

## **ARM of Save the Family Waitlist Application Procedure**

- Applications are available at <a href="https://savethefamily.org/arm/">https://savethefamily.org/arm/</a> or can be picked up at the Save the Family office located at 125 E University Dr, Mesa, AZ 85201. Office hours are Monday through Friday between 8:00 am and 5:00 pm. Please submit waitlist applications via email to: <a href="mailto:arminfo@savethefamily.org">arminfo@savethefamily.org</a>.
- 2 \*\*\*\* Incomplete pre-applications will not be reviewed and applications will be denied. \*\*\*\*
- All communication regarding the ARM waitlist will be sent via email. In order to avoid missing correspondences ARM advises applicants to check the provided email regularly (along with the spam/junk folder). Applicants are responsible for notifying ARM with any changes to email addresses and/or contact information; updates can be sent to: <a href="mailto:arminfo@savethefamily.org">arminfo@savethefamily.org</a>. ARM periodically will send emails requesting a response from each applicant. Failure to respond in the stated timeframe will result in the removal from the waitlist. Verbal updates will not be accepted. Applicants will be also be removed from the waitlist if ARM is unable to contact via the provided contact information.
- 4 ARM has scattered site units (Chandler, Gilbert, Mesa, Tempe & Scottsdale) and is not able to anticipate where vacancies will occur applicants declining two units will be removed from the waitlist.
- 5 Per HUD, families or individuals must earn at or below 60% of the HOME Income Limits to income qualify for ARM Housing Units (see chart below).
- 6 ARM does not allow pets. Service and therapy/emotional support animals will require support documentation.
- Applicants must be employed and/or have stable <u>VERIFIABLE</u> income to afford the unit. When a unit is available, applicants will need to provide ARM with at least six months of verifiable income and financial documentation (e.g., paystubs, official banking statements, unemployment or social security/SSI award letters, child support documentation, etc.) for all household members over the age of 18.

## 2022 HOME Income Limits – effective 06/15/2022

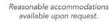
	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30%	\$18,550	\$21,200	\$23,850	\$26,500	\$28,650	\$30,750	\$32,900	\$35,000
50%	\$30,950	\$35,350	\$39,750	\$44,150	\$47,700	\$51,250	\$54,750	\$58,300
60%	\$37,140	\$42,420	\$47,700	\$52,980	\$57,240	\$61,500	\$65,700	\$69,960
80%	\$49,500	\$56,550	\$63,600	\$70,650	\$76,350	\$82,000	\$87,650	\$93,300

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE LISTED PROCEDURES. I UNDERSTAND FAILURE TO COMPLY OR COMMUNICATE CHANGES VIA EMAIL MAY LEAD TO MY REMOVAL FROM THE WAITLIST









## ARM OF SAVE THE FAMILY HOUSING PRE-APPLICATION

## HEAD OF HOUSEHOLD INFORMATION Last Name \_\_\_\_\_ First Name \_\_\_\_ Middle Initial Social Security Number \_\_\_\_\_ Date of Birth\_\_\_\_ Telephone Number \_\_\_\_\_ Secondary Number \_\_\_\_\_ Email Address (REQUIRED) Mailing Address City State Zip Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Other HOW MANY PEOPLE WILL LIVE IN THE UNIT? Please include yourself. ADULTS (18 and over) Male Female / CHILDREN Male Female SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY AND INCLUDE AMOUNT PER MONTH (Must include income for ALL household members): ☐ Employment Wages Gross Monthly Amount □ Social Security/SSI \_\_\_\_\_ □ Other Monthly Income CONFLICT OF INTEREST Are you a current or former employee of Save the Family? $\square$ Yes $\square$ No Are you related to any Save the Family employee or Board Member? \(\sigma\) Yes \(\sigma\) No Are you employed by City of Mesa, Chandler, Scottsdale, Tempe, Town of Gilbert, or HUD? \(\sigma\) Yes \(\sigma\) No **CRIMINAL HISTORY** Has any household member plead guilty to or been convicted of felonies or misdemeanors related to drugs, gangs, or violent acts? ☐ Yes ☐ No; If yes, Please explain: Is any household member a registered sex offender? $\Box$ Yes $\Box$ No ADDITIONAL INFORMATION Are all household members U.S. citizens? \(\begin{aligned} \text{Yes} \\ \begin{aligned} \text{No} \\ \end{aligned} \\ \text{No} \\ \text{No} \\ \end{aligned} \\ \text{No} \\ \text{No} \\ \end{aligned} \\ \text{No} \ Are you a current or former participant of any ARM or Save the Family Housing programs? Yes No If yes, please list the program and dates of participation: Does any member of the household require Reasonable Accommodation? Yes No If yes, please specify 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 ARM housing program. Date Signature of Head of Household





