



HOUSING AUTHORITY OF COCHISE COUNTY
Old Bisbee High School — First Floor
100 Clawson Avenue
PO Box 167
Bisbee, Arizona 85603

SECTION 8 RENTAL ASSISTANCE PROGRAM— PRE-APPLICATION

TELEPHONE (520) 432-8880
 TDD (520) 432-8360

(FOR OFFICE USE ONLY)

DATE/TIME APPLICATION WAS RECEIVED:

Information on Head of Household (PLEASE PRINT CLEARLY)

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Social Security Number: _____

Phone #: () _____ Alternate Phone #: () _____

Sex: Male Female Disabled Elderly (62 yrs or older) Both Elderly & Disabled

If you have a disability, and you require a reasonable accommodation please complete the third page

Race of Applicant:

White Black American Indian or Alaskan
 Asian Hawaiian / Pacific Islander

Ethnicity of Applicant:

Hispanic or Latino
 Non-Hispanic or Latino

Are you a Veteran? Yes No if so, are you homeless? Yes No

Physical Address:	Mailing Address:
Street:	ST/PO Box:
City:	City:
State:	State:
Zip Code:	Zip Code:

Family Composition (List each person who will be living in the assisted unit)

Name	Relationship	Date of Birth	Age	Sex	Soc. Sec. #

Source of Income

- Employment AFDC SS/SSI Child Support Family Support
- Other: _____

Monthly Gross Income of the Household*: \$ _____.

*This is the total monthly income, before deductions, of all family members that will be living in your unit.

Priority is given to Cochise County residents in each preference group. The Sequence is determined based on the date and time of application according to the preference that apply to your household.

The preferences you checked will be verified when you complete the final application process. **PLEASE INDICATE WHICH PREFERNCE(S) APPLIES TO YOU:**

Local Waiting list Preferences: (check *all* that apply to you).

- Residency** – Living or working in Cochise County or Graham County or have been hired to work in Cochise or Graham County.
- Elderly/Disabled** – One who is at least 62 years old. Disabled person as defined by Section 223 of the Social Security Act or Section 102 (7) of the Developmental Disabilities assistance and Bill of Rights Act.
- Economic Self-Sufficiency** – A person who is a student, working, or has been in job training for at least three months.

Giving True and Complete Information

I/We certify that all information provided on this pre-application is true and complete to the best of my knowledge and belief. I/We understand that false statements or information is grounds for denial or termination of Section 8 benefits.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE / OTHER ADULT

DATE

SIGNATURE OF OTHER ADULT

DATE

TO REPORT A CHANGE OF ADDRESS

Changes of address are ONLY ACCEPTED IN WRITING. You are required to notify the Housing Authority of Cochise County of any change of address immediately. If we cannot contact you at the address you provide, your name will be removed from the waiting list and you will have to re-apply.



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REQUEST FOR REASONABLE ACCOMMODATION

Name: _____ Social Security Number: _____

Address: _____ Phone: _____

I am a person with a disability as defined by one or more of the following: *A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or is regarded as having such an impairment.*

If I am not the person with a disability, the following member of my household has a disability as defined above.

Name: _____

Relationship to you (e.g. child, parent): _____

As a result of this disability, I am requesting the following reasonable accommodation for my household:

This request for reasonable accommodation is necessary so that I/they can:

I authorize the Housing Authority of Cochise County to verify that I have or someone in my household has a disability and we have the need for a reasonable accommodation I have requested. In order to verify this information the HACC may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, or non-medical service agency whose function is to provide services to the disabled, or other expert in the field of _____

Name: _____ Title of professional or expert: _____

Agency/Clinic/Facility: _____

Address: _____

Telephone: _____ Fax: _____

I understand that the information obtained by the HACC will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

I hereby verify that the above information is true and accurate to the best of my knowledge and belief.

 Printed Name

 Signature

 Date

THERE ARE FIVE ELIGIBILITY REQUIREMENTS FOR ADMISSION TO SECTION 8:

- A. Qualifies as a family;
- B. Family has income within the income limits;
- C. Family meets citizenship/eligible immigrant criteria;
- D. Family provides documentation of social security numbers;
- E. Family signs consent authorization documents.

In addition to the eligibility criteria, families must also meet the Housing Authority of Cochise County's screening criteria in order to be admitted to the Section 8 program.

Income Limits - Cochise County

Minimum and Maximum Gross Annual Income Limits by Family Size (as of May 2010)

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Minimum	\$10,850	\$12,400	\$13,950	\$15,500	\$16,750	\$18,000	\$19,250	\$20,500
Maximum	\$28,950	\$33,050	\$37,200	\$41,300	\$44,650	\$47,950	\$51,250	\$54,550

Income Limits – Graham County

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Minimum	\$9,650	\$11,000	\$12,400	\$13,750	\$14,850	\$15,950	\$17,050	\$18,150
Maximum	\$25,700	\$29,400	\$33,050	\$36,700	\$39,650	\$42,600	\$45,550	\$48,450

NOTE: The following is a list of documents that will be requested from the HACC at your eligibility appointment. Do not include these documents with your pre-application and do not send original documents in the mail.

- Certified Birth Certificate for each person listed on the application
- Social Security card for each person listed on the application
- Proof of income for each household member on the application that receives an income (i.e., AFDC printout or award letter, SS/SSI award letter, check stubs from employment, child support, alimony, family support or a notarized letter if you are self employed).
- Reasonable Accommodation form for persons with disabilities requesting accessibility or accommodations to participate equally in the housing programs.

Lista de documentos que necesita el PHA. (La siguiente lista de documentos es lo que necesita traer por cada miembro de la familia para establecer su elegibilidad en el departamento de Viviendas, PHA. No incluya estos documentos con la pre-aplicacion.

- Certificado de Nacimiento por cada persona nombrada en la aplicación
- Tarjeta del Seguro Social por cada persona nombrada en la aplicación
- Prueba de ingreso por cada miembro de la familia en la aplicación que reciba dinero (ejemplo, Carta de AFDC, Carta de SS/SSI, talons de cheque del empleo, verificación de ingreso por sus hijos menores, (Child Support), ayuda monetaria por parte de algún familiar, y si es usted propietario de su negocio, una carta notariada.
- Forma de Acomodo Razonable para personas con incapacidades que requieren accesibilidades o comodidades de igualdad en la participacion en el programa de vivienda.

