

B. Do you anticipate that your Household will be undergoing any changes in size (e.g., through birth, adoption, marriage, divorce, etc.) or in composition (e.g., the number of adult members relative to children) in the next year?

- (1) Yes, I expect my Household will increase by ____ persons and/or ____ number of adults, owing to (explain the cause, e.g., my daughter will turn eighteen): _____
_____.
- (2) Yes, I expect my Household will decrease by ____ persons and/or ____ number of adults, owing to (explain the cause): _____
_____.
- (3) No, I do not expect any changes to the size or composition of my Household.

C. Are all members of your family U.S. citizens or legal permanent residents of the United States?
 Yes. No.

If "No," list the names of family members who are not U.S. Citizens or do not have legal permanent resident status and list their immigration status: _____

_____.

D. Are any members of your Household currently enlisted in the U.S. military or have any members served in the U.S. military? Yes. No.

List the names of any residents who are now serving or previously served in the U.S. military and indicate the branch of the military in which the member(s) is serving or served.

_____.

PART II. PROGRAM INFORMATION AND SPECIAL NEEDS.

A. Indicate whether you are submitting this application for housing assistance or recertification, and the particular type of housing assistance or recertification you are seeking.

Housing assistance.

- | | |
|---|---|
| <input type="checkbox"/> Low Rent | <input type="checkbox"/> Rehabilitation/Modernization |
| <input type="checkbox"/> Homeownership (Lease-Purchase) | <input type="checkbox"/> Housing Improvement Program |
| <input type="checkbox"/> USDA 502 and 504 Rural Housing | <input type="checkbox"/> Section 184 (Mortgage) |
| <input type="checkbox"/> Weatherization Program | <input type="checkbox"/> Down Payment Assistance |
| <input type="checkbox"/> Emergency Housing Assistance | <input type="checkbox"/> Propane/Utility Assistance |
| <input type="checkbox"/> VA Direct Loan | <input type="checkbox"/> Other: _____ |

Recertification.

- Annual Recertification
- Reduction of Monthly Payment to ≤ 30% of Monthly Adjusted Income

B. In certain instances, you or one of the members of your Household may qualify for a preference in the allocation of housing based on need. Indicate whether any of the following circumstances apply to you or a member of your Household.

(1) I am currently homeless or living in substandard housing. Explain: _____

_____.

(2) I have been (or I am about to be) displaced from my housing. Explain: _____

_____.

C. Do you or any member of your Household have a severe health problem or allergy?

Yes. No.

If yes, explain the nature of the problem: _____
_____.

D. Does anyone in your Household have a handicap or disability?

Yes. No.

If yes, explain the nature of the disability: _____
_____.

E. Have you received off-reservation housing assistance through the U.S. Department of Housing and Urban Development (HUD), the Housing Improvement Program (HIP), or the Santa Clara Pueblo Housing Authority (SCPHA) in the past? Yes. No.

If yes, explain: _____
_____.

F. Is the housing unit in which you currently reside your primary home?

Yes. No.

If no, explain where your primary home is: _____
_____.

G. Do you rent the housing unit where you currently reside? Yes. No.

If yes, provide the name, address and telephone number of your current landlord and the number of years that you have been renting from him/her: _____
_____.

H. Does anyone in your Household own a home? Yes. No.

If yes, list location, size, and value: _____
_____.

PART IV. INCOME INFORMATION

A. Please fill out the following income verification tables and attach copies of all documents that attest to your income and the income of other all persons within your Household (e.g., your most recent paystub, AFDC award, Social Security benefits letter, etc.). IRS tax returns must be provided for any adult member who is self- or seasonally-employed. Each adult member of your Household must sign the Certification

that appears at the end of this part and attest to the accuracy and completeness of his/her reported income.

- (1) What is the total annual **earned** income of all adult members of your Household (include wages, salaries and tips, and other income such as self-employment)?
\$ _____.

Household Member's Name	Source of Earned Income	Payment Basis (e.g., bi-weekly, monthly)	Annual Amount

- (2) What is the total annual **unearned** income of all members of your Household (include alimony, child support, retirement benefits, and Social Security, Social Security Supplemental, Veteran's Benefits, AFDC, *per capitas*, tribal distributions, or other benefits)?
\$ _____.

Household Member's Name	Source of Unearned Income	Payment Basis (e.g., bi-weekly, monthly)	Annual Amount

- (3) What is your Household's *total annual income* from all sources? \$ _____.

B. Expenses.

- (1) Does your Household have unreimbursed medical expenses that exceed 3% of total annual income? Yes. No.

If yes, list the total amount of unreimbursed medical expenses: \$ _____.

PART. V. CREDIT INFORMATION.

A. List any credit references (e.g. banks, tribal credit, credit card companies, credit unions, etc.).

Name of Creditor	Address	Year Relationship Began

B. List any outstanding debts that you have (e.g., car loans, credit cards, student loans).

Name of Creditor	Account #	Balance Owed	Monthly payment

C. List the names of any companies that provide you with utilities on a monthly basis (e.g., cellular telephone services; electricity, cable television, etc.), the type of service, and your account numbers so that we can verify your ability to make regular monthly payments. Please provide a copy of the latest bill received from each company.

Name of Utility Company	Type of Service	Account #

D. Are you delinquent on any court-ordered child support or spousal support?

- Yes. No.

If yes, explain: _____

_____.

- E. Are you delinquent on any federal debts (e.g., student loan, federal tax delinquencies, etc.)
 Yes. No.

If yes, explain: _____

_____.

- F. History of Housing Payments, if any: Poor Fair Good Excellent

PART VI. CRIMINAL BACKGROUND SCREENING.

A. Criminal convictions. Answering "yes" to any of the following questions will not necessarily make you ineligible for housing assistance; however, failing to disclose information or misrepresenting information about criminal histories may make you ineligible for housing assistance.

- (1) Have you, or any member of your Household, ever been convicted of a crime whether misdemeanor or felony, or been placed on probation or parole for a crime?
 Yes. No.

If yes, provide the date and explain what the charge was: _____

_____.

B. Outstanding warrants.

- (1) Is there an outstanding warrant for your arrest or for the arrest of a member of your Household pending in any jurisdiction? Yes. No.

If yes, explain the reason for the warrant and identify the issuing jurisdiction (e.g., county, tribal): _____
_____.

PART VII. VEHICLES. (Provide information in this Part only if you are applying for occupancy.)

List the vehicles that you or the members of your Household will be parking at your housing unit and the state where each vehicle is registered.

Type and Manufacturer of Vehicle	Model and Year	State of Registration

PART VIII. FAMILY PETS.

Please be advised that the SCPHA Occupancy and Relocation Policy prohibits participants in both housing and rental programs from keeping exotic, non-domestic animals as pets. Additionally, participants are prohibited from keeping certain breeds of dogs or mixes in SCPHA-managed or assisted housing/rental units.

I have read and understand this provision related to pets. Yes. No.

PART IX. CERTIFICATIONS/CONSENT TO RELEASE OF INFORMATION.

The applicant and his/her spouse must certify that the information provided on this application is true correct, and complete. SCPHA places a high penalty on the prevention of fraud. If your application for housing assistance/recertification contains false or incomplete information, SCPHA may reject your application on that basis alone and bar you from reapplying for housing assistance for a period of five (5) years.

I understand that the information provided on this application is being collected to determine if I am eligible to receive housing assistance and I hereby authorize SCPHA to verify such all information provided. I further understand that submittal of this application does not establish any contractual agreement.

I have been advised that the provision of false or misleading information in this application or any subsequent interview may be grounds for rejection of the application and termination of services and that, if selected to participate in housing services, I must abide by all applicable SCPHA policies and procedures.

By my signature below and my initials on the preceding pages of this application, I certify that the information provided on this application is true, correct, and complete as of this date, and that I understand the consequences for the submission of false information or the failure to fully disclose all facts pertinent to this application.

_____	_____	_____
Name of Applicant	Signature	Date
_____	_____	_____
Name of Spouse	Signature	Date

PRIVACY ACT STATEMENT

The primary use of this information is by an officer or employee of the SCPHA to determine eligibility for services. Additional disclosures of the information may be released: to an auditor or to the Department of Housing and Urban Development in the conduct of a program review or audit; or to a federal law enforcement agency when SCPHA becomes aware of a violation or possible violation of civil or criminal law. Furnishing the information on this form is required to establish eligibility for your participation in the program.

Please attach copies of the following items to the application:

- Tribal Enrollment Verification
- Authorization for the Release of Information
- Employment Verification
- Current Pay Stub
- Other Income Verification (e.g., Social Security Benefits, AFDC, JTPA, Food Stamps, Unemployment Compensation, etc.)
- Tax Information e.g., Last year's W-2, 1099, Copies of filed income tax forms. (state and/or federal)
- Marriage License
- Order of Divorce/Separation
- Proof of legal guardianship for all children under the age of 18 residing in the unit who are not the biological or adoptive child of an adult resident
- Land and Homeownership Verification
- Investments (e.g., 401(k), IRA, Stocks, Bonds)
- Disability Verification (state/federal)

STATE OF NEW MEXICO)
) ss.
 COUNTY OF _____)

SUBSCRIBED AND SWORN to before me this ____ day of _____, 2008, by

Printed Name of Notary: _____
 Notary Public for the State of: _____
 Residing in _____
 My Commission Expires: _____

(SEAL)

CONFIDENTIAL/FOR OFFICE USE ONLY

Date Received: _____ Supporting documentation complete? Yes No
 Is applicant entitled to preferential treatment Yes No If yes, list preference(s): _____

Employment history/references verified? Yes No If yes, initialize and date _____

Credit check completed? Yes No If yes, initialize and date _____

Criminal background check completed? Yes No If yes, initialize and date _____

Criminal history /disclosure concerns: Yes No (attach relevant info.)

Total Annual Income: \$ _____ Number of bedrooms Required: _____

Disposition: Eligible
 Ineligible. Explain: _____

Date placed on Waiting List: _____