



LABOR'S COMMUNITY SERVICE AGENCY



AFFORDABLE HOUSING APPLICATION

DATE OF APPLICATION: _____ REFERRED BY: _____

Information of Primary Applicant

Full Name (first middle last): _____

Prior Legal Names: _____

Current Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone Numbers: Home: _____ Cell: _____

Date of birth: _____ Social Security #: _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed _____ Other

Total number of persons (adults and children) who will be living in your household: _____

Employment Information of Primary Applicant

Are you able to work? Yes No If no, why? _____

Current Employer: _____ City: _____ State: _____

Hours/Week: _____ Salary or Wage: _____ Date Hired: _____

Position/Job Title: _____

Please provide the following information about your two most recent jobs:

	Previous Job 1	Previous Job 2
Name of Employer		
Start Date		
End Date		
Position		
Wage or Salary		
Reason for leaving		

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Phone: (602) 263-5741 • Fax: (602) 263-0815 • Web: www.lcsaphx.org



Information of Spouse/Significant Other

Full Name (first middle last): _____

Prior Legal Names: _____

Current Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone Numbers: Home: _____ Cell: _____

Date of birth: _____ Social Security #: _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed _____ Other

Total number of persons (adults and children) who will be living in your household: _____

Employment Information of Spouse/Significant Other

Are you able to work? Yes No If no, why? _____

Current Employer: _____ City: _____ State: _____

Hours/Week: _____ Salary or Wage: _____ Date Hired: _____

Position/Job Title: _____

Please provide the following information about your two most recent jobs:

	Previous Job 1	Previous Job 2
Name of Employer		
Start Date		
End Date		
Position		
Wage or Salary		
Reason for leaving		

Family Information

Please provide the following information for everyone who will live with you:

Last Name, First Name	Social Security #	Gender M/F	Birth date mm/dd/yy	Student Status Y/N/NA

Are all household members U.S. citizens or legal residents? If no, list which member and where they were born.	Yes	No
Does any member of your household require Reasonable Accommodation? If yes, please specify	Yes	No
Are you a registered Sex Offender or have any charges pending? If yes, please explain:	Yes	No
Have you or anyone on this application plead guilty to or been convicted of any felony? If yes, please state the type of felony and explain:	Yes	No
Are there any ongoing criminal cases against you or any member of your household? If yes, please explain:	Yes	No
Are you or any household member currently on probation/parole?	Yes	No

Budget Information

Monthly Income Chart

Primary Applicant		
Monthly Employment Income	Gross	Net
Unemployment		
Cash Assistance		
Food Stamps		
SSI/SSDI		
Child Support		
Other: _____		
Total Monthly Income		

Spouse/Significant Other		
Monthly Employment Income	Gross	Net
Unemployment		
Cash Assistance		
Food Stamps		
SSI/SSDI		
Child Support		
Other: _____		
Total Monthly Income		

Current Monthly Expenses

Primary Applicant and Spouse/Significant Other	
Rent	
Phone	
Utilities	
Car payment	
Car Insurance	
Gas/Bus fare	
Daycare	
Credit cards/loans	
Food	
Other: _____	
Other: _____	
Total Monthly Expenses	

Financial Information

Does any member of your household have a COURT ORDER to receive child support or alimony, even if no payments are being received? Yes ☐ No ☐

Which member? _____ Payment Amount \$ _____
 Which member? _____ Payment Amount \$ _____
 Which member? _____ Payment Amount \$ _____

Are you making any efforts to collect amounts due? Yes ☐ No ☐
 If yes, please explain the efforts you are making.

Does any member of your household have a COURT ORDER to pay child support or alimony? Yes ☐ No ☐
 Payment Amount \$ _____

Does any household member currently have a Checking or Savings Account?

Name on Account: _____ Type: _____

Bank Name: _____

Name on Account: _____ Type: _____

Bank Name: _____

Prior Residential Information

Primary Applicant		
List 2 Previous Addresses		
Location		
Rent Amount		
Dates	From: _____ To: _____	From: _____ To: _____
Reason for Leaving		

Spouse/Significant Other		
List 2 Previous Addresses		
Location		
Rent Amount		
Dates Rented	From: _____ To: _____	From: _____ To: _____
Reason for Leaving		

References

Name	Address	Phone	Relationship to you

Please read and initial each section.

Initial: _____ LCSA reserves the right to verify financial, criminal, rental, and background information provided by applicants.

Initial: _____ Information given on this form is true and correct to the best of my knowledge. LCSA has my permission to verify all references and information provided.

Initial: _____ Any misrepresentation or falsification of this application will be cause for denial or eviction.

By signing below, I acknowledge that I have read and understood each section. I understand that submitting this application does not constitute a valid contract until I formally sign a lease agreement with Labor's Community Service Agency.

SIGNATURE OF PRIMARY APPLICANT

DATE

SIGNATURE OF SPOUSE/SIGNIFICANT OTHER

DATE