

CITY OF MESA HOUSING SERVICES DIVISION

APPLICATION FOR SECURITY/UTILITY DEPOSIT ASSISTANCE

APPLICATIONS SHOULD BE SUBMITTED AT LEAST 14 DAYS PRIOR TO YOUR MOVE-IN DATE TO ALLOW TIME FOR ELIGIBILITY AND APPROVAL.

You must complete all areas of the application, do not leave any blank spaces. Allow **10-14 business days** to process your application. Final Approval will not be sent to the Landlord/Complex until after the unit passes inspection.

Head of Household Name: **(as it appears on Social Security Card)** _____

Gender (must check one): ☐ Male ☐ Female ☐ Other

Race (must check one): ☐ White ☐ Black/African American ☐ Asian ☐ Pacific Islander
☐ American Indian/Native Alaskan

Ethnicity (must check one): ☐ Hispanic ☐ Not Hispanic

[This information is requested to comply with Equal Opportunity requirements and to assure that no discrimination occurs. The answer will not affect approval for the program.]

Current Legal Address: _____

Current Mailing Address: _____

Phone: _____ Email: _____ MSG: _____

Please answer the following: Homeless: ☐ Yes ☐ No Elderly ☐ Yes ☐ No Disabled ☐ Yes ☐ No

SECURITY DEPOSIT INFORMATION

Address of Prospective Unit (including street address, apt #, city, zip code) _____

No. of Bedrooms: _____ Requested move-in date _____

Amount of Refundable Security Deposit (cannot be more than two month's rent) _____

Name of Landlord/Complex: _____

Landlord/Complex Address (including street address, city, state, zip code) _____

Landlord/Complex Phone: _____ Landlord/Complex FAX/Email: _____

UTILITY DEPOSIT INFORMATION

Are you applying for utility assistance: ☐ Yes ☐ No If Yes, complete the information below, **if No** move to next section.

You **MUST** set up an account with the utility providers to receive the **REQUIRED** Account number.

Name of Utility Provider	Account #	Refundable Deposit
SRP (up to \$235)	_____	_____
City of Mesa (Electric and/or Gas, Water, Sewer & Trash)	_____	_____
Southwest Gas	_____	_____

Required documentation from the Utility Company: Must provide letter with Deposit amount, Account number, Address of unit.

**** Utility deposit paid only when accompanied with rental security deposit ****



INCOME INFORMATION: List total GROSS MONTHLY income (before taxes) and payments received by each family member from ANY source.

FIRST NAME	WAGES	TANF	Child Support	SS/SSI or Disability	Unemployment Benefits	Pensions	Odd Jobs	Any Other Income

HOUSEHOLD COMPOSITION: List ALL members who will be living with you in the assisted housing unit
START WITH YOURSELF

Last Name	First Name	MI	Relationship	Birth Date	Sex	SSN	Disabled
			HEAD				<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N

ASSET/BANKING INFORMATION: List ALL checking and savings account(s), IRAs, Keogh accounts and Certificates of Deposit for each family member.

MEMBER NAME	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER

You MUST provide the last two current and consecutive bank statements.

HOUSEHOLD INFORMATION

- ☐ Yes ☐ No Is your household on Housing Choice Voucher Program (Section 8)? If your household does not participate in Section 8, additional documents may be required to verify income and eligibility for the TBRA program.
- ☐ Yes ☐ No Has anyone in your household ever been convicted of fraud in any federally assisted housing program or been required to repay money to a housing agency for any reason? Who? _____ When? _____ Where? _____
- ☐ Yes ☐ No Has anyone in your household been arrested for drug related criminal activity or violent criminal activity within the past 5 years? Who? _____ When? _____ Where? _____
- ☐ Yes ☐ No Is anyone in your household subject to a lifetime registration under a state sex offender law? Who? _____ What state? _____

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION

APPLICANT CERTIFICATION: I certify that the information given to the City of Mesa Housing Services Division on this form is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal and state law and are grounds for denial or termination of housing assistance.

PERMISSION TO VERIFY INFORMATION: **My signature below means that I understand and agree that the City of Mesa may verify the information supplied for my application and/or recertification, including employment information.** I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the City of Mesa may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State Welfare and food stamp agencies. Preliminary criminal background information obtained from public information sources is also understood. *I understand that this is federal funding provided by the HOME Investment Partnership Program under the TBRA Program (24 CFR Part 92.209), which is a one-time assistance and that if I abide by the rules of my lease, the landlord will reimburse this refundable amount to **The City of Mesa.***

Application MUST be submitted 10 days BEFORE requested move in date!

SIGNATURES

Head of Household: _____ Date: _____

2nd Adult Signature: _____ Date: _____

Applications cannot be approved without the required documentation. If you are on our housing program, we will NOT pull documentation from your file.

If you are unable to upload documents, you can fax or drop them off. Include a cover sheet with your name and Security Deposit Application:

Fax at (480) 644-2923 or Secure Drop box at: 200 S Center St., Bldg. 1 Mesa AZ 85210

Picture ID for Head of Household

Social Security cards for all members of the household

Proposed Lease Agreement (unsigned) with household members names listed and must state **amount of REFUNDABLE Security Deposit** (Not to exceed amount of two month's rent). **Proposed lease MUST NOT include any prohibited lease terms such as "Jury Trial Waiver" per HUD regulations 24 CFR 92.253.**

Proof of Income for all household members (last two months of current/consecutive paystubs, an award letter or benefit verification from DES, Social Security, or other source, etc.)

Child Support and Alimony income (12 months current history print-out, NOT court order)

Bank statements for all assets (last two current/consecutive months, NOT transaction history, must have full name and full account number.)

Utility Deposit assistance (for all utilities) is only approved if rental Security Deposit Assistance is approved. You **MUST** contact the utility providers to set up your account. They will provide you a letter that includes your name, complete address, account number and deposit amount.

SRP customers - (602) 236-8888

COM Customers-- (480) 644-2221