

PATAGONIA GARDEN APARTMENTS
TOWN OF PATAGONIA
Patagonia, Arizona
APPLICATION

Note: Use Legal Names Only

HEAD OF HOUSEHOLD: _____

(Last)

(First)

(M/I)

Sex: _____ Social Security Number/ID Number: _____

(Male/Female)

(xxx-xx-xxxx)

Date of Birth: _____ Place of Birth: _____

(Month/Day/Year)

(City, State, Country)

Marital Status - Circle one Single Married Legally Separated Divorced Widowed

Current Street Address: _____

(Street Address)

(City)

(County)

(State/Zip)

Current Mailing Address: _____

(Street Address)

(City)

(County)

(State/Zip)

Day Phone: _____ Evening Phone: _____

EQUAL HOUSING OPPORTUNITY INFORMATION

Applicants are considered for housing without regard to race, color, religion, sex, national origin, disability or sexual orientation. To help us comply with Federal/State record keeping, reporting and other legal requirements, please check the appropriate box.

RACE - Check One: White Black Amer. Ind./Native Alaskan Asian/Pac. Isl.

ETHNICITY - Check One: Hispanic Non-Hispanic

EMERGENCY CONTACT NAME: _____

Day Phone: _____ Evening Phone: _____

HOUSEHOLD MEMBER INFORMATION

OTHER ADULT (Last/First/M.I.): _____

Sex (Male/Female): _____ Relationship to Head of Household: _____

Social Security Number: _____ Date of Birth: _____

Monthly Income: _____ Source of Income: _____

OTHER ADULT (Last/First/M.I.): _____

Sex (Male/Female): _____ Relationship to Head of Household: _____

Social Security Number: _____ Date of Birth: _____

Monthly Income: _____ Source of Income: _____

DECLARATION OF INCOME: Federal regulations require families residing in Federally assisted housing programs to report all sources of income currently being received or will be received **BY ALL MEMBERS OF YOUR HOUSEHOLD**. Are you or any member of your household receiving any of the following sources of income? **PLEASE CHECK EITHER YES OR NO.**

YES NO

- | | | | | | | |
|--------------------------|--------------------------|--|--------|-------|--------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | AFDC or General Assistance | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Supplemental Security (SSI) | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Employment NAME/ADDRESS _____ | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Farm Labor or Odd Jobs | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployment Benefits | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Disability Insurance (Workmens Comp., etc.) | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | VA Benefits | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Private Retirement and Pensions | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Support | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Military Pay and Allowances | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Death Benefits | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance Settlements (Life Insurance, etc.) | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | College Grants NAME/ADDRESS _____ | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | College Work Study | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Income from Business or Property | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Savings accounts, checking accounts, dividends, stocks, bonds, treasury bills, certificates of deposit, money market accounts, etc., specify _____ | BANK | _____ | NUMBER | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Lump Sum receipts (Inheritances, lottery winnings, etc.) | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Assets (Property, trust deeds, notes, etc.) PRINCIPAL OR MARKET VALUE _____ | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal Property held as an investment | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other income (Specify) _____ | MEMBER | _____ | AMOUNT | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone outside of your household pay for any bills or give you money? | | | | |

ASSETS INFORMATION

List all checking and savings accounts (including IRA's, Keough accounts, and Certificates of Deposit) of all household members, including amounts disposed of during the past two years.

Family Member	Bank/Credit Union Name & Address	Account Number	Type of Account

List value of all stocks, bonds, trusts, pension contributions, or other assets (include Account Number and Bank/Investment Agency):

Do you own a home or other real estate? PLEASE CHECK
 YES NO
Have you sold or given away real property or other assets in the past two years?
 YES NO
If yes, what is the current market value of the asset? _____

CERTIFICATION FOR DIVESTITURE OF ASSETS

I/We hereby certify that during the two year (24 month) period preceding the effective date of my certification or recertification of eligibility for program participation, I have disposed of the following asset(s) as identified below:

1. I/We have disposed of more the \$1,000.00 in assets for less than fair market value within the two year period preceding the effective date of my certification or recertification.
2. The asset(s) I/We disposed of was:
3. The value of the asset(s) I/We disposed of was:
4. The amount(s) recieved for the asset(s) I/We disposed of was:

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.

Signature: _____ Date: _____