

Project- Based Voucher Program
Bowman Senior Residences LLC
229 N Grand Avenue,
Nogales, AZ. 85621

Telephone (s) _____

NOGALES HOUSING AUTHORITY
 P.O. Box 777 Nogales, AZ 85628

FOR OFFICE USE ONLY
 B/R 1 2 3 4 5 6

PLEASE PRINT

PRE-APPLICATION

SOCIAL SECURITY NO. _____ SEX: MALE FEMALE

NAME _____
 LAST FIRST MIDDLE INITIAL

CURRENT ADDRESS _____

MAILING ADDRESS (if different) _____

DATE OF BIRTH _____ ARE YOU AND/OR SPOUSE 62 YEARS OF AGE OR OLDER? YES NO

I CONSIDER MYSELF: WHITE AFRICAN AMERICAN AMERICAN INDIAN
 HISPANIC ORIENTAL ASIAN/PACIFIC ISLANDER OTHER

TOTAL GROSS MONTHLY INCOME OF ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING WITH YOU \$ _____

ARE YOU AND/OR SPOUSE A U.S. VETERAN? YES NO

ARE YOU AND/OR SPOUSE DISABLED OR HANDICAPPED? YES NO

ARE YOU VISION IMPAIRED? (Optional) YES NO

ARE YOU HEARING IMPAIRED? (Optional) YES NO

IF YES, PLEASE EXPLAIN NATURE OF DISABILITY OR HANDICAP: _____

CURRENT MONTHLY RENT \$ _____

IF SHARING, PORTION OF RENT YOU PAY \$ _____

NUMBER OF BEDROOMS IN CURRENT RESIDENCE _____

IF SHARING, NUMBER OF BEDROOMS YOU OCCUPY _____

HOW MAY WE BEST ACCOMMODATE THE SPECIAL NEEDS OF YOUR FAMILY?

DO YOU AND/OR SPOUSE WORK IN THE CITY OF NOGALES
 IF YES, PLEASE GIVE ZIP CODE OF PLACE OF EMPLOYMENT _____ YES NO

ARE YOU BEING DISPLACED BY GOVERNMENT ACTION, PRIVATE ACTION OR NATURAL DISASTER? YES NO

ARE YOU LIVING IN SUBSTANDARD HOUSING? YES NO

ARE YOU CURRENTLY PAYING OVER 50% OF YOUR MONTHLY INCOME TOWARD RENT? YES NO

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN DIAGNOSED WITH A TERMINAL ILLNESS? (Optional) YES NO

HAVE YOU RECENTLY BEEN REFERRED TO THE NOGALES HOUSING AUTHORITY BY THE DEPARTMENT OF SOCIAL SERVICES OR CHILD PROTECTIVE SERVICES? YES NO

ARE YOU CURRENTLY INTERESTED IN JOB TRAINING / EDUCATION OR OTHER SERVICES? YES NO

IS A WHEELCHAIR REQUIRED FOR ANY HOUSEHOLD MEMBERS? YES NO

CAN ALL HOUSEHOLD MEMBERS, INCLUDING YOURSELF, CLIMB STAIRS TO A SECOND FLOOR APARTMENT? (Optional) YES NO

INCOME SOURCES

DO YOU OR ANY HOUSEHOLD MEMBER WHO WILL BE LIVING WITH YOU HAVE THE FOLLOWING SOURCES OF INCOME?

WAGES YES NO S.S.I. YES NO
 WELFARE YES NO SOCIAL SECURITY YES NO
 PENSION/RETIREMENT YES NO VETERAN BENEFITS YES NO
 UNEMPLOYMENT YES NO OTHER YES NO

FAMILY COMPOSITION

| PERSONS WHO WILL LIVE WITH YOU INCLUDING YOUR UNBORN CHILD (Do not include yourself) | RELATIONSHIP TO APPLICANT | DATE OF BIRTH | SEX | AGE | SOCIAL SECURITY NUMBER |
|--|---------------------------|---------------|-----|-----|------------------------|
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I certify that all statements on my pre-application are true and accurate.

Signature X _____ Date _____

* IMPORTANT: This application must be returned within seven (7) days, or the application date will be changed to reflect when it is actually received. Once you are on the Waiting List, your file will be dropped if you fail to report changes in address, income, household composition or other circumstances, respond to any correspondence, update or appointment, etc., and you will need to reapply. *

NOTE: PUBLIC HOUSING APPLICANTS ARE SUBJECT TO CRIMINAL, RENTAL AND CREDIT RECORD CHECKS DURING THE SCREENING PROCESS.



HOUSING AUTHORITY

ADDENDUM TO PRE-APPLICATION

Additional questions

1. Are you or a member of your household subject to a lifetime registration requirement under a State or Federal sex offender registration program? (yes or no): _____
2. Have you or a member of your family been found to have manufactured or produced methamphetamine on the premises of federally assisted housing? (yes or no) _____

PREGUNTAS ADICIONALES OBLIGATORIAS

1. Usted o algun miembro de su familia es miembro del programa registro de delincuentes sexuales de por vida ? (si o no) _____
2. Usted o algun miembro de su familia ha sido relacionado y/o culpado en la elaboracion de drogas metanfetaminas dentro de algun programa de vivienda federal? (Si o no) _____

NOGALES HOUSING AUTHORITY

951 N Kitchen St. / P.O. Box 777
Nogales, Az. 85628
(520) 287-4183 / Fax (520) 287-4802

In order to process your application the following original documents are required:

- 1) Marriage license or Divorce decree if applicable.
- 2) Birth certificate **for all family members applying.**
- 3) Social security card **for all members applying.**
- 4) Picture I.D. **for all adult household members (18years and older) applying.** And if Permanent Resident provide Permanent Resident Alien Card and ID.
- 5) Proof of income of **all adult family members (including 18 years and older).**
- 6) Proof of current address (**water, gas or electric bill**).

THANK YOU.



Para procesar su aplicación se requieren los siguientes documentos originales:

- 1) Acta de Matrimonio o Divorcio.
- 2) Acta de Nacimiento **de todos los miembros de familia incluidos en la aplicación.**
- 3) Tarjetas de Seguro Social de **todos los miembros de familia incluidos en la aplicación.**
- 4) Una identificación con foto **de todos los adultos miembros de familia (18 años o mayores) incluidos en la aplicación.** (si son residentes permanentes presentar su tarjeta de residente y una identificación con foto).
- 5) Comprobante de ingresos **de todos los adultos incluidos en la aplicación.** (mayores de **18 años**).
- 6) Un Comprobante de Domicilio Actual (**recibo de luz, agua o gas**).

GRACIAS.

NOGALES HOUSING AUTHORITY

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Please list the landlords you have rented from the past seven years.

1. Name of landlord: _____
Telephone No: _____
Address: _____
Move in date: _____ Move out date: _____
Monthly rent \$ _____ Were you past due on rent? Yes _____ No _____

2. Name of landlord: _____
Telephone No: _____
Address: _____
Move in date: _____ Move out date: _____
Monthly rent \$ _____ Were you past due on rent? Yes _____ No _____

3. Name of landlord: _____
Telephone No: _____
Address: _____
Move in date: _____ Move out date: _____
Monthly rent \$ _____ Were you past due on rent? Yes _____ No _____

4. Name of landlord: _____
Telephone No: _____
Address: _____
Move in date: _____ Move out date: _____
Monthly rent \$ _____ Were you past due on rent? Yes _____ No _____

I _____ hereby authorize the above landlords to release any information as requested by the Nogales Housing Authority.

Signature: _____ Date: _____

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EMERGENCY CONTACT

I _____ hereby give the following information to the
Nogales Housing Authority that in case of an emergency you can contact my nearest
relative or friend.

The name and address of my relative or friend is the following:

NAME TELEPHONE

ADDRESS

CITY / STATE / ZIP CODE

NAME TELEPHONE

ADDRESS

CITY / STATE / ZIP CODE

Residents Signature: _____ Date: _____