



Transitional Housing Supplemental Application

THIS APPLICATION & ANY REQUIRED ATTACHMENTS MUST BE ON FILE BEFORE YOU CAN ENGAGE IN BUSINESS IN THE TOWN OF MARANA

SECTION I. Business Information

Transitional Housing Type (Select One):

- Adult Behavioral Health Therapeutic Home
- Group Home for the Developmentally Disabled
- Behavioral Health Respite Home
- Nursing Support Group Home
- Sober Living Home
- Oxford House
- Other (Provide Explanation Below)

Explanation:

Describe the general nature of the residents disabilities' (e.g. developmental disabilities, recovery from addiction, physical disability, etc.). **Do not discuss specific individuals or personal medical information.**

Section II. License, Certification, or Charter

Do you have a current Arizona State License, Oxford House Charter, or Arizona Housing Association Certification? Yes No

If answered **yes** to above question provide the following information:

Type: Arizona State License Oxford House Charter Arizona Housing Association Certification

Expiration Date: **Please Attach Copy of Selected Document**

If answered **no** to above question provide the following information:

Have you applied for an Arizona State License, Oxford House Charter, or Arizona Housing Association Certification? Yes No

If answered **yes** to above question, which type of license and what date was application submitted?

Arizona State License Oxford House Charter Arizona Housing Association Certification Application Date _____

Section III. Property Information

Address of Proposed Transitional Housing Business:

Address	City	State	Zip Code
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Number of Residents: Are Any Residents Non Ambulatory Yes No

Number of Bedrooms in Residence: Number of Residents per Bedroom:

Number of Parking Spaces on Site: Are residents able to maintain a motor vehicle? Yes No

Will the residence have large or multiple trash receptacles not usually found in a residential area? Yes No



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Section III. Property Information Cont.

Staff Who Will Reside in the Home:

List number and title of each staff member who will reside in the home (e.g. 1 nurse, 1 home health aide)

Empty box for listing staff who will reside in the home.

Staff Who Will Not Reside in the Home:

List number and title of each staff member who will work at the home but not reside in the home (e.g. 1 housekeeper, 2 night nurses, 1 occupational therapist)

Empty box for listing staff who will work at the home but not reside in the home.

Section XI. Certifications (Check & Initial Below)

I understand that housing any individual who poses a direct threat to the health or safety of other individuals, or results in substantial damage to the property of others is prohibited. **Initial** _____

I certify that my business has procedures to screen and/or evict residents who pose such a threat. **Initial** _____

I understand that my business license may be revoked in accordance with Town code if such residents are not promptly evicted from the residence. **Initial** _____

I understand that pursuant to Town Code, a transitional housing location cannot be on a lot within 1,200 feet, measured by a straight line in any direction, from the lot line of another transitional housing location. I understand that the Town will review my application and if my transitional living house does not comply with this provision of Town Code, my business application will be denied. **Initial** _____

I certify that my transitional housing location will have no identification from a public street by signage, graphics, display, or other visual means. **Initial** _____

I certify that I have read and understand applicable town codes, including building codes, fire safety regulations, zoning, and subdivision codes, and that my transitional housing business is in compliance with these codes **Initial** _____

For transitional housing location with one or more non-ambulatory residents only:

I certify that my business is in compliance with building codes for non-ambulatory residents **Initial** _____

Empty box for additional information or signature.



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Section XI. Certifications Cont.

I certify that the statements made in this application are true & complete to the best of my knowledge. I accept the license authorized & issued in response to this application with the condition that I report timely & pay any & all taxes due by me to the Town of Marana. Incomplete applications may not be processed.

Print Name(s)	Signature(s)	Title(s)	Date
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For information required by **ARS 9-836**, please see here: www.maranaaz.gov/business-licenses