Yuma County Housing Department
8450 West Highway 95, Suite 88
Somerton, Arizona 85350
PHONE (928) 304-7333 TDD 1-800-545-1833 Ext. 705 FAX (928) 304-7334

PRE-APPLICATION

Date:_____Account#:_____

Time: _____ ( ) Section 8 ( ) Public Housing

Head of Household:_____Telephone#: _____

Present Address: _____

Mailing Address:_____

List the Head of Household first and all other members that will be listed on the lease. Give the relationship of each family member to the Head of Household.

MEMBER'S FULL NAME	ELDERLY/ DISABLED	RELATIONSHIP	BIRTHDATE	AGE	SEX	SOCIAL SECURITY #
		Head of Household				

Does anyone in your household claim mobility, visual or hearing impairment or other special need that would require a special type of unit or other accommodation? _____ Yes_____No

CIRCLE ONE

SOURCE OF INCOME: Employment Unemployment General Assistance
AFDC Social Security Other_____

Gross Monthly Income $_____

Indicate if you qualify for a local Preference:
Is your current residence within Yuma County but OUTSIDE Yuma City Limits? ( ) YES ( ) NO
Are you employed within Yuma County but OUTSIDE Yuma City Limits? ( ) YES ( ) NO

Race: ( ) White ( ) Black/African American ( ) American Indian/Alaskan Native ( ) Asian
( ) Native Hawaiian/Other Pacific Islander

Ethnicity: ( ) Hispanic or Latino ( ) Not Hispanic or Latino

I verify that I have received a copy of the pre-application and that I am fully responsible for reporting any changes (in writing) on this application. I have reviewed the above information and certify it to be correct. I understand I must keep my copy of the form as proof of registration.

Signature of Applicant:_____

Signature YCHD Representative: _____

INCOME ELIGIBILITY $_____POINT VALUE: _____ BRM:_____

Original-Section 8 Pink-Public Housing Yellow-Applicant