

INCOME SOURCES

Please provide additional information for each source of income received, including at least one method of contact.



ASSET CHECKLIST

Identify assets you own below, but exclude retirement plans (*recognized as such by the IRS*) and Family Self-Sufficiency (FSS) Escrow Accounts. Include assets owned by minors in your care, excluding foster children.
Any information provided is subject to verification.

1. Checking Account <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9. Internet Based Assets <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, funds held in online payment accounts such as Venmo, CashApp, AppleCash, Google Pay, Samsung Pay, PayPal, etc.</i>
2. Savings Account <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Do not include qualified Education Savings Accounts or ABLE Accounts.</i>	10. Stocks / Bonds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Do not include stocks or bonds invested in retirement accounts or "baby bond" accounts created, authorized, or funded by Federal, State, or local government.</i>
3. Prepaid Debit Card <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, prepaid cards, reloadable cards, and cash cards used to receive government benefits or other income. (e.g. Direct Express, Reliacard, Netspend)</i>	11. Brokerage Account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Life Insurance Policy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Do not include term life insurance policies.</i>	12. Cryptocurrency <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, Bitcoin (BTC), Ethereum (ETH), Tether (USDT), Ripple (XRP), etc.</i>
5. Annuities <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13. Money Market Account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Certificate of Deposit (CD) Account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14. Non-Account Based <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Include any non-necessary personal items held as an investment. Do not include necessary personal items.</i>
7. Real Estate / Real Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15. Other Asset(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list source(s):
8. Cash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Include any cash that is held as savings. Only include cash that has not been invested in any of the accounts reported on this form.</i>	

Assets Disposed Of For Less Than Fair Market Value

16. I/We hereby certify that I/we HAVE HAVE NOT sold or given away assets for less than their fair market value within the last 2 years. (Excluding items lost in bankruptcy, divorce, or foreclosure)

If Applicable: Identify all assets sold or disposed of for less than fair market value in the last 2 years.

Member Name	Asset Description	Market Value	Date Disposed	Amount Received



ASSET SOURCES

Please provide additional information for each asset owned. If an asset is owned by more than one person, the record should reflect only amounts owned by and accessible to the member.

*Cash value is the market value of the asset less reasonable expenses that would be incurred in selling or converting the asset to cash.

Adult Household Members - Review the information provided and initial below

I/We hereby certify the information provided is accurate and complete to the best of my/our knowledge.

Member Initials: JB _____ #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____ #8 _____



Housing History Disclosure

Property Name: The Safford Unit Number: 8-102

Member Name: Lana Lea Bailey

Please provide the last 24 months of housing history. All adult household members must complete this form.

Check this box if you had no established housing during this timeframe and provide a brief explanation below.

Explanation:

Current Address

Street Address: 3436 e. Glenn st	Apt #: Apt. # 103
City: Tucson	State: AZ Zip Code: 85716
Move-In Date (Month/Year): 6/1/2021	Reason for leaving: Mutual agreement
(Check One) <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable): \$ 615.00
Landlord Name: Rhonda Edmiston	Landlord Phone:(520) 345-6839

Previous Addresses

1. Street Address:	Apt #:
City:	State: Zip Code:
Reason for leaving:	
Move-In Date (Month/Year):	Move-Out Date (Month/Year):
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable): \$ 0.00
Landlord Name:	Landlord Phone:
2. Street Address:	Apt #:
City:	State: Zip Code:
Reason for leaving:	
Move-In Date (Month/Year):	Move-Out Date (Month/Year):
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable): \$ 0.00
Landlord Name:	Landlord Phone:
3. Street Address:	Apt #:
City:	State: Zip Code:
Reason for leaving:	
Move-In Date (Month/Year):	Move-Out Date (Month/Year):
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____	Monthly Rent (if applicable): \$ 0.00
Landlord Name:	Landlord Phone:

Signature Required:

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of admission or termination of a lease agreement.

Applicant Signature

Lana Lea Bailey

06/22/2025

Printed Name

Date Signed



Emergency Contact Form

Property Name: The Safford

Instructions: As part of your application for housing, you have the option of providing the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

I decline to provide emergency contact information.

Name of Emergency Contact Person or Organization: _____

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address (*if applicable*): _____

Relationship to Applicant: _____

Reason for Contact (*Check all that apply*)

- | | |
|------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with recertification process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance (<i>if applicable</i>) | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Late payment of rent |
| <input type="checkbox"/> Other Reason: _____ | |

If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement:

The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.



Member Signature

Lana Lea Bailey

Printed Name

06/22/2025

Date Signed



Self-Certification of Non-Employment

Property name The Safford
Unit number 8-102

Head of household Lana Lea Bailey
Member name Lana Lea Bailey

This form is to be completed by all adult household members who are not currently employed.

Are you currently employed? Yes No (If Yes, please sign and date the form)

1. Please check the box next to the statement that is true:

- I am not currently receiving and am not expecting to receive unemployment benefits or other benefits related to my non-employed status.
 I am currently receiving unemployment benefits or other benefits related to my non-employed status.

Please list all current benefits: _____

- I am not currently receiving, but am expecting to begin receiving unemployment benefits or other benefits related to my non-employed status.

Please list all anticipated benefits: _____

2. Are you expecting to become employed in the next 12 months? Yes No

If YES:

A. What is the gross amount of annual income that you expect to receive? \$_____

B. Have you been offered a position? Yes (If yes, provide details below) No

i. Name of Employer: _____

ii. Anticipated start date: _____ (MM/DD/YYYY)

C. Please select the type of documentation you can provide to support the amount of anticipated income:
(Select all that apply)

- Written confirmation from the employer
 Previous year's tax return
 Paystub or salary history from previous job
 Current employment advertisements showing average compensation for a similar position
 Other relevant document (Please describe): _____
 Unable to provide supportive documentation at this time. (Please provide an explanation below)

If NO:

A. Please check the box next to each statement that applies:

- I am not seeking employment.
 I have not recently applied for employment.
 I have not been offered employment.
 I am not under any affirmative obligation to obtain employment.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature

Printed name

Lana Lea Bailey

Date

06/22/2025





Social Security Administration Benefit Verification Letter

Date: March 7, 2025
BNC#: 25HA246C64402
REF: DI



LANA LEA BAILEY
1209 S 11TH AVE
TUCSON AZ 85713-1529

0101BEV1U9C.JTMG CCM.M72.BEV1U.R250307

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning February 2025, the current Supplemental Security Income payment is \$967.00.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due.

(For example, Supplemental Security Income Payments for March are paid in March.)

We found that you became disabled under our rules on May 27, 2024.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

Date of Birth Information

The date of birth shown on our records is May 28, 1974.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).