



www.mesaaz.gov

MS-9870
20 East Main St., Suite 250
P.O. Box 1466
Mesa, AZ 85211-1466
Office (480) 644-3536
Fax (480) 644-2923
Office Hours: Monday-Thursday 7:00 a.m.-6:00 p.m., closed Friday

Applicant Name

Application MUST be submitted
10-days before move-in date

SECURITY / UTILITY DEPOSIT PROGRAM

Who Qualifies:

- You have not previously been assisted with Security Deposit in the last 5-years from the City of Mesa
Annual Gross Income is at or below 50% median as shown below:

Table with 2 columns: Persons in Household, Not to exceed. Rows 1-8 with corresponding income limits.

Required documentation that will need to be submitted with the completed application:

- 1. Picture ID for Head of Household
2. Original Social Security Cards for all members of the household (NO COPIES)
3. Proposed Lease Agreement (unsigned) with household members names listed and must state amount of REFUNDABLE Security Deposit (Not to exceed the amount of one month's rent). Proposed lease MUST NOT include any prohibited lease terms such as "Jury Trial Waiver" per HUD regulations 24 CFR 92.253
4. Proof of Income for all household members (last 2-months of current/consecutive paystubs, an award letter or benefit verification from DES, Social Security or other source, etc.)
5. Child Support and Alimony income (12-months current history print-out, NOT court order)
6. Bank statements for all assets (last 2 current/consecutive months, NOT transaction history, must have name and full account number)
7. Utility Deposit assistance is only approved if rental Security Deposit Assistance is approved. You MUST contact the utility provider to setup your account. They will provide you a letter that includes your name, address of unit and the account #. You are responsible to have a copy of this document at the time we accept the application. We will not print this document for you.
SRP customers - (602) 236-8888 COM customers - (480) 644-2221

NOTE:

- All units MUST be inspected before the assistance can be approved.
- We cannot assist with security deposit if you have already moved into the unit and/or signed a lease.
- Landlord must agree to terms of the program
- Assistance is based on availability of funding.

Applications are available at the City of Mesa Housing Office:

20 E. Main St, Suite 250, Mesa, AZ 85201

For accommodations, such as braille, large print, or translation, please contact City of Mesa Housing and Community Development at (480) 644-3536, or AzRelay 7-1-1 for those who are deaf or hard of hearing. Si necesita información en español por favor de llamar al 480-644-3536.



# CITY OF MESA HOUSING SERVICES DIVISION

## APPLICATION FOR SECURITY/UTILITY DEPOSIT ASSISTANCE

FY17/18

**PLEASE PRINT CLEARLY** (If we cannot read it, we cannot process it.) Make sure to complete all areas of the application, do not leave any blank spaces. Please allow 10 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)** \_\_\_\_\_

**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:** \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **MSG:** \_\_\_\_\_

**Please check/answer the following:**

Yes  No Homeless             Yes  No Elderly             Yes  No Disabled

**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 one 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 STOP and move to next page.  
 You MUST setup an account with the utility provider to receive the REQUIRED Account #.

Check if applicable	Name of Utility Provider	Account #	Amount of Refundable Deposit
	<i>SRP (Electric)</i>		
	<i>City of Mesa (Electric and/or Gas, Water, Sewer &amp; Trash)</i>		
	<i>Southwest Gas</i>		

**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 via the most economical plan\*\***



**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	Soc. Sec./SSI or Disability	U.I.C. 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	Middle Initial	Relationship	Birth Date	Sex	Soc. Sec. Number	Place of Birth	Disabled	
								Yes	No
			HEAD						

\*\*If more space is needed, attach separate piece of paper with above information.

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

MEMBER NAME	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER

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



**HOUSEHOLD INFORMATION**

- NO  YES 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.
- NO  YES 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? \_\_\_\_\_
- NO  YES Has anyone in your household been arrested for drug related criminal activity or violent criminal activity within the past 5 years? Who?: \_\_\_\_\_ When?: \_\_\_\_\_ Where?: \_\_\_\_\_
- NO  YES 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 me.*

**SIGNATURES: Application MUST be submitted 10 days BEFORE requested move-in date!**

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_  
2<sup>nd</sup> Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This application must be brought in to the City of Mesa Housing and Community Services office at 20 E. Main St., Suite 250, Mesa. No electronic/fax submissions will be accepted.**

**Applications will not be accepted without the required documentation (review first page). If you are on our housing program, we will NOT be able to pull your documentation from your file.**

