	_____
Staff member	Signature	Date

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.

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and VII) and the Americans with Disabilities Act of 1990 (ADA) Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, *Save the Family (STF)* prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, and disability. STF must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means that if necessary, STF must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that STF will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy please contact: Save the Family @ 480.898.0228. Para obtener este documento en otro formato u obtener información adicional sobre esta política Save the Family @ 480.898.0228.

