

**ARIZONA DEPARTMENT OF
ECONOMIC SECURITY
Arizona Rental Assistance Program
ARIZONA RENTAL ASSISTANCE
MANUAL APPLICATION**

***Questions with a * are required
to be answered.***

**If additional explanation or information is
needed, please add additional sheet.**

INTRODUCTION

Arizona Rental Assistance (the Program) supports households experiencing housing instability or at risk for eviction in returning to self-sufficiency. The Program provides rental assistance to low-income families and seniors who have fallen into arrears due to challenges such as loss or reduction of employment, significant change in economic conditions, or other financial hardship. To qualify, a household must:

- Be experiencing housing insecurity or risk of eviction.**
- Have total household income no greater than 80% of the Area Median Income.**
- Be located in Arizona, obligated by a written lease agreement to pay rent.**

See page 35 for EOE/ADA disclosures

- **Either be a family with one or more children under the age of 18, or with one or more seniors at least 60 years of age living in the household.**
- **Have a household member who is employed, or demonstrates a likelihood of employment or equivalent self-sufficiency.**

The checklist below summarizes documents that will be required with your application. Please refer to Appendix 1 for all accepted document types, or contact a program representative at 1-833-912-0878 with any questions you may have.

- **Proof of Housing Instability or Risk of Eviction (*e.g. eviction notice, past due rent notice*)**
- **Proof of Residence for the Applicant, and at least one senior in the household (*if any*)**
- **Proof of Identity for the Applicant, and at least one child or senior in the household**
- **Proof of Income for any household members who are 18 and older, or 16-17 years of age if not a full-time high-school student or equivalent; provide any documentation of both earned and unearned income**

- **Proof of Employment, Support, or Educational, Vocational, or Job Training Program for one household member**

By submitting an application for rental assistance benefits, you certify, under penalty of perjury, that all information is true and correct, that all documents provided are genuine, and that you have not intentionally withheld or altered information relevant to your application or eligibility. If you, your representative, or any household member hides or provides false information to receive rental assistance that you are not entitled to, that person will be subject to:

- **Repayment of benefits**
- **Criminal prosecution**
- **Fines**
- **Imprisonment**
- **Other penalties provided for by State and Federal law**

Knowing violation of Program rules to receive rental assistance to which you are not entitled will disqualify you from receiving services for:

- **12 months for the first violation**
- **24 months for the second violation**
- **Permanently for three or more violations**

PRIMARY APPLICANT INFORMATION

First Name*: _____

Middle Name: _____

Last Name*: _____

Date of Birth*: _____

Address Line 1*:

Address Line 2:

City*: _____

State*: _____

ZIP Code*: _____

County*: _____

Phone Number*: _____

Email (*must be current, application correspondence is primarily sent via email*)*:

Preferred Method of Contact:

Phone Email

RESIDENCE DETAILS

Do you rent your residence?* **Yes** **No**

Did you or anyone in your Household receive benefits from the Emergency Rental Assistance Program (ERAP)?*

Yes **No**

Do you or anyone in your Household currently receive other rental assistance, or public benefit which subsidizes your rent cost such as Section 8, public housing, Housing Choice Voucher, or Project Based Rental Assistance?*

Yes **No**

If yes, how much of a benefit do you receive, per month? _____

How many people live in your household?*

Is anyone in your household experiencing housing insecurity or risk of eviction?*

Yes **No**

Has your household received an eviction notice? *(If yes, please provide a copy of your eviction notice to receive expedited processing)**

Yes **No**

Do you or an adult in your household have full-time employment? (30 or more hours per week, or 130 or more hours per month)*

Yes No

Do you or an adult in your household receive unemployment, workers compensation, or disability benefits?*

Yes No

**PRIMARY APPLICANT
DEMOGRAPHICS AND INCOME**

What is your race?*

**American Indian Alaska Native
Asian Black or African American
Native Hawaiian or Other Pacific Islander
White Choose not to respond**

What is your ethnicity?*

**Hispanic or Latino
Not Hispanic or Latino
Choose not to respond**

As what gender do you identify?*

**Female Male
Choose not to respond**

Are you a veteran?*

Yes No Choose not to respond

Are you currently receiving income?*

Yes No

**If yes, frequency: Weekly Bi-weekly
Twice a Month Monthly**

If receiving income, how much do you get paid each paycheck (*before taxes and deductions*)? _____

If unemployed, are you immediately available for full-time employment?

Yes No

If unemployed:

I had full-time employment in the last four (4) months

I completed an educational, vocational, or job training program in the last six (6) months

I have a full-time job offer starting in the next three (3) months

None of the above

HOUSEHOLD COMPOSITION

Resident 2 – Basic Information

First Name*: _____

Last Name*: _____

Date of Birth*: _____

What is your race?*

**American Indian Alaska Native
Asian Black or African American
Native Hawaiian or Other Pacific Islander
White Choose not to respond**

What is your ethnicity?*

**Hispanic or Latino
Not Hispanic or Latino
Choose not to respond**

As what gender do you identify?*

**Female Male
Choose not to respond**

Are you a veteran?*

Yes No Choose not to respond

Income Information (*Required for adults 18 years of age and older, and children 16-17 years of age only if not a full-time high-school student or equivalent*):

Is this member currently receiving income?*

Yes No

**If yes, frequency: Weekly Bi-weekly
Twice a Month Monthly**

If receiving income, how much does this member make each paycheck (*before taxes*)

and deductions)? _____

If unemployed, is this member immediately available for full-time employment?

Yes No

If unemployed:

Had full-time employment in the last four (4) months

Completed an educational, vocational, or job training program in the last six (6) months

Has a full-time job offer starting in the next three (3) months

None of the above

Parent / Guardian Information (*Required for children under 18 years of age*):

Parent/Guardian Household Member Name

(First, Last): _____

Parent/Guardian is the child's:

Natural or Adoptive Parent

Non-Parent Relative

Legal Permanent Guardian

If Non-Parent Relative, what is the non-parent relative's relationship? (*Ex. Aunt, Step-parent, grandparent, etc.*):

Resident 3 – Basic Information**First Name*:** _____**Last Name*:** _____**Date of Birth*:** _____**What is your race?***

American Indian Alaska Native
Asian Black or African American
Native Hawaiian or Other Pacific Islander
White Choose not to respond

What is your ethnicity?*

Hispanic or Latino
Not Hispanic or Latino
Choose not to respond

As what gender do you identify?*

Female Male
Choose not to respond

Are you a veteran?*

Yes No Choose not to respond

Income Information (*Required for adults 18 years of age and older, and children 16-17 years of age only if not a full-time high-school student or equivalent*):

Is this member currently receiving income?*

Yes No

**If yes, frequency: Weekly Bi-weekly
Twice a Month Monthly**

If receiving income, how much does this member make each paycheck (*before taxes and deductions*)? _____

If unemployed, is this member immediately available for full-time employment?

Yes No

If unemployed:

Had full-time employment in the last four (4) months

Completed an educational, vocational, or job training program in the last six (6) months

Has a full-time job offer starting in the next three (3) months

None of the above

Parent / Guardian Information (*Required for children under 18 years of age*):

Parent/Guardian Household Member Name

(*First, Last*): _____

Parent/Guardian is the child's:
Natural or Adoptive Parent
Non-Parent Relative
Legal Permanent Guardian

If Non-Parent Relative, what is the non-parent relative's relationship? (*Ex. Aunt, Step-parent, grandparent, etc.*):

Resident 4 – Basic Information

First Name*: _____

Last Name*: _____

Date of Birth*: _____

What is your race?*

- American Indian** **Alaska Native**
- Asian** **Black or African American**
- Native Hawaiian or Other Pacific Islander**
- White** **Choose not to respond**

What is your ethnicity?*

- Hispanic or Latino**
- Not Hispanic or Latino**
- Choose not to respond**

As what gender do you identify?*

- Female** **Male**
- Choose not to respond**

Are you a veteran?*

Yes No Choose not to respond

Income Information (*Required for adults 18 years of age and older, and children 16-17 years of age only if not a full-time high-school student or equivalent*):

Is this member currently receiving income?*

Yes No

**If yes, frequency: Weekly Bi-weekly
Twice a Month Monthly**

If receiving income, how much does this member make each paycheck (*before taxes and deductions*)? _____

If unemployed, is this member immediately available for full-time employment?

Yes No

If unemployed:

Had full-time employment in the last four (4) months

Completed an educational, vocational, or job training program in the last six (6) months

Has a full-time job offer starting in the next three (3) months

None of the above

Parent / Guardian Information (*Required for children under 18 years of age*):

Parent/Guardian Household Member Name

(*First, Last*): _____

Parent/Guardian is the child's:

Natural or Adoptive Parent

Non-Parent Relative

Legal Permanent Guardian

If Non-Parent Relative, what is the non-parent relative's relationship? (*Ex. Aunt, Step-parent, grandparent, etc.*):

Resident 5 – Basic Information

First Name*: _____

Last Name*: _____

Date of Birth*: _____

What is your race?*

American Indian Alaska Native

Asian Black or African American

Native Hawaiian or Other Pacific Islander

White Choose not to respond

What is your ethnicity?*

Hispanic or Latino

Not Hispanic or Latino

Choose not to respond

As what gender do you identify?*

Female Male

Choose not to respond

Are you a veteran?*

Yes No Choose not to respond

Income Information (*Required for adults 18 years of age and older, and children 16-17 years of age only if not a full-time high-school student or equivalent*):

Is this member currently receiving income?*

Yes No

If yes, frequency: Weekly Bi-weekly

Twice a Month Monthly

If receiving income, how much does this member make each paycheck (*before taxes and deductions*)? _____

If unemployed, is this member immediately available for full-time employment?

Yes No

If unemployed:

Had full-time employment in the last four (4) months

Completed an educational, vocational, or job training program in the last six (6) months

Has a full-time job offer starting in the next three (3) months

None of the above

Parent / Guardian Information (*Required for children under 18 years of age*):

Parent/Guardian Household Member Name

(*First, Last*): _____

Parent/Guardian is the child's:

Natural or Adoptive Parent

Non-Parent Relative

Legal Permanent Guardian

If Non-Parent Relative, what is the non-parent relative's relationship? (*Ex. Aunt, Step-parent, grandparent, etc.*):

Resident 6 – Basic Information

First Name*: _____

Last Name*: _____

Date of Birth*: _____

What is your race?*

- American Indian**
- Alaska Native**
- Asian**
- Black or African American**
- Native Hawaiian or Other Pacific Islander**
- White**
- Choose not to respond**

What is your ethnicity?*

- Hispanic or Latino**
- Not Hispanic or Latino**
- Choose not to respond**

As what gender do you identify?*

- Female**
- Male**
- Choose not to respond**

Are you a veteran?*

- Yes**
- No**
- Choose not to respond**

Income Information (*Required for adults 18 years of age and older, and children 16-17 years of age only if not a full-time high-school student or equivalent*):

Is this member currently receiving income?*

- Yes**
- No**

If yes, frequency:

- Weekly**
- Bi-weekly**
- Twice a Month**
- Monthly**

If receiving income, how much does this member make each paycheck (*before taxes and deductions*)? _____

If unemployed, is this member immediately available for full-time employment?

Yes No

If unemployed:

Had full-time employment in the last four (4) months

Completed an educational, vocational, or job training program in the last six (6) months

Has a full-time job offer starting in the next three (3) months

None of the above

Parent / Guardian Information (*Required for children under 18 years of age*):

Parent/Guardian Household Member Name (*First, Last*): _____

Parent/Guardian is the child's:

Natural or Adoptive Parent

Non-Parent Relative

Legal Permanent Guardian

If Non-Parent Relative, what is the non-parent relative's relationship? (*Ex. Aunt,*

Step-parent, grandparent, etc.):

Resident 7 – Basic Information

First Name*: _____

Last Name*: _____

Date of Birth*: _____

What is your race?*

- American Indian**
- Alaska Native**
- Asian**
- Black or African American**
- Native Hawaiian or Other Pacific Islander**
- White**
- Choose not to respond**

What is your ethnicity?*

- Hispanic or Latino**
- Not Hispanic or Latino**
- Choose not to respond**

As what gender do you identify?*

- Female**
- Male**
- Choose not to respond**

Are you a veteran?*

- Yes**
- No**
- Choose not to respond**

Income Information (*Required for adults 18 years of age and older, and children 16-17 years of age only if not a full-time high-school student or equivalent*):

Is this member currently receiving income?*

Yes No

**If yes, frequency: Weekly Bi-weekly
Twice a Month Monthly**

If receiving income, how much does this member make each paycheck (*before taxes and deductions*)? _____

If unemployed, is this member immediately available for full-time employment?

Yes No

If unemployed:

Had full-time employment in the last four (4) months

Completed an educational, vocational, or job training program in the last six (6) months

Has a full-time job offer starting in the next three (3) months

None of the above

Parent / Guardian Information (*Required for children under 18 years of age*):

Parent/Guardian Household Member Name

(*First, Last*): _____

Parent/Guardian is the child's:
Natural or Adoptive Parent
Non-Parent Relative
Legal Permanent Guardian

If Non-Parent Relative, what is the non-parent relative's relationship? (*Ex. Aunt, Step-parent, grandparent, etc.*):

Resident 8 – Basic Information

First Name*: _____

Last Name*: _____

Date of Birth*: _____

What is your race?*

- American Indian** **Alaska Native**
- Asian** **Black or African American**
- Native Hawaiian or Other Pacific Islander**
- White** **Choose not to respond**

What is your ethnicity?*

- Hispanic or Latino**
- Not Hispanic or Latino**
- Choose not to respond**

As what gender do you identify?*

- Female** **Male**
- Choose not to respond**

Are you a veteran?*

Yes No Choose not to respond

Income Information (*Required for adults 18 years of age and older, and children 16-17 years of age only if not a full-time high-school student or equivalent*):

Is this member currently receiving income?*

Yes No

**If yes, frequency: Weekly Bi-weekly
Twice a Month Monthly**

If receiving income, how much does this member make each paycheck (*before taxes and deductions*)? _____

If unemployed, is this member immediately available for full-time employment?

Yes No

If unemployed:

Had full-time employment in the last four (4) months

Completed an educational, vocational, or job training program in the last six (6) months

Has a full-time job offer starting in the next three (3) months

None of the above

Parent / Guardian Information (*Required for children under 18 years of age*):

Parent/Guardian Household Member Name

(*First, Last*): _____

Parent/Guardian is the child's:

Natural or Adoptive Parent

Non-Parent Relative

Legal Permanent Guardian

If Non-Parent Relative, what is the non-parent relative's relationship? (*Ex. Aunt, Step-parent, grandparent, etc.*):

Resident 9 – Basic Information

First Name*: _____

Last Name*: _____

Date of Birth*: _____

What is your race?*

American Indian Alaska Native

Asian Black or African American

Native Hawaiian or Other Pacific Islander

White Choose not to respond

What is your ethnicity?*

Hispanic or Latino

Not Hispanic or Latino

Choose not to respond

As what gender do you identify?*

Female Male

Choose not to respond

Are you a veteran?*

Yes No Choose not to respond

Income Information (*Required for adults 18 years of age and older, and children 16-17 years of age only if not a full-time high-school student or equivalent*):

Is this member currently receiving income?*

Yes No

If yes, frequency: Weekly Bi-weekly

Twice a Month Monthly

If receiving income, how much does this member make each paycheck (*before taxes and deductions*)? _____

If unemployed, is this member immediately available for full-time employment?

Yes No

If unemployed:

Had full-time employment in the last four (4) months

Completed an educational, vocational, or job training program in the last six (6) months

Has a full-time job offer starting in the next three (3) months

None of the above

Parent / Guardian Information (*Required for children under 18 years of age*):

Parent/Guardian Household Member Name

(*First, Last*): _____

Parent/Guardian is the child's:

Natural or Adoptive Parent

Non-Parent Relative

Legal Permanent Guardian

If Non-Parent Relative, what is the non-parent relative's relationship? (*Ex. Aunt, Step-parent, grandparent, etc.*):

LANDLORD INFORMATION

Company Name or Landlord's Full Name*:

Business Address (No., Street)*:

City*: _____

State*: _____ **ZIP Code*:** _____

Business Email Address*:

Office Phone Number*: _____

ACH BANKING INFORMATION

Please provide your current bank account information. This account will be used to deposit any benefits you are approved for if payment is not made directly to your landlord.

Account Number*: _____

Confirm Account Number*: _____

Routing Number (ACH Payments)*:

Confirm Routing Number*:

Name on Individual Account*:

Type of Account*: **Checking** **Savings**

ATTESTATION

I certify, under penalty of perjury, that all information submitted in this application is true and correct to the best of my knowledge. I further certify that all documents I have provided are genuine, and I have not intentionally withheld or altered any information that might be relevant to my eligibility for this program.

I also certify that I rent my residence, and I do not own it.

I acknowledge that if DES cannot provide funds to my landlord, I might receive rental assistance funds directly and I certify that I will use these funds only for the payment of my rent and any related rental fees or penalties that I owe at the property for which rental assistance was approved. I understand that if I receive funds directly, DES may notify my landlord of my benefit payment, the amount, and permissible debts to which the payment may be applied. I understand that my use of rental assistance funds for any other purpose can result in criminal prosecution and disqualify me from future assistance (*12 months for the first violation, 24 months for the second violation, and permanently for any further violation*).

I authorize DES to share the information I have provided in this application as necessary to verify my eligibility for this program. I further authorize DES to provide my information to DES' partner organizations that may be able to provide further assistance with housing stability services.

I understand that DES may investigate and contact any sources necessary to review the accuracy of the information that pertains to my eligibility for this program. If I intentionally hide, alter, or provide false information in order to obtain Program benefits that I am not entitled to, I may be subject to criminal prosecution, fines, imprisonment, or other penalties provided for by state and federal laws.

I understand that if I am facing eviction, I may qualify for priority application processing to expedite receipt of any benefit for which I may be eligible. I understand that I must submit a copy of a current eviction notice, and all other required application documentation, to qualify.

I understand that if I receive funds under this program by mistake or that I, or my landlord, are no longer owed, I am required to return the funds.

I understand that I may not receive more than the equivalent of three (3) months of my current rent, as determined by my lease agreement, not to exceed \$10,500. I understand that I am not eligible for this Program if I have previously received Emergency Rental Assistance Program (ERAP) benefits, and that I may not receive Program benefits to cover any portion of my rent which is paid for or covered by any other public benefit program.

These authorizations remain effective for twelve months after the date of my signature.

Signature: _____

Date: _____

Please submit this form and all required documentation to:

Fax: (602) 612-8282 (*preferred*)

Or mail to:

Department of Economic Security

Arizona Rental Assistance

PO Box 19130

Phoenix, AZ 85009-9998

APPENDIX 1 - ACCEPTED APPLICATION DOCUMENTS

Proof of Housing Instability or Risk of Eviction:

- **Eviction notice (*will receive priority application processing*);**
- **Past due rent notice; OR**
- **Other documentation showing a temporary inability to support Household rental obligations (*this may include documents such as, delinquent utility bills, utility shut-off notices, collection notices, bank statements, recent medical bills, or other financial documentation*).**

Proof of Residence (*Provide for the Applicant, and at least one senior in the household, if any*):

- **Utility bill or utility company records, current within the last 60 days;**
- **Driver's license or other Motor Vehicles Division documents;**
- **State issued identification;**
- **Tax office records;**
- **School records;**
- **Rent receipt;**
- **City Directory;**

- **Church records;**
- **Housing agreement; OR**
- **Statement from any of the following, including a signature and phone number:**
 - **Non-relative employer;**
 - **Non-relative landlord; or**
 - **Other non-relative.**

Proof of Identity (*provide for the Applicant, and at least one child or senior in the household*) Must have subject Household member's full name and date of birth:

- **Adoption records*;**
- **Birth certificate*;**
- **Hospital or public records of birth*;**
- **Citizenship and immigration documents;**
- **Custody agreement*;**
- **Court records*;**
- **Driver's license;**
- **Census records* / family census card*;**
- **ID card or records from health benefits or another assistance or social service program*;**
- **Military records*;**
- **School records* / identification;**
- **Tribal records*;**

- **Wage stubs;**
- **Work ID;**
- **Voter registration card;**
- **Social Security Card;**

****Also serve as relationship verification documents for families with children under the age of 18***

Proof of Income for any household members 18 and older that earn income (or 16-17 years of age if not full-time high school student or equivalent). Provide any documentation of both earned and unearned income, if any:

- **Documentation of Earned Income:**
 - **Paystub current within the last 60 days**
 - **Employment verification or signed/ dated letter from employer including;**
 - **name, address, phone number of employer;**
 - **frequency of pay periods;**
 - **gross pay amount (hourly, salary, etc.); and**
 - **day of week pay is received by employee.**
 - **a letter from an agency providing government-sponsored training;**

- **an offer letter from current employer when employee has not yet received first wage payment;**
- **self-employment accounting records;**
- **bank statements or records; or**
- **a client's statement, when all other proofs are unavailable and all attempts have been made to secure verification, with an explanation why the proofs are unavailable.**
- **Documentation of Unearned Income:**
 - **Assistance payment records**
 - **Social Security Administration (SSA) award letters or Supplementary Security Income (SSI) records;**
 - **Department of Veterans Affairs (VA) award letters or disability benefit records;**
 - **Other benefit agency or payer records or award letters;**
 - **Bank records;**
 - **Court records or court orders (*e.g., child support or alimony*);**
 - **Arizona State benefit award letters, receipts, or other documentation;**
 - **Federal government award letters, receipts, or other documentation;**

- **Federal or state tax forms;**
- **Insurance policies;**
- **Sales contracts; or**
- **Unemployment insurance records.**

Proof of Employment, Support, or Educational, Vocational, or Job Training Program for one household member. Provide one of the following:

- **Proof of Employment (See "*Documentation of earned Income*" above)**
- **Proof of qualifying recipient of either unemployment, workers compensation, or disability benefits**
- **Proof of availability for full-time employment evidenced by:**
 - **Full time employment in the last 4 months;**
 - **Completed an educational, vocational, or job training program in the last 6 months; or**
 - **Job offer for full time employment that begins within 3 months.**

**Equal Opportunity Employer / Program •
Auxiliary aids and services are available
upon request to individuals with disabilities
• TTY/TDD Services 7-1-1 • Disponible en
español en línea o en la oficina local.**