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**Eviction Prevention Program Application**

**(Gilbert)**

**Applicant(s) Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 City of Gilbert, Arizona

Applicant or a member in the applicant’s household have been adversely affected by COVID-19 Pandemic

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

**Employment:**

*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:

**I (We) was not employed** in a working position

**I (We) was employed** in a working position

Full-time (40 hours/week)

Part-time (less than 40 hours/week)

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

My/ My Significant Others’ employer has contacted me to return to work on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2022 and has guaranteed return to my previous position and scheduled hours.

My 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.

**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 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:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $ |  |  |  | $ |
| Monthly utility payment |  | Day utilities are due (day of the month) |  | Total amount of late fees owed to date (if any) |

I received a late or overdue notice from my utilities dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First name | Last name | M.I. | Relationship | DOB | Sex  (M/F) | SSN | Disabled? |
|  |  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  |  | Yes  No |
|  |  |  |  |  |  |  | Yes  No |

**Income Information:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total Number of persons in the Family | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Total Annual Income Limit ( 80% AMI ) | $49,500 | $56,550 | $63,600 | $70,650 | $76,350 | $82,000 | $87,650 | $93,300 |

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**

|  |  |  |
| --- | --- | --- |
| * **PROOF OF IDENTITY:** * Copy of Driver License or State of Arizona ID, etc. for all adult household members * Copy of Birth Certificate (All Household Members) * Copy of Social Security Card (All Household Members) * **LEASE AGREEMENT:** Copy of current lease agreement * **RENT/ MORTGAGE:** Most recent rent/ mortgage payment statement (coupon not acceptable). Verification of delinquent housing such as eviction notice or mortgage late notice * **ASSETS:** Provide the two most current months statements for all assets (All Household Members) including, but not limited, to: | | |
| * Checking Accounts * Savings Accounts * Direct Deposit/Debit Cards * Certificates of Deposit (CD) | * IRA, Roth IRA * 401k * Bonds * Stocks | * Insurance Policies * Trust Funds * Equity In Real Property * Other Financial Investments |
| * **INCOME:** Provide current income documentation for adult household members including, but not limited, to: | | |
| ***Employment/Job Training*** | The last two months of current and consecutive pay stubs. Payroll printout. Letter from employer indicating hours worked weekly and hourly pay. | |
| ***Unemployment Benefits*** | Current benefit letter. Print out from Unemployment. | |
| ***Public Assistance*** | Most recent DES benefit letter. | |
| ***Social Security/SSI*** | Most recent benefit award letter. 1-800-772-1213 [www.ssa.gov](file:///\\isrc01\HAShare\R-POOL\Rehab%20Projects\FY16-17\_FY16-17%20Rehab%20Documents\Rehab%20Word%20docs\www.ssa.gov) | |
| ***Veterans (V.A.) Benefits*** | Most recent benefit award letter. 1-800-827-1000 | |
| ***Worker’s Compensation*** | A statement from employer, insurance company, law firm, etc., showing your awarded amount. | |
| ***Alimony*** | A copy of the court order or a statement with the amount and frequency. | |
| ***Regular Contributions or Gifts*** | Provide a statement from the organization or individual indicating amount received, name, address, and phone number. | |
| ***Child Support*** | 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. | |
| ***Retirement Pension/Annuities*** | A statement from the account administrator verifying your gross monthly benefit. | |
| ***Trust*** | 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 | |
| ***Self-Employment*** | Profit and Loss statement. | |
| ***Student Status/Income***  ***For adults enrolled in school (18+)*** | Verification of full- or part-time student status, tuition expenses, financial aid, scholarships, and/or grant income. | |
| ***Proof of COVID*** | Letter from employer stating furlough or loss of hours due to COVID-19; OR Pandemic Unemployment Assistance Award letter; OR Positive COVID-19 test resulting in unpaid time from work or loss of daycare, must be provided with letter from employer confirming OR Self Attestation form | |

**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.**

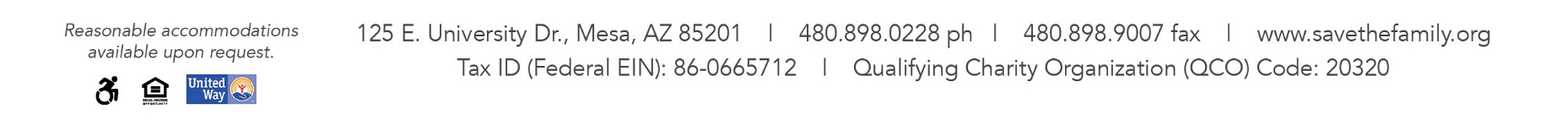
APPLICANT CERTIFICATION: I certify that the information given to Save the Family on this form is accurate and complete to the best of my knowledge and belief. I understand that any false statements or information are punishable under Federal and state law and are grounds for denial or termination of 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 IMFORMATION: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the City of Mesa 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) 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 Mesa’s Housing & Community Development Division. 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 |

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