



HOME BUYER APPLICATION

Please complete this form. Failure to complete this form in full can result in the denial of your application. **Please Print.**

HEAD OF HOUSEHOLD

LAST NAME, FIRST, MI SOC. SEC. # SEX AGE DATE OF BIRTH

CIRCLE ONE

MARITAL STATUS SINGLE MARRIED LEGALLY SEPARATED DIVORCED WIDOWED

CURRENT PHYSICAL ADDRESS	APT.#	CITY	STATE	ZIP CODE	PHONE AREA CODE ()
MAILING ADDRESS		CITY	STATE	ZIP CODE	

LIST ALL PERSONS (HEAD OF HOUSEHOLD FIRST) WHO WILL LIVE IN THE HOME

NAME	SOC. SEC. #	SEX	AGE	DATE OF BIRTH	RELATIONSHIP
					Head of Household

Do you currently own a home Yes _____ No _____
 If yes, do you and your family live in the home Yes _____ No _____

Have you received HUD certified Home Buyer Counseling Yes _____ No _____
 If yes, please provide a copy of your certificate

Are you prequalified for mortgage financing Yes _____ No _____
 If yes who is the lender _____

Are you working with one realtor Yes _____ No _____
 If yes, please provide name and phone number

HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT

970 North Eleven Mile Corner Rd, Casa Grande, AZ 85194 T 520-866-7201 FREE 888-431-1311 F 520-866-7235 www.pinalcountyaz.gov



<u>INCOME</u>	<u>Applicant</u>	<u>Spouse</u>	<u>Notes</u>
Wage	\$ _____	\$ _____	_____
Social Security	\$ _____	\$ _____	_____
S.S.I	\$ _____	\$ _____	_____
Retirement	\$ _____	\$ _____	_____
V.A. Pension	\$ _____	\$ _____	_____
Welfare	\$ _____	\$ _____	_____
Rental	\$ _____	\$ _____	_____
Child Support	\$ _____	\$ _____	_____
Spousal Maintenance	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____

FAMILY INCOME INFORMATION

List sources of income for all members in the household. If employment is listed for any household member, the employer name, full address and telephone number must be included. Do not omit information.

Household Member	Name & Address of Employer	Monthly Gross
------------------	----------------------------	---------------

Household Member	Name & Address of Employer	Monthly Gross
------------------	----------------------------	---------------

Household Member	Benefit Description	Monthly Amount
------------------	---------------------	----------------

Household Member	Benefit Description	Monthly Amount
------------------	---------------------	----------------

How much money (wages / welfare / benefit income / any other income) is available to the family each month? (total from below) \$ _____



PINAL COUNTY
wide open opportunity

Elizabeth A. Garcia
Assistant County
Manager

Fritz A. Behring
County Manager

Health & Human
Services

FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the Pinal County Housing Department (the Authority) at application or reexamination. HUD will collect the information on Form HUD-50058. The data it will collect includes name, sex, birth date, Social Security Number (SSN), income (by source), assets, certain deductible expenses, and rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicant and resident to give the Authority the SSN(s) of household members at least six (6) years old. If you are an applicant and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. Seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 required applicants and resident to provide the other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Authority this information, the Authority may have to evict you or withdraw your housing assistance.

I read the Federal Privacy Act Statement on:

DATE

SIGNATURE

HEAD OF HOUSEHOLD OR SPOUSE

HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT

970 North Eleven Mile Corner Rd, Casa Grande, AZ 85194 T 520-866-7201 FREE 888-431-1311 F 520-866-7235 www.pinalcountyaz.gov

