



**A 501c3 Non-Profit Corporation**

130 North State Avenue · Mailing P.O. Box 600

Somerton, AZ 85350

Phone (928) 627-4221 Fax (928) 627-4213 TTY: 1-800-223-3131

[www.housingamericacorporation.com](http://www.housingamericacorporation.com)

**Orchid Street Apartments**

441 S Somerton Avenue

Somerton AZ 85350

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We sincerely thank you for your interest. Please help us promptly process your application by clearly completing all information required. OUR RENTAL DWELLINGS are administered under regulations of the United States Department of Housing & Urban Development (HUD), United States Department of Agriculture (USDA) Rural Development (RD), and/or Low Income Housing Tax Credit (LIHTC) Program.

Incomplete applications will be returned to you and will not be deemed as received. Once you have completed the application, please return it to:

- Po Box 600 Somerton AZ 85350 (mailing address), or
- 130 North State Avenue, Somerton, Arizona 85350 (physical address)

You will be placed on the waiting list according to the date and time the completed application is received. We will not provide position numbers on the waiting list for your application. If you would like information on the waiting list process we have a tenant selection plan available upon request. If you have a disability that does not permit you to complete this application, please advise us of your needs or call us to provide reasonable accommodation.



**Veronica Villegas-Cid**

Multi-Family Director

[VVillegas-Cid@hacorp.org](mailto:VVillegas-Cid@hacorp.org)

(928) 627-4221 Extension 13

**Mariza Santana**

Multi-Family Specialist

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(928) 627-4221 Ext 17

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Somerton AZ 85350

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**FOR OFFICE USE ONLY**

**Application Receipt**

OFFICE STAMP

Application Date: \_\_\_\_\_ Application Time: \_\_\_\_\_

Application Received By: \_\_\_\_\_

Program/Property Applying For: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

**Please Note: It is the client's responsibility to maintain the contact information updated by notifying us of any changes. If we are unable to contact you for any reason, we will remove you from the waiting list.**

# Housing America Corporation

A 501c3 Non-Profit Corporation: Residential Rental Application



## Orchid Street Apartments

441 S Somerton AZ 85350  
Phone (928) 627-4221 Fax (928) 627-4213 TTY: 1-800-223-3131  
www.housingamericacorporation.com

<b>For Office Use Only</b>
Date/Time: _____
Received By: _____
Date/Time stamp takes precedence

Our rental units are administered under regulations of the United States Department of Housing and Urban Development (HUD), United States Department of Agriculture (USDA) Rural Development (RD), and/or Low Income Housing Tax Credit (LIHTC) Program.

WARNING: Section 1010, Title 18 U.S.C., PROVIDES "WHOEVER, FOR THE PURPOSE OF... INFLUENCING IN ANY WAY THE ACTION OF SUCH ADMINISTRATION...MAKES, PASSES, UTTERS, OR PUBLISHES ANY STATEMENT, KNOWING THE SAME TO BE FALSE... SHALL BE FINED NOT MORE THAN \$5,000 OR IMPRISONED NOT MORE THAN TWO YEARS, OR BOTH..."

I have read the above and preceding statements. I certify that neither mine nor any of my household members' assistance or tenancy in a subsidized housing program has ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures. I understand that my application will not be approved until all blanks are complete with the information of each household member. *Please fill out the following application with pen only (please print). Any errors can be corrected by placing a single line through the mistake. DO NOT USE WHITEOUT ON THIS APPLICATION!*

\_\_\_\_\_  
Main Applicant's Signature (Head of Household) Today's Date

Unit Size: The owner/agent will take your unit preference/requirements into consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom.

If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance with HUD and/or USDA RD handbook(s). If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD and/or USDA RD handbook(s). Please indicate any necessary special features below.

Please indicate your unit size preference below, so you can be placed on the waiting list accordingly.

\_\_\_\_\_ 1 bedroom \_\_\_\_\_ 2 bedrooms \_\_\_\_\_ 3 bedrooms

## HOUSEHOLD INFORMATION

### HEAD OF HOUSEHOLD (PRINT LEGAL NAME)

\_\_\_\_\_  
Last First MI Phone Numbers: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Female/Male

Full-Time Student:  Yes  No Citizenship:  U.S.  Non-citizen with eligible immigration status  Other \_\_\_\_\_

Physical Address: \_\_\_\_\_ APT #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ APT #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(↑if different from physical)

How long have you lived at this physical address?: \_\_\_\_\_ Years & \_\_\_\_\_ Months Is your rent subsidized?:  Yes  No

Reason why looking for other housing: \_\_\_\_\_

Listing of states where you and any member of the household have resided \_\_\_\_\_

**504 REQUIREMENT:** Will you or any member of the household require a unit with accessible features due to disability?  Yes  No



HAC is an equal opportunity provider and employer



In order to remain on the waiting list, you must report to us any change in phone number and/or mailing address, otherwise your application will be removed from the waiting list if we are unable to contact you. Once your application is removed, you will have to reapply if interested and the application will be put at the bottom of the waiting list. INITIALS \_\_\_\_\_

### HOUSEHOLD INFORMATION

List each household member that will occupy the apartment. This application MUST include income / asset information for anyone who will be 18 years or older during the next 12 months

FULL NAME	RELATIONSHIP TO THE HEAD	DATE OF BIRTH (MM/DD/YY)	SEX (M/F)	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (Y/N)	CITIZEN DECLARATION (U.S. Citizen/Non-Citizen w/eligible immigration status/other)	ELDERLY/DISABLED (YES/NO)
	<b>HEAD</b>						

**LIVE-IN AIDE** Do you have a live-in aide?  Yes  No *If you answered yes, please request a copy of the live-in aide policy*

### INCOME AND ASSET INFORMATION

Household Member	Income Source	Monthly Gross Income

Are YOU or is ANY OTHER ADULT member of your household:

1. Claiming zero income?  YES  NO **If so, who?** \_\_\_\_\_

Household Member	Current Asset	Balance

*\*For additional household information AND income/asset information forms, request at the office\**

### RENTAL HISTORY (last 3 years required)

1. Landlord Name: \_\_\_\_\_ Date of Residency (Month/Year): \_\_\_\_\_ to \_\_\_\_\_

Phone #: \_\_\_\_\_ Address (Street, City, State, Zip Code): \_\_\_\_\_

2. Landlord Name: \_\_\_\_\_ Date of Residency (Month/Year): \_\_\_\_\_ to \_\_\_\_\_

Phone #: \_\_\_\_\_ Address (Street, City, State, Zip Code): \_\_\_\_\_

3. Landlord Name: \_\_\_\_\_ Date of Residency (Month/Year): \_\_\_\_\_ to \_\_\_\_\_

Phone #: \_\_\_\_\_ Address (Street, City, State, Zip Code): \_\_\_\_\_

**PERSONAL REFERENCES (persons who can get in contact with you)**

1. Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address (Street, City, State, Zip Code): \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address (Street, City, State, Zip Code): \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address (Street, City, State, Zip Code): \_\_\_\_\_

**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, the undersigned hereby authorize release without liability, information regarding employment, income, and/or assets to Housing America Corporation (owner or agent) for purposes of verifying information on my/our apartment rental application.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFULLY FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION. A.R.S. Section 33-1368 prohibits material falsification of any information provided on the rental application of criminal record, prior eviction record and current criminal activity. Material falsification of such information is not curable.

- 1. Have you or any household member been involved in criminal activity or been arrested, cited or convicted of a crime?  Yes  No
- 2. Have you or any household member been subject to a state lifetime sex offender registration in any state?  Yes  No
- 3. Have you or any household member had a forcible detainer filed against you?  Yes  No
- 4. Have you or any household member ever been evicted?  Yes  No

I, the undersigned, understand that my eligibility for housing assistance depends upon the income, assets, family composition, and on the criminal, credit, and rental history which may be verified in writing as allowed by the United States Departments of Housing and Urban Development, United States Department of Agriculture (USDA) Rural Development (RD), and/or Low Income Housing Tax Credit (LIHTC) Program. I hereby declare that I have left no omission in this application in my sources of income and assets and authorize the release of all information I have provided for the sole purpose of determining my eligibility to receive assistance. *(18 and older must sign)*

Head of Household Signature \_\_\_\_\_ DATE \_\_\_\_\_

Household Member #2 Signature \_\_\_\_\_ DATE \_\_\_\_\_

Household Member #3 Signature \_\_\_\_\_ DATE \_\_\_\_\_

***\*The race & ethnic data form at the end is for the Head of Household ONLY (optional)\****



# HOUSING AMERICA CORPORATION

## Program Fee Disclosure

130 North State Avenue  
P.O. Box 600  
Somerton, Arizona 85350  
P: (928) 627-4221  
F: (928) 627-4213  
TTY: 1-800-223-3131



The Program Fee Notice is given to all prospective clients seeking assistance from Housing America Corporation (HAC) to ensure accurate information on fees charged for the programs and services provided by Housing America Corporation is being disclosed.

### COUNSELING PROGRAM:

- Material Fee **\$10.00** (Foreclosure Intervention Program). May apply unless applicant provides own copies.
- A Post Purchase Participant Agreement fee of **\$100.00** which may be refundable if applicant attends all workshops.
- Credit report fee of **\$20.00** per individual applicant.
- Deed of Release fee **\$50.00**.
- Subordination fee of **\$50.00**. Might be required upon closing.

### HOMEBUYER EDUCATION AND COUNSELING:

- **NO FEES** are charged for Homebuyer Education and Counseling services or Home Inspections.

### MUTUAL SELF-HELP PROGRAM:

- Credit report fee of **\$20.00** per individual applicants.
- A Post Purchase Participant Agreement fee of **\$100.00** which may be refundable if applicant attends all workshops.
- Mortgage credit report of **\$32.00** per individual applicant (Check must be made payable to USDA Rural Development).
- Construction insurance fee **\$600.00** (payable to the title company prior to loan closing only if eligible for the program).
- If you choose, you may pay closing costs out of pocket (payable to the Title Co.), instead of financing these costs in your mortgage loan.

### MULTIFAMILY HOUSING:

- A monthly rent (based upon your income), security deposit will apply if you qualify to move into one of our rental units.
- Late Fees may be applied to your monthly rent.
- Any damages or repairs caused by occupants will be charged to the tenant.

### IMPORTANT INFORMATION

- **NO CASH IS ACCEPTED** (only checks or money orders made payable to HAC).
- Should you be asked to pay other fees than the ones listed above, please contact the Finance Director or the Executive Director immediately at (928) 627-4221.
- This form must be signed & returned to HAC to be considered for our services.

*By Signing this Document I hereby acknowledge I have read and agreed to this Program Fee Notice.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Housing America Corporation is an Equal Opportunity Provider and Employer.  
Self-Help Housing, Homeownership Education Counseling  
Del Pueblo Apts., Orchid Street Apts., Amistad Apts., Somerton; Colorado Street Apts., Yuma**

We Do Business in Accordance with the Federal Fair Housing Law. It is Illegal to Discriminate against Any Person Because Of Race, Color, Religion, Sex, Handicap, Familial Status (having one or more children) or National Origin. To file a complaint of discrimination, write to: USDA, Assistant Secretary for Civil Rights Office of the Assistance Secretary for Civil Rights 1400 Independence Avenue S.W., Stop 9410 Washington, D.C. 20250-9410 Or Call Toll Free (866) 632-9932 (800) 877-8399 (TDD), (866) 377-8642 (Federal Relay).



Last Updated (1/23/15)

