

PCCLT APPLICATION

Last Name (Jr., Sr.,)	First Name	Middle Name	Last Name (Jr., Sr.)	First Name	Middle Initial	
Email Address:			Email Address:			
Social Security #	Home Phone #	Date of Birth	Social Security #	Home Phone #.	me Phone #. Date of Birth	
□ Married/ □ Single, Divorced or Widowed			□ Married	Married		
□ Separated/ □ Female Head of Household			□ Separated □ Female Head of Household			
Are you or a member of your household disabled? IF yes, who?			Ate you or a member of your household disabled? If yes, who?			
What is the primary language spoken at home? English Spanish Other			What is the primary language spoken at home? English Spanish Other			
Total Number of People who will be living in this PCCLT home?			Total Number of People who will be living in this PCCLT home?			
Last, First Name Date	of Birth S.S. #	Relationship to u?	Last, First Name Dat	te of Birth S.S. #	Relationship to u?	
			Voya Highest Education	Loveli		
Your Highest Education Level:			Your Highest Education Level:			
□ Primary □ Secondary □ High School/GED □ College/University			□ Primary □ Secondary □ High School/GED □ College/University			
Ethnicity/Etnicidad □ Hispanic or Latino □ Non Hispanic or Latino			Ethnicity/Etnicidad □ Hispanic or Latino □ Non Hispanic or Latino			
Please choose a race			Please choose a race			
RACE			RACE			
□ White □ Black or African American □ Asian □ Black AND White □ Asian AND White			□ White □ Black or African American □ Asian □ Black AND White □ Asian AND White			
☐ American Indian or Alask	☐ Asian AN an Native ☐ Native Hawaii		☐ Asian AND Black☐ American Indian or Alaskan Native ☐ Native Hawaiian/Other Pacific Islander			
□ Am. Indian/Alask. Nat AND WHITE □ Nat. Hawaiian/Pac. Isl AND WHITE			□ Am. Indian/Alask. Nat AND WHITE □ Nat. Hawaiian/Pac. Isl AND WHITE			
□ Am. Indian/Alask Nat AND BLACK □ Other Multi-racial			□ Am. Indian/Alask Nat AND BLACK □ Other Multi-racial			
Present Address/			Present Address/			
Street Name/Number			Street Name/Number			
City	, AZZip Co	ode/	City	, AZZip Co	ode/	
\$ From (n	nonth/year) To: (more	nth/year)	\$ Monthly Rent From	(month/year) To: (mo	nth/year)	
Landlord's Name	Landlord's Telep	hone No.	Landlord's Name	Landlord's Tele	phone No.	
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Employment History (last 2 years) Self Employed?			Employment History (last 2 years) Self Employed?					
Name of Employer			Name of Employer					
Address	City/ ZIP/		Address/ City/ ZIP					
Position/Title & Type of E	Business Telephone No	umber w/ area code	Position/Title & Type of Business Telephone Number w/ area code					
Date of Employment:F	rom (month/year) To: (month/year)	Date of Employment: From (month/year) To: (month/year)					
_\$\$ \$ Hourly Wage	Hours Worked Weekly Or	Monthly Income	\$ Hourly Wage Hours Worked Weekly Or Monthly Income					
Supervisors Name Supervisors Telephone No.			Supervisors Name Supervisors Telephone No.					
If employed at this job for	r less than 2 years, complete	below:	If employed at this job for	less than 2 years, complete below:				
Name of Employer			Name of Employer					
Address	City/ ZI.	P/	Address	City ZIP				
Position/Title & Type of E	Business Telephone Nu	umber w/ area code	Position/Title & Type of Bi	usiness Telephone Number	w/ area code			
Date of Employment:	From (month/year)	To (month/year)	Date of Employment:	From (month/Year) To: (mo	onth/year)			
	AGGETTG			AA DIII KENEG				
Name of Bank	ASSETS Account Number	Balance	Name of Creditor	Monthly Payment	Balance			
Name of Bank	Account Number	Balance	Name of Creditor	Mo. Payment	Balance			
Name of Bank	Account Number	Balance	Name of Creditor/	Mo. Payment	Balance			
Signature	Date	<u> </u>	Signatur	e Date				

RETURN TO:

PCCLT: 801 W. Congress, Tucson, AZ 85745

T: 520-603-0587

Email: Rosie.Stuchen@pima.gov

http://pcclt.org