



RESIDENT APPLICATION FOR HOUSING ASSISTANCE

Instructions: Please fill out form in its entirety as incomplete answers can delay this request.

TELL US ABOUT YOURSELF

*Required**

1. Please check all the boxes that are TRUE about you. *

- ☐ I have an ADCRR #.
- ☐ I have experienced homelessness in the last 12 months.
- ☐ If requested, I can obtain a referral from my parole officer.
- ☐ I am a registered sex offender.
- ☐ I do have violent convictions.
- ☐ I have been determined SMI (seriously mentally ill)

2. First Name *

3. Last Name *

4. Your Email Address * *Please enter an email*

6. Age *

7. Gender Identity *

- | | |
|---------------------------------------|---|
| <input type="radio"/> Male | <input type="radio"/> Transgender Woman |
| <input type="radio"/> Female | <input type="radio"/> Non-binary |
| <input type="radio"/> Transgender Man | <input type="radio"/> Others |





8. ADCRR Number *

9. Phone Number You Can Be Reached. *

10. Your Parole Officer Name

11. Your Parole Officer Phone Number

12. Your Parole Officer Email Address

13. Do you have access to a smart phone or tablet and are you willing to submit electronic surveys through our SRC app and tell us how you are doing? *

☐ Yes ☐ No ☐ Other

14. In your own words, please explain your goals and what you plan to achieve while receiving housing assistance. *





HOUSING INFORMATION

15. Please select your preferred county. Mark all that apply. Please note, if we do not have a Qualified Housing Provider (QHP) in your area, the closest QHP will be provided. *

- | | |
|--|----------------------------------|
| <input type="radio"/> Maricopa County East | <input type="radio"/> La Paz |
| <input type="radio"/> Maricopa County West | <input type="radio"/> Mohave |
| <input type="radio"/> Apache | <input type="radio"/> Navajo |
| <input type="radio"/> Cochise | <input type="radio"/> Pima |
| <input type="radio"/> Coconino | <input type="radio"/> Pinal |
| <input type="radio"/> Gila | <input type="radio"/> Santa Cruz |
| <input type="radio"/> Greenlee | <input type="radio"/> Yavapai |
| <input type="radio"/> Graham | <input type="radio"/> Yuma |

16. Where are you currently living? *

17. Requested Move In Date*

- | | |
|--|---|
| <input type="radio"/> With Partner/Spouse | <input type="radio"/> Sober living |
| <input type="radio"/> With Friend/Roommate | <input type="radio"/> I am homeless |
| <input type="radio"/> With Family Member | <input type="radio"/> I am incarcerated |
| <input type="radio"/> I live alone | |

18. Original Release Date.

19. Based on your original release date above, were you released unhoused? "Released unhoused" refers to a situation where you exit an institution—such as a jail, or prison without an adequate nighttime residence.

- ☐ Yes ☐ No ☐ Not applicable as I am still incarcerated.





20. If you answered yes to the question above, how many days approximately, were you unhoused? *

21. Please type the name of the housing provider you are working with? If none, then indicate "none" *

22. Today's Date: *

23. **By typing my full name in the field below, I hereby declare that the information contained in this application is accurate and complete to the best of my knowledge. I understand that any misrepresentation may result in the rejection of my application or removal from the program. I understand that i will be required to participate in surveys about my experience. ***

