Part II



City of Chandler Housing and Redevelopment Division "How to Apply" Guide to apply for Housing Assistance *If you already created an account – use this Guide to Apply

Call us : (480) 782-3200

Create an Account/Login

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Home Agency Website RENTCafe Create an Account Guide RENTCafe PHA Online Application Guide



Click Create an Account/Login



Create an Account for a Fast, Easy Application

With a free account, you can:

Save your application and log in at any time to continue.
 Check the status of your applications.
 Use your account with multiple applications.

If you are a current resident or have an existing profile enter your email address and password on the Login page and **Click Login**

If this is your first time on this site, **Click Create an Account then Login** and follow the steps on the "Rent Café Create an Account Guide"

Open the Application:





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Call us : (480) 782-3200

Application Overview:

Track your progress as you finish each step. To return to a previous step, select it from the side menu.



*If the language you need is not listed here, contact the housing agency.



Call us: (480) 782-3200





A Compliance

My Application

Household Composition Household Information

Language Selection

Preferences

Waiting List

Summary Confirmation Application Progress

Welcome to our waiting list application

Equal Housing Opportunity Statement: We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the country. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, sex, religion, national or ethnic origin, familial status, sexual orientation or disability.



Under Instructions you will see details about the available waiting as well as the Equal Housing Opportunity Statement. To continue

Click "Save and Continue"

Go Back. Save and Continue.

Logged in as:







My Application

Language Selection

Instructions

Contact Details

Household Composition	
Household Information	
Preferences	
Waiting List	
Summary	
Application Confirmation	

Application Pr	rogress 15%	Applications & Certifications Hi	You will c	also be asked
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City*	*			
State*	×			
Zip*				
E-mail	selenapereztest@gmail.com			
Office	(555) 555-5555			
Home	(480) 963-5634			
Mobile	(555) 555-5555			
Go Back. Si	ave and Continue.			
Contraction and the second second second				

d to add your contact Mailing Address and nplete the required fields

nd Continue"



Click the More Info Needed button for the Head of Household to complete all the required fields.

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Second Call us : (800) 866-1124



My Application

Language Selection Instructions

Family Members

Household Information Preferences Waiting List Summary Application Confirmation



II Us About Family Members	
Member Details	
First Name* Test	Is this person disabled?*
Middle Name	Hispanic or Latino*
Last Name* Test	American Indian or Alaska Native*
Date of Birth*	Asian*
	Black or African American*
Gender*	Native Hawaiian or Other Pacific Islander*
Relationship to the Head of Household* Head of Household	White*
	Notes:

Note: Head of Household's details are pre-filled.

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Complete all the required fields marked with and asterisk (*) once completed **Click "Save"**



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To add additional Family Members **Click "Add Family Member"** and follow the same steps on page 10.

Complete this step for every additional family member in your household. Once you have added everyone Click "Save and Continue"

After you add a household member, you can edit or delete their information.



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		Logged in as: L	

My Application

Language Selection
Instructions
Household Composition
Household Information
Income



Under Household Information you will provide your family income, access requirements and more **Click "Save and Continue"**

Additional Details Preferences

Waiting List Summary

Confirmation





Compliance

My Application

Language Selection Instructions Household Composition Household Information

Income

Additional Details

Preferences Waiting List Summary Confirmation Application Progress 425

Income

Go Back.

Annual Income includes all amounts, monetary or not, that :

Belong to family members
 Are anticipated to be received by the family

(3) Are derived from assets to which any member of the family has access

If you are a participant in one of our housing programs, you cannot update your income information without housing authority approval. Contact us for more information.

Logged in as:

Gall us : (480) 782-3200

2 14

Annual Income* \$13,056.00

Save and Continue.

Enter annual income Click "Save and Continue"

Note: Enter an estimate of he household's yearly income. If you are selected for housing assistance, you'll be required to verify your income at that time.



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My Application

Language Selection	
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Preferences	
Waiting List	
Summary	
Confirmation	



Preferences

If none apply, click Save and Continue.

Search:

• Displaced: Applicants displaced by government action OR a disaster recognized by Federal disaster laws.

- Living and/or Working in Chandler: Applicants must physically live in the City of Chandler, OR must physically work, OR be hired to work, in the City of Chandler.
- Chronically Homeless: As defined in 24 CFR 578.3 A person with a disability who lives either in a place not meant for human habitation, a safe haven, or emergency shelter continuously for at least 12 months OR on at least four separate occasions in the last three years, where the combined length of homeless occasions is equal to at least 12 months. Each period separating the homeless occasions or break must consist of 7 or more consecutive nights where the individual is not living in a homeless situation.
- Currently Employed/Employment Program: At least one adult family member works at least 20 hours a week outside the City of Chandler, attends an employment training program, or attends school on a full-time basis.
- Elderly: The head and/or spouse is elderly (62+ years of age).
- Disabled: Disabled families and families with a disabled household member.

Under Preferences you will select the option that best describes your family's current situation. Once you have read and selected your preference you may **Click "Save and Continue"**

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Go Back. Save and Continue.

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ALTAIS - 345 S. CALIFORNIA ST





📞 Call us : (800) 866-1124





My Application

Language Selection Instructions Household Composition Household Information Preferences Waiting List Summary Application Confirmation





Online Application Summary

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Your online Pre-application summary, print for your records.

