

GILA RIVER HOUSING AUTHORITY
OFFICE OF MANAGEMENT AND DEVELOPMENT

APPLICATION FOR HOUSING ASSISTANCE
MUTUAL HELP

NAME: _____

DATE: _____

ADDRESS: _____

TIME: _____

DISTRICT: 1 2 3 4 5 6 7

TELEPHONE: HOME: _____

BEDROOM SIZE: _____

WORK: _____

Have you ever lived in a HUD Assistant Home under Gila River Housing Authority? Yes No
if Yes, When: _____ Where: _____ Reason for Leaving: _____

1. Family Composition
 Person who will move into unit.

Family Members	Relation	Birth Date	Age	Sex	S.S.N.	Enrollment No.
1.	H.O.H.					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

Anticipated Changes in Family Composition: _____

2. Source of Family Income

Family Member	Name of Business	Business Address	Estimated Yearly Income or Hourly Rate

Total Yearly Family Income \$ _____

3. HOUSING CONDITIONS:

A. Without Housing? YES NO Explain: _____

B. Directions to Present Residence: _____

4. DISABLED/HANDICAPPED/VETERAN:

A. Member Disabled: _____

B. Member Handicapped: _____

C. Member In Military Service: _____



I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements herein.

Name of Applicant(s): _____ Date: _____
 _____ Date: _____

Interviewed by: _____ Date: _____
 Title: _____

For Office Use Only	
Veteran: _____	Tribal Member: _____
Steady Income: _____	Overcrowded: _____
Good Credit History: _____	Police Officer: _____
Married Couple: _____	
Eligible: _____ Ineligible: _____	Total Points: _____