

Resident Application for Housing Assistance

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

* Required

Tell Us About Yourself

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

5. Date of Birth *

6. Age: *

7. Gender Identity *

- ☐ Male
- ☐ Female
- ☐ Transgender Man
- ☐ Transgender Woman
- ☐ Non-binary
- ☐ Other

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. *

- ☐ Maricopa County East
- ☐ Maricopa County West
- ☐ Apache
- ☐ Cochise
- ☐ Coconino
- ☐ Gila
- ☐ Greenlee
- ☐ Graham
- ☐ La Paz
- ☐ Mohave
- ☐ Navajo
- ☐ Pima
- ☐ Pinal
- ☐ Santa Cruz
- ☐ Yavapai
- ☐ Yuma

16. Requested Move In Date *

17. Where are you currently living? *

- ☐ With Partner/Spouse
- ☐ With Friend/Roommate
- ☐ With Family Member
- ☐ I live alone
- ☐ Sober living
- ☐ I am homeless
- ☐ I am incarcerated

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.** *

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