



Do you want to move within the city of Flagstaff?  Yes  No If yes, where would you like to move to? \_\_\_\_\_

Do you want to transfer to another city/state?  Yes  No If yes, where do you want to transfer to? \_\_\_\_\_

**\*\* If you wish to move out of Flagstaff or move to another unit you must submit your request to the CFHA no later than 60 days before your current lease expiration. You must also provide a copy of your notice to vacate signed by you and your landlord to the CFHA \*\***

Do you pay for childcare so that you are any other adult on the application can work or attend school?  Yes  No

If yes, which children, 13 and under, receive childcare? \_\_\_\_\_

Name of Childcare Provider: \_\_\_\_\_ Provider's Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Amount paid per week \$ \_\_\_\_\_ or every two weeks \$ \_\_\_\_\_ or every month \$ \_\_\_\_\_

Do you receive childcare assistance from DES or other agencies?  Yes  No If yes, must provide letter from DES or agency with the breakdown of payments. Childcare expenses will be based on current DES rates.

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**Elderly, Disabled or Handicapped Information:**

Do you have Medicare?  Yes  No If yes, what is your Medicare Premium? \_\_\_\_\_

Do you receive medical assistance through the Department of Economic Security?  Yes  No

Do you have any other medical insurance?  Yes  No If yes, must provide letter from insurance company showing monthly insurance premium payments.

Do you pay for out of pocket medical expenses?  Yes  No If yes, must provide letter/printout from all your doctors and pharmacy companies with recurring expenses on a separate piece of paper

Are you claiming handicapped or disabled status for any member of your household?  Yes  No If yes, who? \_\_\_\_\_

Do you pay for an attendant or for any equipment for the handicapped member(s) that permit them or someone else in the family able to work?  Yes  No If yes, must provide letter from person or agency you make payments to.

**NOTE: You MUST provide medical expense information for family members in which the head or spouse is at least 62 or a person with disabilities as all family members are eligible for medical expenses. Need to provide names and addresses for verification of expenses**

**TOTAL HOUSEHOLD INCOME – List All Amounts Received**

Type of Income or Benefit Received	✓ Yes	✓ No	Name of Household Member with Income	Name of Employer or Name of Source of Income:	Total Monthly Earned Wages and Benefits
Employment/Wages					
Self-Employment					
AFDC/TANF					
SSI					
Social Security					
Child Support					
Unemployment					
Federal Work Study					
Family Contributions/ Private Support					
Pensions					
Alimony					
Financial Aid					
Food Stamps					
Adoption Subsidy - Foster Care Subsidy					
Other (Specify)					

Is anyone on the application over 18yrs old and a full time student?  Yes  No    If yes, who? \_\_\_\_\_,  
 What school is he/she attending? NAU\_\_ CCC \_\_ College of America \_\_ CHS\_\_ FHS\_\_ Other, list name(s) \_\_\_\_\_  
 How many credit hours enrolled? \_\_\_\_\_

**TOTAL HOUSEHOLD ASSETS:** Must provide information for ALL checking/savings accounts, that includes the Direct Express card and any other Prepaid cards.

Type of Account	✓ Yes	✓ No	Family Member	Bank Name	Account Number
Checking					
Savings					
Prepaid Card					
Certificate of Deposit					
Money Market Accounts					
Mutual Funds					
Trust, Stocks, Bonds					
Keough's					
IRA'S					
Other					

What is the total amount of cash on hand? \$ \_\_\_\_\_

Do you or any household member own or have an interest in any real estate, houseboat, and or mobile home?  Yes  No If yes, what is the market value of the property? \$ \_\_\_\_\_ Give the location of property \_\_\_\_\_

Do you have a Life Insurance Policy?  Yes  No If yes, must provide a letter from the Life Insurance Company with its current value.

Have you or any household member disposed of any assets in the past two (2) years.  Yes  No If yes, when, \_\_\_\_\_, type of asset, \_\_\_\_\_, and who, \_\_\_\_\_

**GENERAL INFORMATION**

Does anyone outside of your household pay for any of your bills or provide you with money regularly?  Yes  No

If yes, explain \_\_\_\_\_

**CONTINUE GENERAL INFORMATION**

Do you receive Utility Assistance?  Yes  No If yes, amount received \$ \_\_\_\_\_ Agency \_\_\_\_\_

Does anyone on the application file Federal Income Tax Returns?  Yes  No If yes, last year filed: \_\_\_\_\_

Has anyone in the household ever been arrested or convicted of a crime other than traffic violations in the past year?  Yes  No  
If yes, explain \_\_\_\_\_

Is anyone on the application required to register as a sex offender?  Yes  No

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the CFHA housing programs. Because disabilities are not always apparent, the CFHA will ensure that all applicants/participants are aware of the opportunity to request reasonable accommodations. Do you need a Request for Reasonable Accommodation Form? \_\_\_\_\_

**CERTIFICATION**

I/we do hereby certify that all the information above is true and correct to the best of my/our knowledge. I also understand that All Changes in the income of any member of my household as well as any changes in the household membership must be reported to the City of Flagstaff Housing Authority, Section 8 Caseworker within ten (10) business days of its occurrence.

**Signature of Head of Household:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Spouse:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Other Adult:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Other Adult:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments/Questions/Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***WARNING!! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.***