



PCCLT APPLICATION

Last Name (Jr., Sr.,) _____ First Name _____ Middle Name _____ Email Address: _____			Last Name (Jr., Sr.,) _____ First Name _____ Middle Initial _____ Email Address: _____																																																																		
Social Security #	Home Phone #	Date of Birth	Social Security #	Home Phone #.	Date of Birth																																																																
<input type="checkbox"/> Married/ <input type="checkbox"/> Single, Divorced or Widowed <input type="checkbox"/> Separated/ <input type="checkbox"/> Female Head of Household Are you or a member of your household disabled? _____ IF yes, who? _____ What is the primary language spoken at home? English Spanish Other _____ Total Number of People who will be living in this PCCLT home? _____			<input type="checkbox"/> Married <input type="checkbox"/> Single, Divorced or Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Female Head of Household Ate you or a member of your household disabled? _____ If yes, who? _____ What is the primary language spoken at home? English Spanish Other _____ Total Number of People who will be living in this PCCLT home? _____																																																																		
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Ethnicity/Etnicidad <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic or Latino Please choose a race RACE <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> <i>Black AND White</i> <input type="checkbox"/> <i>Asian AND White</i> <input type="checkbox"/> Asian AND Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Am. Indian/Alask. Nat AND WHITE <input type="checkbox"/> Nat. Hawaiian/Pac. Isl AND WHITE <input type="checkbox"/> Am. Indian/Alask Nat AND BLACK <input type="checkbox"/> Other Multi-racial			Ethnicity/Etnicidad <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic or Latino Please choose a race RACE <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> <i>Black AND White</i> <input type="checkbox"/> <i>Asian AND White</i> <input type="checkbox"/> Asian AND Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Am. Indian/Alask. Nat AND WHITE <input type="checkbox"/> Nat. Hawaiian/Pac. Isl AND WHITE <input type="checkbox"/> Am. Indian/Alask Nat AND BLACK <input type="checkbox"/> Other Multi-racial																																																																		
Present Address/ _____ Street Name/Number _____, AZ _____ City Zip Code/ \$ _____ Monthly Rent From (month/year) To: (month/year) _____ Landlord's Name Landlord's Telephone No.			Present Address/ _____ Street Name/Number _____, AZ _____ City Zip Code/ \$ _____ Monthly Rent From (month/year) To: (month/year) _____ Landlord's Name Landlord's Telephone No.																																																																		

Employment History (last 2 years) Self Employed? _____ <hr/> <i>Name of Employer</i> <hr/> <i>Address</i> <i>City/</i> <i>ZIP/</i> <hr/> <i>Position/Title & Type of Business</i> <i>Telephone Number w/ area code</i> <hr/> Date of Employment: <i>From (month/year)</i> <i>To: (month/year)</i> <hr/> <i>\$</i> <i>Hours Worked Weekly</i> Or <i>Monthly Income</i> <i>\$ Hourly Wage</i> <hr/> <i>Supervisors Name</i> <i>Supervisors Telephone No.</i> If employed at this job for less than 2 years, complete below: <hr/> <i>Name of Employer</i> <hr/> <i>Address</i> <i>City/</i> <i>ZIP/</i> <hr/> <i>Position/Title & Type of Business</i> <i>Telephone Number w/ area code</i> <hr/> Date of Employment: <i>From (month/year)</i> <i>To (month/year)</i>	Employment History (last 2 years) Self Employed? _____ <hr/> <i>Name of Employer</i> <hr/> <i>Address/</i> <i>City/</i> <i>ZIP</i> <hr/> <i>Position/Title & Type of Business</i> <i>Telephone Number w/ area code</i> <hr/> Date of Employment: <i>From (month/year)</i> <i>To: (month/year)</i> <hr/> <i>\$</i> <i>Hours Worked Weekly</i> Or <i>Monthly Income</i> <i>\$ Hourly Wage</i> <hr/> <i>Supervisors Name</i> <i>Supervisors Telephone No.</i> If employed at this job for less than 2 years, complete below: <hr/> <i>Name of Employer</i> <hr/> <i>Address</i> <i>City</i> <i>ZIP</i> <hr/> <i>Position/Title & Type of Business</i> <i>Telephone Number w/ area code</i> <hr/> Date of Employment: <i>From (month/Year)</i> <i>To: (month/year)</i>
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ASSETS			LIABILITIES		
Name of Bank	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

Signature

Date

RETURN TO:
PCCLT : 801 W. Congress, Tucson, AZ 85745
T: 520-603-0587
Email: Rosie.Stuchen@pima.gov
<http://pcclt.org>