

## Pre-Application for Project Based Section 8

### El Memorial de Don Frew Apartments 11907 W Grier Road · Marana, AZ 85653

#### ABOUT EL MEMORIAL DE DON FREW APARTMENTS

El Memorial de Don Frew Apartments is an 18-unit affordable housing project in Marana, AZ. There is a total of 5 one-bedroom units, 8 two-bedroom units and 5 three-bedroom units. We administer project-based Section 8 rent. We do not accept the Section 8 Voucher.

There is a waiting list for each size unit at El Memorial de Don Frew Apartments. **The period of time a household must wait for an available unit cannot be estimated.** If you are interested in residing at El Memorial de Don Frew Apartments, please complete the attached Pre-Application Form and return it to El Memorial de Don Frew Apartments.

#### WHAT TO EXPECT AFTER YOU COMPLETE A PRE-APPLICATION FORM

- 1. Your name will be placed on the waiting list for El Memorial de Don Frew Apartments by the date and time the completed pre-application is received.**
- 2. You will receive a confirmation letter confirming that you have been placed on the waiting list for El Memorial de Don Frew Apartments.** It may take several weeks before you receive this confirmation letter. When you receive your confirmation letter, keep the letter for your records.
- 3. Your wait may be a long one.** We cannot predict when your name will reach the top of the waiting list. Once you have received your confirmation letter, you may not receive anything from El Memorial de Don Frew Apartments for a very long time.
- 4. You must keep us informed, in writing, within thirty days of any changes to your mailing address.** It is your responsibility to make sure the mailing address you give us is a reliable and secure one. If, at any time, you do not respond to El Memorial de Don Frew Apartments requests for information or appointments by the due dates established in those requests, or if, at any time, letters sent to you are returned to El Memorial de Don Frew Apartments as undeliverable, no further attempts to contact you will be made and your name will be removed from the Waiting List. Once removed from the Waiting List, you would need to submit a new completed Pre-Application to begin the process again.
- 5. When your name reaches the top of the waiting list, we will contact you to confirm your continued interest in living at El Memorial de Don Frew Apartments and inform you when a unit is becoming available.** At that time, you will be given instructions to schedule an appointment with El Memorial de Don Frew Apartments management, who will assist you in completing the application and screening process.
- 6. When the application is complete, El Memorial de Don Frew Apartments will conduct an eligibility determination.** As part of that eligibility determination, El Memorial de Don Frew Apartments will perform a criminal/credit background check and a sex offender registry check on all applicants. Program rules are subject to change at any time, and your eligibility will not be determined until you have reached the top of the list.
- 7. How to reach us** – you may call us at (520) 682-2652, email us at [donfrew@ppep.org](mailto:donfrew@ppep.org), or visit our website at [www.elmemorialdedonfrewapts.com](http://www.elmemorialdedonfrewapts.com) .



PLEASE KEEP THIS COVER PAGE FOR YOUR RECORDS



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OFFICE USE ONLY: Date Received _____ Time _____ By _____
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Please complete the following questions to be placed on the Waiting List for El Memorial de Don Frew Apartments. Print your answers neatly in blue or black pen. Incomplete or illegible pre-applications will not be accepted. Only one Pre-Application form will be accepted per applicant. Duplicate Pre-Application forms will be rejected.

### Applicant Information (If a question is not applicable to you, answer "N/A" or "None".)

1. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_
2. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  Home  Mobile
4. Current Resident Address (cannot be a PO Box)  Check here if homeless  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. Mailing Address (if different or no residence address provided)  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. Total annual household income from all sources \$ \_\_\_\_\_
7. Date of Birth \_\_\_\_\_
8. Gender \_\_\_\_\_
9. Total number of household members \_\_\_\_\_
10. Unit Preference (1br, 2br, 3br) \_\_\_\_\_ (First Choice) \_\_\_\_\_ (Second Choice)
11. Are you age 62 or over?  Yes  No
12. Does any family member claim to be disabled?  Yes  No

Please note that you are not required to answer this question or to reveal any information about the disability status of any household member.

Person with disabilities defined as individuals with mental or physical impairments that substantially limit one or more major life activities. The term mental or physical impairment may include conditions such as blindness, hearing impairment, mobility impairment, HIV infection, mental retardation, alcoholism, drug addiction, chronic fatigue, learning disability, head injury, and mental illness. The term major life activity may include seeing, hearing, walking, breathing, performing manual tasks, caring for oneself, learning, speaking, or working. The definition also includes persons who have a record of such an impairment or are regarded as having such an impairment. Current users of illegal controlled substances, persons convicted for illegal manufacture or distribution of a controlled substance, sex offenders, and juvenile offenders are not considered disabled by virtue of that status.

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13. Does anyone in the household require the features of an accessible unit?  Yes  No

14. To help assess special housing needs, please indicate any specific features you would require to accommodate any family member.

Wheelchair Accessibility

Grab Bars

Unit Adapted for the Hearing Impaired

Unit Adapted for the Visually Impaired

Other \_\_\_\_\_

**Optional – HUD requires the El Memorial de Don Frew to request this information.**

15. Ethnicity  Hispanic or Latino  Not Hispanic or Latino

16. Race  African American / Black  American Indian / Alaska Native  Asian  
 Caucasian / White  Native Hawaiian / Pacific Islander

**Certification**

By completing and submitting this form, I am requesting that my name be placed on the Waiting list for El Memorial de Don Frew Apartments. I understand that placing my name on the Waiting List does not give me any right to be accepted for subsidized housing or guarantee my future eligibility. I understand that once an apartment becomes available, I will need to complete the application process and meet all eligibility requirements.

**I understand that I must inform El Memorial de Don Frew, in writing, within 30 days of any change to my name and / or mailing address / phone number. I understand that if I do not respond to any information or appointment request from El Memorial de Don Frew Apartments, or if any letter sent to me is returned to El Memorial de Don Frew Apartments as undeliverable, my name will be removed from the Waiting List.**

Printed Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

*“El Memorial de Don Frew Apartments does not discriminate on the basis of disability, actual or perceived sexual orientation, gender identity, or marital status in the admission, access, treatment, or employment in any programs or activities. El Memorial de Don Frew Apartments Property Supervisor, at the address on this communication or (520-622-3553, 800-376-3553, or 800-367-8939 TDD accessible), has been designated to coordinate Limited English Proficiency and compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s Section 504 (24 CFR, part 8 dated June 2, 1988). EQUAL HOUSING OPPORTUNITY”*

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