

CITY OF TEMPE HOUSING SERVICES (THA) HOUSING CHOICE VOUCHER PREFERENCE CERTIFICATION

Date: _____ Social Security Number: _____

Print Full Name of Head of Household: _____

Current Mailing Address: _____

E-mail Address : _____

I am applying for the following preference(s) and certify that the following conditions exist as of the date this form is signed below. I understand that the following information will be verified before I can be considered eligible for the housing assistance program. **NO DOCUMENTS ARE REQUIRED AT THIS TIME**

✓ Check all that apply to you and complete the explanation, if applicable.

200 points	<p>LIVES OR WORKS IN TEMPE:</p> <ul style="list-style-type: none"> • Individuals/families who are currently living and/or working in the City of Tempe. • Individuals/families currently homeless or at risk of homelessness receiving services in the City of Tempe <p>Applicant resides in the City of Tempe Address: _____</p> <p>Applicant is homeless in the City of Tempe and receiving services from Services Provider Name: _____</p> <p>Head of Household and/or Spouse or Co-Head works or was hired to work, in the City of Tempe Employer's Name: _____ Work Address: _____</p>
200 points	<p>ASSITANCE IS ENDING UNDER THA SPECIAL HOUSING PROGRAMS:</p> <p>Families ending participation under THA special housing programs (FUP, TBRA, EHV etc.) due to term limitations.</p>
150 points	<p>Elderly and/or Disabled Families as defined by HUD</p> <ul style="list-style-type: none"> • Head of Household and/or Spouse or Co-Head is 62 years or older • Any adult member of the household is disabled and 18 to 62 years of age <p>Elderly/Disabled Member's Name: _____ Elderly/Disabled Member's Date of Birth : _____</p>
0 points	<p>None of the above apply</p>
	<p>I certify that the above information is true and correct.</p> <p>_____ Signature of Head of Household</p> <p>_____ Date</p>

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 matters within its jurisdiction.

HOUSING CHOICE VOUCHER WAITING LIST PREFERENCE DEFINITIONS AND VERIFICATION DOCUMENTS

1. RESIDE IN THE CITY OF TEMPE OR WORKING, OR HIRED TO WORK, IN THE CITY OF TEMPE

To qualify for this preference, the Head of Household and/or Spouse or Co-Head must meet at least one of the following criteria:

- Applicant must be listed on a current lease as legally living in the rental property as a member of the household; or
- Applicant must be legally responsible for rent payments to the legal owner/landlord of the rental property.
- Be physically employed in the city limits of Tempe. Must be physically working in Tempe **at this 51%** of the time, not working remotely for a company located in Tempe.; or
- Have been notified that they are hired to work in the city limits of Tempe; or
- Employed in the city limits of Tempe through an internship or other training program designed to prepare individuals for the job market may qualify for this preference. Must be physically working in Tempe **at this 51%** of the time, not working remotely for a company located in Tempe.

Verification Documents **(DO NOT SEND AT THIS TIME)**

Residency will be verified with the legal owner/landlord of the rental property with a current lease or notarized statement

Employment will be verified with the employer with a signed letter from employer or a pay stub with the employee's name and address of the employer

Receiving Homeless Services will be verified with a letter from the service provider.

2. APPLICANT FAMILIES WHO ASSISTANCE IS ENDING PARTICIPATION UNDER THA SPECIAL HOUSING PROGRAMS (FUP, TBRA) DUE TO TERM LIMITATIONS OR NO LONGER REQUIRING THE SERVICES OFFERED UNDER SUCH PROGRAM WHO OTHERWISE MEET THA PROGRAM ELIGIBILITY REQUIREMENTS.

- A family who is **currently** receiving assistance from THA special housing programs such as FUP, TBRA, EHV, etc. programs

Verification Documents **(DO NOT SEND AT THIS TIME)**

No verification documents needed as the THA will have records of all current families receiving special housing programs such as FUP, TBRA, EHV, etc. programs

3. ELDERLY AND/OR DISABLED FAMILIES AS DEFINED BY HUD

- Head of Household and/or Spouse or Co-Head is 62 years or older
- Any **adult** member of the household is disabled and 18 to 62 years of age

Verification Documents **(DO NOT SEND AT THIS TIME)**

Elderly status will be verified with a birth certificate or passport of Head of Household and/or Spouse or Co-Head

Disabled status will be verified with a birth certificate or passport of the **adult** disabled household member along with verification of the disability such as SSD award letter or a signed letter from a knowledgeable professional source.

