



HOUSING AUTHORITY OF COCHISE COUNTY
 100 Clawson Ave, 1st Floor / PO Box 167, Bisbee AZ 85603
 Telephone: 520-432-8880 • TDD: 520 432-8360 • FAX: 520-432-8890

FOR OFFICE USE ONLY!
 Date & Time application was received _____
 Tenant ID# _____

SECTION 8 HOUSING CHOICE VOUCHER • PRE-APPLICATION

Please use Pen/Ink

Please print clearly

Head of Household							
Last Name of Head of Household 1.		First Name, MI		Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	
Are you a Homeless Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		Ethnicity (Check One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino		Is the Head of Household or Spouse <input type="checkbox"/> Elderly, 62 or older <input type="checkbox"/> Handicapped / Disabled <input type="checkbox"/> None	
Current Address:		Apt #	City, State		Zip Code	Primary Phone ()	
Mailing Address:		Apt #	City, State		Zip Code	Secondary Phone ()	

If you have a disability and require a reasonable accommodation, please complete the next page

Last Name	First Name	Relationship	Age	Sex M / F	Date of Birth	Social Security #	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
2.							<input type="checkbox"/> Yes <input type="checkbox"/> No
3.							<input type="checkbox"/> Yes <input type="checkbox"/> No
4.							<input type="checkbox"/> Yes <input type="checkbox"/> No
5.							<input type="checkbox"/> Yes <input type="checkbox"/> No
6.							<input type="checkbox"/> Yes <input type="checkbox"/> No
7.							<input type="checkbox"/> Yes <input type="checkbox"/> No
8.							<input type="checkbox"/> Yes <input type="checkbox"/> No

Source of Income for ALL household members including children (Check all that apply)

Employment Wages Child Support
 AFDC (Cash Assistance) Family Support
 SSI / SS Other _____ Monthly Gross Income from all combined Income \$ _____

Waiting List Preferences (Check all that apply)

<input type="checkbox"/> Residency: Living or working or have been hired to work in Cochise or Graham County	<input type="checkbox"/> Elderly / Disabled One who is at least 62 yrs old. Disabled person as defined by Section 223 of the Social Security Act or Section 102(7) of the Developmental Disabilities Assistance & Bill of Rights Act	<input type="checkbox"/> Economic Self Sufficiency A person, who is a student, working or has been in job training for at least (3)three months.	<input type="checkbox"/> Chronically Homeless A person who is referred to HACC by a homeless shelter as chronically homeless as defined by HUD. (Must attach letter from homeless shelter to receive this preference)
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I certify that the above information is accurate and complete. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Housing Choice Voucher Program.

Signature of Applicant / Head of Household

Date

Signature of Co-Applicant / Spouse

Date



Housing Authority of Cochise County

100 Clawson Avenue Old Bisbee High School – First Floor
P O Box 167
Bisbee, AZ 85603

TEL (520) 432-8880
FAX (520) 432-8890
TDD (520) 432-8360

REQUEST FOR A REASONABLE ACCOMMODATION DUE TO A DISABILITY – Section 8 Housing Choice Voucher Program

Please give us the details of your accommodation request:

Name _____ Phone _____

Address _____

The following member of my household has a disability: _____

(Name)

Disability is defined as: A physical or mental impairment that substantially limits one or more major life activities; or a record of having such an impairment; or regarded as having such an impairment.

What is your accommodation request? _____

How would this accommodation request allow you to fully take part in our housing program? _____

I understand that I must still abide by my current signed lease, and that my accommodation request is only to ask for an exception to a Section 8 policy. I also understand that the exception may be on a one-time or a permanent basis, as decided by the Housing Authority of Cochise County.

Signature of Head of Household _____

Date _____

Please complete the form below so that HACC may have your permission to contact your reliable, knowledgeable professional for more information to verify your accommodation request.

Release of Information (to be filled out by the Section 8 participant)

I _____, hereby authorize and request:

Client Name (please print)

Fax or email _____

Qualified Medical Professional (please print)

Street Address _____

City, State and Zip Code _____

To release and exchange information with/to Housing Authority of Cochise County, concerning the following client:

Client Name _____

DOB _____

Soc. Sec. Number _____

Information to be included: Medical information verifying the need for the requested reasonable accommodation.

I release you and The Housing Authority of Cochise County from any and all legal responsibility that may arise from this authorization and release of information. Duplication and further dissemination of any portion of this information will not occur without my express authorization. This authorization, or copy thereof, shall remain in effect for (1) one year.

Signature of Client _____

Date _____

Please return this form to your Section 8 Housing Specialist

Or to: Housing Authority of Cochise County
PO Box 167
Bisbee, AZ 85603

Mariela Maldonado
Housing Specialist

PLEASE KEEP THIS PAGE

THERE ARE FIVE ELIGIBILITY REQUIREMENTS FOR ADMISSION TO SECTION 8:

- A. Qualifies as a family;
- B. Family has income within the income limits;
- C. Family meets citizenship/eligible immigrant criteria;
- D. Family provides documentation of social security numbers;
- E. Family signs consent authorization documents.

In addition to the eligibility criteria, families must also meet the Housing Authority of Cochise County's screening criteria in order to be admitted to the Section 8 program.

Income Limits - Cochise County

Minimum and Maximum Gross Annual Income Limits by Family Size (as of May 2014)

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Minimum	\$11,670	\$15,730	\$19,790	\$23,850	\$27,910	\$30,150	\$32,200	\$34,300
Maximum	\$29,050	\$33,200	\$37,350	\$41,500	\$44,850	\$48,150	\$51,500	\$54,800

Income Limits – Graham County

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Minimum	\$11,670	\$15,730	\$19,790	\$23,850	\$27,910	\$30,650	\$32,750	\$34,850
Maximum	\$29,600	\$33,800	\$38,050	\$42,250	\$45,650	\$49,050	\$52,400	\$55,800

LIST OF DOCUMENTS THAT WILL BE REQUESTED AT ELIGIBILITY

The following is a list of documents that will be requested by the Housing Authority to establish eligibility for Section 8 rental assistance. The Housing Authority determines eligibility for each person on the application after all documents are presented. You will be required to provide original documents. Copies will not be accepted. **DO NOT SEND ORIGINALS BY MAIL.**

1. Social Security card for each person listed on the application.
2. Certified Birth Certificate for each person listed on the application.
3. Proof of income for each household member on the application regardless of age.
4. Reasonable Accommodation form for persons with disabilities requesting accessibility or accommodations to participate equally in the housing program.

LISTA DE LOS DOCUMENTOS QUE SE SOLICITARAN EN ELEGIBILIDAD

La siguiente es una lista de los documentos que serán solicitadas por la Autoridad de Vivienda para determinar la elegibilidad para la Sección 8. La Autoridad de Vivienda determina la elegibilidad de cada persona sobre la aplicación después de que todos los documentos se presentan. Se le pedirá que proporcione los documentos originales. No se aceptarán copias. **NO ENVÍE ORIGINALES POR CORREO**

1. Tarjeta de Seguro Social para cada persona que aparece en la aplicación.
2. Certificado de nacimiento de cada persona de la lista de la aplicación
3. Comprobante de ingresos para cada miembro del hogar en la aplicación, independientemente de la edad.
4. La forma para pedir Ajustes razonables para las personas con discapacidad que solicitan accesibilidad o alojamiento para participar igualmente en el programa de vivienda.