



LABOR'S COMMUNITY SERVICE AGENCY

Address: 3117 North 16th Street, Suite 100, Phoenix, Arizona 85016
 Phone: (602) 263-5741 Fax: (602) 263-0815 Web: www.lcsaphx.org



AFFORDABLE HOUSING APPLICATION

DATE OF APPLICATION: _____ REFERRED BY: _____

Information of Primary Applicant

Full Name (first middle last): _____

Current Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone Numbers: Home _____ Cell _____ Other _____

Date of birth: _____ Age: _____ Social Security #: _____

Marital Status: Single Married Divorced Widowed Other

Total number of persons (adults and children) who will be living in your household: _____

Employment Information of Primary Applicant

Are you able to work? Yes No If no, why? _____

Current Employer: _____ City: _____ State: _____

Hours/Week: _____ Salary or Wage: _____ Date Hired: _____

Position/Job Title: _____

Please provide the following information about your two most recent jobs:

	Previous Job 1	Previous Job 2
Name of Employer		
Start Date		
End Date		
Position		
Wage or Salary		
Reason for leaving		

Student Status: Full-time Part-time N/A

Information of Spouse/Significant Other

Full Name (first middle last): _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home _____ Cell _____ Other _____

Email: _____

Date of birth: _____ Age: _____ Social Security #: _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed ___ Other

Employment Information of Spouse/Significant Other

Are you able to work? Yes No If no, why? _____

Current Employer: _____ City: _____ State: _____

Hours/Week: _____ Salary or Wage: _____ Date Hired: _____

Position/Job Title: _____

Please provide the following information about your two most recent jobs:

	Previous Job 1	Previous Job 2
Name of Employer		
Start Date		
End Date		
Position		
Wage or Salary		
Reason for leaving		

Student Status: ___ Full-time ___ Part-time ___ N/A

Family Information

Please provide the following information for a person to contact in the event of an emergency in your family:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Please provide the following information for everyone who would move in with you:

Last Name, First Name	Social Security #	Gender M/F	Birth date mm/dd/yy	Student Status Y/N/NA

Are all household members U.S. citizens or legal residents? Yes No
 If no, list which member and where they were born. _____

Does any member of your household require Reasonable Accommodation? Yes No
 If yes, please specify _____

Do you have pets? Yes No

Type/Breed: _____

Are you a registered Sex Offender or have any charges pending? Yes No
 If yes, please explain _____

Have you or anyone on this application plead guilty to or been convicted of any felony? Yes No
 If yes, please state type of felony and explain _____

Are there any ongoing criminal cases against you or any member of your household? Yes No
 If yes, please explain _____

Are you or any household member currently on probation/parole? Yes No

Budget Information

Monthly Income Chart

Primary Applicant		Spouse/Significant Other			
Monthly Employment Income	Gross	Net	Monthly Employment Income	Gross	Net
Unemployment			Unemployment		
Cash Assistance			Cash Assistance		
Food Stamps			Food Stamps		
SSI/SSDI			SSI/SSDI		
Child Support			Child Support		
Other: _____			Other: _____		
Total Monthly Income			Total Monthly Income		

Current Monthly Expenses

Primary Applicant and Spouse/Significant Other	
Rent	
Phone	
Utilities	
Car payment	
Car Insurance	
Gas/Bus fare	
Daycare	
Credit cards/loans	
Food	
Other: _____	
Other: _____	
Total Monthly Expenses	

Financial Information

Does any member of your household have a COURT ORDER to receive child support or alimony even if no payments are being received? Yes No

Which member? _____ Payment Amount \$ _____

Which member? _____ Payment Amount \$ _____

Which member? _____ Payment Amount \$ _____

Are you making any efforts to collect amounts due? Yes No
 If yes, please explain efforts you are making? _____

Does any member of your household have a COURT ORDER to pay child support or alimony? Yes No

Payment Amount \$ _____

Does any household member currently have a Checking or Savings Account?

Name on Account: _____ Type: _____

Bank Name/Address: _____

Name on Account: _____ Type: _____

Bank Name/Address: _____

Does any household member have any assets such as: 401K, Pension, Money Markey Account, CD's or any other investment income: Yes No

If yes, please explain _____

Has any household member disposed of any asset (s) valued over \$1,000

Residential Information

	Primary Applicant		Spouse/Significant Other	
	List 2 Previous Addresses		List 2 Previous Addresses	
Location	1	2	1	2
Rent Amount				
Dates Rented	From: To:	From: To:	From: To:	From: To:
Reason for Leaving				

References

Name	Address	Phone	Relationship to you

Please read and initial each section.

LCSA reserves the right to conduct criminal background checks and pull a credit report on participants at no cost to the participants. ____/____ (Initial)

Information given on this form is true and correct to the best of my knowledge. LCSA has my permission to verify all references and information provided. ____/____ (Initial)

Any misrepresentation or falsification of this application will be cause for denial or eviction. ____/____ (initial)

By signing below, I acknowledge that I have read and understood each section. I understand that the submission of this application is not a valid contract until I formally sign a lease agreement with Labor's Community Service Agency.

SIGNATURE OF PRIMARY APPLICANT

DATE

SIGNATURE OF SPOUSE/SIGNIFICANT OTHER

DATE

