



450 W. 4th Place | Mesa, Arizona 85201

480-898-0228 phone | 480-610-1238 fax | www.affordablerental.org

Save the Family (www.savethefamily.org) was established to promote self-sufficiency and stabilize family lifestyles with the community through intensive job training, life skills and counseling. It was quickly discovered that as these families entered into employment after training, their entry level wages were often not enough to obtain and maintain housing that was in line with their wage earnings. The lack of affordable housing for these families, often headed by single women heads of households, seem to perpetuate the cycle of homelessness. The Affordable Rental Movement of Save the Family was developed as another stepping-stone to self-sufficiency where families would be able to pay below-market rates for their housing.

ARM, the affordable housing partner of Save the Family, was incorporated as a separate, nonprofit entity whose purpose was to develop affordable rental for low and very-low income families with children.

The Affordable Rental Movement (ARM) establishes working poor families in affordable housing and offers supportive services to help them maintain and increase their self-sufficiency.

Since 1994, ARM has purchased more than 96 affordable housing units that are utilized as rentals. Rehabilitation and maintenance of the units, which is overseen by a Property Management Coordinator and Maintenance Technicians, is accomplished through grant funding, volunteer groups, and in-kind donations.

The ARM Program is to be used as a stepping stone in order to assist families that are employed and interested in increasing their wage earning capacity and pursuing more permanent housing through homeownership and upgrades in housing.

ARM of Save the Family does not discriminate on the basis of race, color, religion, age, national origin, sex, disability, sexual orientation or political affiliation and makes reasonable efforts to accommodate the physically challenged upon notification.

The ARM Program was designed to help families develop their potential in the following areas:

- Becoming more employable
- Increasing financial stability
- Assisting families in purchasing their own homes
- Increasing family stability through educational and referral programs through Save the Family and other community agencies



Equal Housing Opportunity



Helps Here



Special Services Available Upon Request

ARM Application Procedure

1. You must have children under the age of 18 years old.
2. You must be employed and/or have stable income to afford the unit. You will need to provide the Agency with income verification at the time of the interview.
3. The Agency works with families that have no credit, bad credit, evictions and judgments.
4. Applications can be completed online at www.AffordableRental.org, or they can be picked up at our office located at 450 W. 4th Place, Mesa, AZ 85201 Monday thru Thursday between 7:00 am and 5:30 pm. Completed applications can be mailed to the above address, attn: ARM or emailed to kristas@savethefamily.org.
5. **Applications that are not filled out completely will not be reviewed.** If something on the application does not apply to you please indicate so by writing N/A. Please make sure the "Monthly Spending Plan" sheet is completely filled out.
6. Please keep in mind that interviews are only done when there are vacancies. If anything changes on the application, you must notify the Agency in order to make the necessary changes.
7. Each applicant is required to pay a **non-refundable \$20 application fee at the time of the interview** in the form of cash, money order, or cashier's check made out to ARM of Save the Family for the cost of a credit/criminal background check.
8. The Agency has 2, 3, and 4 bedroom units ranging in price between \$450 and \$700.
9. There is a **\$300 security deposit** required at the time of move in.
10. Section 8 Certificates are accepted and welcomed.
11. The family must be at or below 60% of the Federal Poverty Income Guidelines.
12. **Pets are not allowed.**

2010 Arizona Income Limits – revised 6/2010

	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30%	\$14,000	\$16,000	\$18,000	\$20,000	\$21,600	\$23,200	\$24,800	\$26,400
50%	\$23,350	\$26,650	\$30,000	\$33,300	\$36,600	\$38,650	\$41,300	\$44,000
60%	\$28,020	\$31,980	\$36,000	\$39,960	\$43,200	\$46,380	\$49,560	\$52,800
80%	\$37,350	\$42,650	\$48,000	\$53,300	\$57,600	\$61,850	\$66,100	\$70,400



Equal Housing Opportunity



Special Services Available Upon Request

ARM Application

This application must be filled out completely and legibly to be considered for occupancy. Failure to complete all sections and sign (self & spouse/roommate) will result in delay or denial of this application. If a section does not apply to you, please write N/A.

Date of application: _____ How did you hear about us? _____

Size of Unit being requested: *2 bedroom* *3 bedroom* *4 bedroom*

Information on Head of Household

Applicant's full name (first, middle, last): _____

Present address: _____

City: _____ State: _____ Zip: _____

Phone numbers: home _____ cell _____ message _____

Have you used any other name(s) other than what you have listed? yes or no

If so, list the name(s) you have used (include maiden name): _____

Marital status: married divorced single other : _____

Date of birth: _____ Age: _____ Social security #: _____

Weight: _____ Height: _____ Eye color: _____ Hair Color: _____

Driver's license #: _____ State license was issued in: _____

Information on All Children who will be occupying the Unit

Name							
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth							
Age							
S.S. #							
Relationship							

Employment Information on Head of Household

Current employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's name: _____

Phone number: _____ Number of hours worked per week: _____

Salary/wage: _____ Date hired: _____

Position: _____

Employment History of Head of Household for the Last Two Years

(If self-employed please provide tax returns, references, bank records, and financials).

	PRESENT/MOST RECENT	PREVIOUS	PREVIOUS	PREVIOUS
Name of Employer				
Start Date				
End Date				
Position				
Wage/Salary				
Reason for Leaving				
Supervisor's Name				
Phone Number				
Address				
City, State, Zip				

Information on Spouse/Significant Other

Applicant's full name (first, middle, last): _____

Present address: _____

City: _____ State: _____ Zip: _____

Phone numbers: home _____ pager/cell _____ message _____

Have you used any other name(s) other than what you have listed? yes or no

If so, list the name(s) you have used (include maiden name): _____

Marital status: married divorced single other : _____

Date of birth: _____ Age: _____ Social security #: _____

Weight: _____ Height: _____ Eye color: _____ Hair color: _____

Driver's license #: _____ State license was issued in: _____

Employment Information on Spouse/Significant Other

Current employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's name: _____

Phone number: _____ Number of hours worked per week: _____

Salary/wage: _____ Date hired: _____

Position: _____

Employment History of Spouse/Significant Other for the Last Two Years

Start with your most recent employment. (If self-employed please provide tax returns, references, bank records, and financials).

	PRESENT/MOST RECENT	PREVIOUS	PREVIOUS	PREVIOUS
Name of Employer				
Start Date				
End Date				
Position				
Wage/Salary				
Reason for Leaving				
Supervisor's Name				
Phone Number				
Address				
City, State, Zip				

Financial Information

List all of the following information.

Bank Name: _____ Bank Name: _____

Bank Address: _____ Bank Address: _____

Current Auto Payment: _____ To Who: _____

Past & Current Mortgages: _____

Credit Cards: Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Other: Name _____ Amount _____

Name _____ Amount _____

School Loans

Name of School _____ Monthly Payment _____ Total Amount Owing _____

Name of School _____ Monthly Payment _____ Total Amount Owing _____

Other Income

Verification will be requested. Please list any SSI, child support, pension, disability, student grants, unemployment, AFDC)

Type of Income _____ Amount of Income _____

Type of Income _____ Amount of Income _____

Type of Income _____ Amount of Income _____

Type of Income _____ Amount of Income _____

Residential History

	PRESENT	PREVIOUS	PREVIOUS
Landlord/Community			
Address			
City, State, Zip			
Landlord's Phone #			
Rent Amount			
Number of bedrooms			
Dates Rented	From: To:	From: To:	From: To:
Reason for Leaving			
Were you Evicted?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Previous Leasing Record

The following information must be filled out completely or application will not be reviewed.

A Reason for leaving present address: _____

B Previous eviction: Have you, your spouse (significant other, co-applicant) ever broken a rental agreement or lease contract? yes no
If yes, please explain

C Previous damage to rental property: Have you ever been sued for non-payment of rent or damages to a rental property? yes no
If yes, please explain

D Have you ever declared bankruptcy? yes no If yes, please explain
Date of bankruptcy _____ Has the matter been resolved? yes no If no, please explain

E Have you or anyone on this application ever been evicted, asked to leave a property, or moved to avoid problems with other tenants or the landlord? yes no
If yes, please explain

F Have you or anyone on this application plead to or been convicted of any felony; or any misdemeanor dealing with alcohol, drugs, gangs, children, or violence (this includes any juvenile crime in the same categories)? yes no
If yes, please explain

G Are there any criminal cases currently filed against you or any member of your household or are there any pending criminal cases against you or any member of your household? yes no
If yes, please explain

H Have you or anyone on this application ever been placed on probation, parole, released from jail or released from prison? yes no
If yes, please explain

I Have you or anyone on this application ever been or currently are a member of a gang, currently involved in any criminal activity, been arrested in the last five years, have a warrant outstanding or awaiting trial in any criminal matter? yes no
If yes, please explain

J Have you, or any other person named on this application, ever been convicted for dealing or manufacturing illegal drugs? If so, when, and are there charges pending? yes no
If yes, please explain

I verify that the information provided on this application is true and correct and that any misrepresentation of income/assets will result in termination of residency.

Signature

Date

Signature

Date

Monthly Spending Plan - The following information must be filled out completely or application will not be reviewed

Monthly Income

Head of Household

Spouse/Significant Other (or Children in Household who Work)

Gross Income Amount	_____	Gross Income Amount	_____
How Often do You Get Paid?	_____	How Often do You Get Paid?	_____
Take Home Pay	_____	Take Home Pay	_____
AFDC	_____	AFDC	_____
Other Income (child support, SSI)	_____	Other Income (child support, SSI)	_____
Food Stamps (don't include in total income)	_____	Food Stamps (don't include in total income)	_____

Total Take Home Income Monthly: _____

Current Monthly Living Expenses

This Side for Office Use Only

Current Rent	\$ _____	\$ _____
Electric Bill	\$ _____	\$ _____
Child Care Expenses	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Car Insurance	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Phone Bill	\$ _____	\$ _____
Food	\$ _____	\$ _____
Other Monthly Bills	\$ _____	\$ _____
Other Monthly Bills	\$ _____	\$ _____
Other Monthly Bills	\$ _____	\$ _____
Other Monthly Bills	\$ _____	\$ _____
Other Monthly Bills	\$ _____	\$ _____
Total Living Expenses	\$ _____	\$ _____
Past Evictions (how much you owe)	\$ _____	\$ _____
Past Judgments (how much you owe)	\$ _____	\$ _____
Past Due Electric Bills	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____

“We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that provide funds to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.”

Screening Consent Form Personal Information

Full Name (no nicknames): _____

Maiden Name/Other Names Used: _____ Date last used: _____

Maiden Name/Other Names Used: _____ Date last used: _____

Social Security Number: - - _____ Date of Birth: _____ Sex: Male Female

Drivers License Number: _____ State: _____

Have you been convicted of any violations (or is action pending by any law enforcement agency) in the last seven (7) years? Include court martial's, but do not include juvenile convictions or traffic violations resulting in a fine of \$100 or less.

◆ Yes ◆ No If yes, list all violations below, include dates and arresting agency. Attach additional pages if necessary. (A conviction will not necessarily bar an applicant from employment)

All addresses for the last SEVEN years: (attach additional pages if necessary)

1. _____
Street City County State Zip Years From – To
2. _____
Street City County State Zip Years From – To
3. _____
Street City County State Zip Years From – To
4. _____
Street City County State Zip Years From – To
5. _____
Street City County State Zip Years From – To
6. _____
Street City County State Zip Years From – To
7. _____
Street City County State Zip Years From – To

Authorization to Release Information and Records

I, _____, hereby authorize *Choice Screening* and/or their agent to conduct an appropriate background investigation of my former employment, education, credit files, and criminal records for determination of my eligibility for employment. I authorize all persons who may have information relevant to this investigation to disclose it to *Choice Screening* and/or their agent. I release and agree to hold harmless all persons providing such information and *Choice Screening*, its officers, directors, employees and agents from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information or files in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 14, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Choice Screening, the following information and/or copies of documents from my military service record: 00214, service record, and any disciplinary records.

I understand that these searches may be used to determine work assignment, or employment eligibility. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from Choice Screening 600 Grant Street, Suite 700, Denver, CO 80203 at telephone number (720) 974-7882. After reading this document, I fully understand its contents and authorize the background verification.

I understand that California law required Company to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Company to liability (Section 1786.29).

I hereby certify that all information provided in this authorization is true, correct and complete.

Signed this _____ day of _____, 20_____.

Applicant Signature: _____