



CLIENT NAME: \_\_\_\_\_  
 CLIENT #: \_\_\_\_\_

**Homes to Owners**  
*an HAMC Program*

2024 N 7th Street, Suite 101 | Phoenix AZ 85006-2155  
 p 602.744.4592 | f 602.744.4599 | [www.homes2owners.org](http://www.homes2owners.org)

The Homes 2 Owners (H2O) Program is first-come, first-served and this application is the first step in applying for the program. Your application may be delayed or rejected if the information requested below is not complete.

The information will not be disclosed outside HAMC without your consent, except to credit counseling agencies providing services to program applicants or for verification purposes as required and permitted by law.

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell or Other #: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Marital Status :     Married     Single     Divorced

**THE FOLLOWING INFORMATION IS REQUIRED TO COMPLY WITH FEDERAL PROGRAM REQUIREMENTS:**

RACE:     White     Black/African-American  
 Am. Indian/Native Alaskan     Asian     Pacific Islander/ Hawaiian  
 ETHNICITY:     Hispanic/Latino     Non-Hispanic/Latino

**HOUSEHOLD COMPOSITION**

(List the head of household and everyone that lives in your home and the relationship of each member to the head of household.)

MEMBER	FULL NAME	RELATIONSHIP	DATE OF BIRTH	DISABLED Y/N
1		Applicant		
2				
3				
4				
5				
6				
7				
8				

**APPLICANT EMPLOYMENT INFORMATION IF CURRENTLY EMPLOYED**

Name, Address & Phone # of Employer:

Position/Title:

Number of Years on Job:

Select if applicable:     Self Employed         Retired

**ANNUAL INCOME OF HOUSEHOLD**

SOURCE	APPLICANT	SPOUSE	OTHER 18+	TOTAL
Salary/Wages				
Social Security				
Pension, Retirement, etc.				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
Welfare Payments				
Other Income (specify)				

**ASSETS**

TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK or COMPANY NAME
Checking Accounts			
Savings Accounts			
Stocks			
Life Insurance			
Other (i.e. rental property)			
Home(estimated value)			

1. Does anyone live with you now who is not listed on page 1?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does anyone plan to live with you in the future who is not listed on page 1?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If you answered "Yes" to either question above, please explain:		

Are you employed by or a relative of any employee of the Housing Authority of Maricopa County?  
 Yes    No   If "Yes", please list name(s), relationship, department, location and dates of employment:

Name(s):	Relationship	Department	Location	Dates

How did you hear about H2O or NSP (Neighborhood Stabilization Program)?

Are you a first-time homebuyer?    Yes    No

**APPLICANT'S CERTIFICATION**

By signing below I/We certify that the information provided on this application is accurate and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purpose of income verification related to my/our application for financial assistance under NSP. I/We understand that any willful misstatement of material facts will be grounds for disqualification. I/We certify that I/we are the owner occupant (meaning occupied by the applicant and used as the primary residence at least 10 months annually) and that I/we hold the fee simple title to the above property. Failure to disclose all income or the reporting of inaccurate or false information will result in disqualification for NSP and will be considered fraudulent. I/We understand that this program is first come-first served and this application will process accordingly.

**ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER MUST SIGN BELOW:**

**WARNING!**

Title 18, Section 1001, of the United States Code states that a person is guilty of a felony for knowingly and willfully making false, inaccurate, or fraudulent statements to any department or agency of the United States and is punishable by fines not to exceed \$10,000 or imprisonment for not more than five years, or both.

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

***Please mail or deliver (no faxes, please) this completed application to:***  
HOUSING AUTHORITY OF MARICOPA COUNTY  
**HOMES 2 OWNERS PROGRAM**  
2024 N. 7<sup>TH</sup> STREET, STE. 101  
PHOENIX AZ 85006-2155



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**AUTHORIZATION FOR RELEASE OF INFORMATION**

**AUTHORITY:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendment Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a.

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the **Housing Authority of Maricopa County (HAMC)**, any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under the Homes to Owners Program. I understand and agree that this Authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing Program rules and policies.

**INFORMATION COVERED:** I understand that, depending on Program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- |                                |                    |
|--------------------------------|--------------------|
| Identity and Marital Status    | Assets             |
| Employment Income              | Medical Allowances |
| Residences and Rental Activity | Criminal Activity  |
| Child Care Allowances          | Credit Activity    |

I understand that his Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a the Homes to Owners.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:**

The groups or individuals that may be asked to release the above information (depending on Program requirements) include, but are not limited to:

- |   |                   |
|---|-------------------|
| Other Public Housing Agencies                   | Welfare Agencies  |
| Past and Present Employers                      | Medical Providers |
| Retirement Systems                              | Banks             |
| Unemployment Agencies                           | Schools/Colleges  |
| Courts and Post Offices                         | Credit Unions     |
| Veteran's Administration                        | Utility Companies |
| Child Care Providers                            | Credit Providers  |
| Support and Alimony Providers                   | Credit Bureaus    |
| Social Security Administration                  |                   |
| Local, State & Federal Law Enforcement Agencies |                   |

**COMPUTER MATCHING NOTICE AND CONSENT:**

I understand and agree that HUD or the HAMC may conduct computer-matching programs to verify the information supplied for my application and/or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the HAMC may in the course of it's duties exchange such automated information with other Federal, State, or local agencies, including but not limited to State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State Welfare and food stamp agencies.

**CONDITIONS:** I agree that a photocopy of this Authorization may be used for the purposes stated above. The original of this Authorization is on file with the HAMC and will stay in effect for one year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

**PRIVACY ACT NOTICE:** The following laws authorize the collection of this information by HUD or the HAMC: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the Social Security numbers of all household members at least six (6) years old.

<p><b>HEAD OF HOUSEHOLD</b></p> <p>PRINT NAME: _____</p> <p>SIGNATURE: _____</p> <p>DATE SIGNED: _____</p>	<p><b><u>SPOUSE OR 2<sup>ND</sup> ADULT</u></b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>OTHER ADULT (3<sup>RD</sup> ADULT)</b></p> <p>PRINT NAME: _____</p> <p>SIGNATURE: _____</p> <p>DATE SIGNED: _____</p>	<p><b><u>OTHER ADULT (4<sup>TH</sup> ADULT)</u></b></p> <p>_____</p> <p>_____</p> <p>_____</p>



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## RECEIPT

### FAIR HOUSING INFORMATION

I have received a copy of the notice entitled:

## FAIR HOUSING EQUAL OPPORTUNITY FOR ALL

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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**I/We hereby acknowledge my/our image/photo/film to be used by the Housing Authority of Maricopa County to be displayed or used in print and electronic materials for the purpose of supporting services/programs and other organizational promotional activities of the Housing Authority of Maricopa County, AZ.**

This release is effective on and signed: \_\_\_\_\_  
 (Date)

By and For: (please list **ALL** household members):

Household Member's Full Name		Relationship	Date of Birth
1		Applicant / Head of Household	
2			
3			
4			
5			
6			
7			
8			

**Signed,**

\_\_\_\_\_  
 Head of Household signature

\_\_\_\_\_  
 Spouse/Co-Head of Household signature

\_\_\_\_\_  
 Other Household member (18 years of age & older)

\_\_\_\_\_  
 Other Household member (18 years of age & older)

\_\_\_\_\_  
 Ben Chao, Director  
 NSP – Homes to Owners