



# Santa Clara Pueblo Housing Authority

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## **APPLICATION FOR REHABILITATION PROGRAM/ APPLICATION FOR HOUSING ASSISTANCE**

SANTA CLARA PUEBLO HOUSING AUTHORITY (SCPHA) WILL VERIFY ALL INFORMATION PROVIDED BY THE APPLICANTS. ANY FALSE INFORMATION OR MISREPRESENTATION INCLUDED ON THIS APPLICATION MAY BE GROUNDS FOR REJECTION OF APPLICATION, AND APPLICANT AND/OR APPLICANTS WILL NOT BE ELIGIBLE FOR HOUSING ASSISTANCE FOR FIVE YEARS.

IF ASSISTANCE WAS PROVIDED BASED ON FALSE INFORMATION THE GRANT RECEIVED WILL CONVERT INTO A LOAN WITH INTEREST. \_\_\_\_\_ (Initial's)

APPLICANT'S NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SANTA CLARA PUEBLO ENROLLMENT # (Attach Enrollment Card) \_\_\_\_\_

**HOUSEHOLD INFORMATION** - List the Head of Household and all others who will be living in the unit (Family Members). Provide **ALL** requested information. For any children that are not biological or adopted within the home, please provide copies of documentation demonstrating legal guardianship.

**\*\*PER THE SANTA CLARA NON-MEMBER RESIDENCE CODE, ALL INDIVIDUALS LISTED ON APPLICATION OVER THE AGE OF 18 AND ARE NOT SANTA CLARA PUEBLO ENROLLED MEMBERS ARE REQUIRED TO OBTAIN RESIDENCY THROUGH THE SANTA CLARA PUEBLO VITAL STATISTICS OFFICE. PLEASE ATTACH ID CARD.**

Family Member's full name	Relationship	DOB	Age	Sex	Social Security	SCP Tribal Enrollment #

### TYPE OF HOUSING ASSISTANCE REQUESTED

- Rehabilitation Homeownership Program
- Housing Assistance Program

### INCOME INFORMATION

Detail all the total annual earned income of all Family Members? (Include wages, salaries, tips, other income such as Savings, Investments and self-employment)

Family Member's full Name	Source Earned of Income/ Number hours worked Per week	Payment Basis (Weekly, monthly, etc.)	Annual Amount

Total Earned Income: \$ \_\_\_\_\_

What is the total annual unearned income of all Family Members? (Include alimony, child support, retirement benefits; and Social Security, AFDC, or other benefits: list all)

Family Member's full Name	Source of Unearned Income	Payment Basis (Weekly, monthly, etc.)	Annual Amount

Total Unearned Income: \$ \_\_\_\_\_

TOTAL EARNED & UNEARNED INCOME: \$ \_\_\_\_\_

**TO RECEIVE HOUSING SERVICES FROM SCPHA, YOU MUST PROVIDE COPIES THE FOLLOWING DOCUMENTATION WITH YOUR APPLICATION FOR ALL INDIVIDUALS LISTED OVER THE AGE OF 18.**

1. \_\_\_\_\_ Tribal Enrollment Card
2. \_\_\_\_\_ Copies of Last 4 Current Pay Stub from your Employer
3. \_\_\_\_\_ Income Verification: Social Security Benefits, AFDC, JTPA, Food Stamps, and Unemployment
4. \_\_\_\_\_ Last Year's Income Tax Return for State and Federal
5. \_\_\_\_\_ Deed for Homeownership - Verification if homeowner (Conveyed)
6. \_\_\_\_\_ Savings, Investments schedules such as: 401(k), IRA, Stocks, Bonds
7. \_\_\_\_\_ Disability Verification (state/federal)
8. \_\_\_\_\_ Copy of Social Security Card(s)
9. \_\_\_\_\_ Copy of Driver License or ID card(s)

**OTHER INFORMATION**

Does anyone in the household have a severe health problem? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

Does anyone in the household have a handicap or permanent disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

Yes \_\_\_\_\_ No \_\_\_\_\_ Have you received (off/on-reservation) Department of Housing and Urban Development, Housing Improvement Program (HIP), or SCPHA assistance before? If yes explain:

\_\_\_\_\_  
\_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Does anyone in your household own a home(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_ Is the house you are presently living in, your primary residence?

Yes \_\_\_\_\_ No \_\_\_\_\_ Do you rent your current home? If so, what is the name and address of the landlord and How long have you been renting? \_\_\_\_\_

**CHARGES AND CONVICTIONS**

Have you, or any member of your Household ever been charged or convicted of a crime, placed on probation or parole, or does a warrant currently exist for your arrest? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain. Answering yes to this question does not necessarily make you ineligible.

\_\_\_\_\_

**APPLICATION CERTIFICATION:** I/We certify that all answers given herein are true and correct to the best of my/our knowledge. I/we understand that the above information is being collected to determine if I/we are eligible to receive housing assistance as mandated by U.S. Housing Urban Development (HUD). I/we authorize the SCPHA to verify all information provided on this application. **I understand that if I/we give false or misleading information in this application or any subsequent interview that may be grounds for rejection of the application and termination of occupancy.**

I/We understand if assistance was provided based on false information the grant will convert into a loan with interest. I/we understand that I/we are required to abide by all applicable SCPHA policies and procedures. **This application does not establish a contractual agreement between SCPHA and Applicant.**

I/We finally agree to participate in and cooperate fully in the SCPHA Housing Program and understand that my/our failure to participate without good cause may result in revocation of the approval of this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SCPHA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT TO THE RELEASE OF INFORMATION**

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 (HUD) 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.

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**(FOR REHABILITATION HOMEOWNERSHIP PROGRAM ONLY)**

I am a homeowner and occupant of a property located in the Santa Clara Pueblo with the address as follows:

\_\_\_\_\_  
Furthermore, I hereby authorize Santa Clara Pueblo Housing Authority to release the following information from my rehabilitation application file or request additional information and clarification from any government entities.

Primary homeowner signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary homeowner 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 (HUD) 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.

**FOR OFFICE USE ONLY**

Application Date: \_\_\_\_\_

Income Eligibility:      Yes: \_\_\_\_\_ No: \_\_\_\_\_

Enrollment Eligibility:      Yes: \_\_\_\_\_ No: \_\_\_\_\_

Preference Eligibility:      Yes: \_\_\_\_\_ No: \_\_\_\_\_

On the basis of the determinations set forth above, the Applicant is found to be:

Eligible for participation:      Yes: \_\_\_\_\_

In-eligible for participation:      No: \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Date: \_\_\_\_\_