

Applicant's Initials: _____



Santa Clara Pueblo Housing Authority

201 Road Runner Road, Espanola NM 87532-1313

Phone: (505)-753-6170 Fax: (505) 753-3699

info@scphousing.org – www.scphousing.org

TOWNHOME UNIT RENTAL APPLICATION

I/We understand that the information provided on this application is being collected to determine if I/we am/are eligible for rental of a Townhome Unit and I/we hereby authorize SCPHA to verify all such information by contacting appropriate individuals and entities and I/we hereby authorize those individuals and entities to release relevant information to SCPHA. I/we further understand that submittal of this application does not establish any contractual agreement. I/We 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.

1. APPLICANT INFORMATION.

First Name	Middle Name	Last Name	
Aliases or Other Names Used			
Mailing Address	City	State	Zip Code
Email Address			
Home Phone	Cell Phone	Work Phone	
Driver's License #	Issuing State		
<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widow/er	<input type="checkbox"/> Divorce
	<input type="checkbox"/> Separated		

2. SPOUSE/PARTNER INFORMATION.

First Name	Middle Name	Last Name	
Aliases or Other Names Used			
Mailing Address	City	State	Zip Code
Email Address			
Home Phone	Cell Phone	Work Phone	
Driver's License #	Issuing State		

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3. CO-APPLICANT(S) INFORMATION (if necessary to demonstrate ability to pay rent).

First Name	Middle Name	Last Name
Aliases or Other Names Used		
Mailing Address	City	State Zip Code
Email Address		
Home Phone	Cell Phone	Work Phone
Driver's License #	Issuing State	

4. HOUSEHOLD INFORMATION.

(a) Fill in the first row of the table with information on yourself. Fill in the remaining rows with the full names, relationship, dates of birth, ages, sex, and social security numbers of all other persons who will be residing with you in the Townhome Unit.

Name	Relationship	Date of Birth	Age	Sex	Social Security Number
	SELF				

(b) Are all residents U.S. citizens or legal permanent residents of the United States?

9 Yes 9 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:

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5. PREFERENCES.

Preference for placement in a Townhome Unit is based on Santa Clara Pueblo enrollment. What is your affiliation with the Santa Clara Pueblo?

(a) Are any adults in your household Santa Clara Pueblo members?

Yes No

Name

Enrollment Number

Name

Enrollment Number

Name

Enrollment Number

(b) Are any adults in your household who are working on the Pueblo of Santa Clara, members of other Indian tribes?

Yes No

Name

Name of Tribe

Enrollment Number

Name

Name of Tribe

Enrollment Number

Name

Name of Tribe

Enrollment Number

Name

Name of Tribe

Enrollment Number

If yes, have they applied for or received Non-Member Resident Status from the Non-Resident Member Committee?

Yes No

If yes, please provide relevant documentation including a copy of an issued Non-Member Residency Card.

(c) Are any adults in your household not members of any federally recognized tribes?

Yes No

Name

Name

Name

Applicant's Initials: _____

If yes, have they applied for or received Non-Member Resident Status from the Non-Resident Member Committee?

Yes No

If yes, please provide relevant documentation including a copy of an issued Non-Member Residency Card.

6. RENTAL INFORMATION.

(a) Anticipated Move-In Date: _____

(b) Do you or any of the household members own firearms? Yes No

If yes, how are the firearms secured? Please explain:

7. RENTAL HISTORY OF APPLICANT.

Current Address City State Zip

Date of Initial Occupancy Rental Amount

Landlord or Manager Phone Number

Reason for leaving: _____

Former Address City State Zip

Dates of Occupancy: From To Rental Amount

Landlord or Manager Phone Number

Reason for leaving: _____

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8. EMERGENCY CONTACT PERSON.

Full Name	Relationship		
Address	City	State	Zip
Phone Number	Email Address		

9. EMPLOYMENT INFORMATION.

(a) Applicant.

Name of current employer	Name of Supervisor	Position/Title	
Address	City	State	Zip
Phone Number	Date Employed	Salary or Hourly Rate	

(b) Spouse/Partner.

Name of current employer	Name of Supervisor	Position/Title	
Address	City	State	Zip
Phone Number	Date Employed	Salary or Hourly Rate	

(c) Co-Applicant.

Name of current employer	Name of Supervisor	Position/Title	
Address	City	State	Zip
Phone Number	Date Employed	Salary or Hourly Rate	

10. INCOME INFORMATION.

To be eligible, the primary Applicant must have a minimum income of \$18,000.00 per year.

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What is the total annual **earned** income for you, your spouse/partner, and your co-applicant(s), if any (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

For each applicant, spouse, and co-applicant, provide the latest three pay stubs. If any such individual is self-employed, please provide a copy of your latest federal tax report.

Please list any other income that you would like to be considered in the application.

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

11. CREDIT INFORMATION.

List all credit references (e.g. banks, tribal credit, credit card companies, credit unions, etc.) for you, your spouse/partner, and your co-applicant.

Name of Creditor	Account Type	Account Number

Applicant's Initials: _____

SCPHA WILL RUN A CREDIT CHECK ON ALL APPLICANTS, SPOUSES, AND CO-APPLICANTS LISTED ON THIS APPLICATION. The credit background check will be charged to the applicant at approximately \$50.00 per individual.

12. CRIMINAL BACKGROUND INFORMATION.

Answering "yes" to any of the following questions will not necessarily make you ineligible for rental of a Townhome Unit; however, failing to disclose information or misrepresenting information about criminal histories may make you ineligible for rental of a Townhome Unit.

- (a) Have you or any person who may become a resident (adults and children) ever been convicted of a crime whether misdemeanor or felony, been placed on probation, or currently are on parole for the commission of a crime? Yes No

If yes, provide the name of the offender, date of the offense, and the nature of the offense:

- (b) 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):

SCPHA WILL COMPLETE A CRIMINAL BACKGROUND CHECK ON ALL ADULTS LISTED ON THIS APPLICATION. The criminal background check will be charged to the applicant at approximately \$50 per individual.

13. VEHICLES.

List the vehicles that you or the members of your household will be parking at your Townhome Unit and/or in other areas designated for Townhome Area parking. **No more than two vehicles per unit are permitted.**

(a)

_____	_____	_____
Vehicle Make/Model	Vehicle Color	Vehicle Year

License Plate Number	State of Vehicle Registration	

(b)

_____	_____	_____
Vehicle Make/Model	Vehicle Color	Vehicle Year

Applicant's Initials: _____

License Plate Number _____

State of Vehicle Registration _____

14. NOTIFICATION AND CHARGES.

(a) Notice and Acceptance of Unit. You will be notified in writing whether or not your application is approved. In the event the application is approved, you agree to sign a Tenant Rental Agreement within thirty (30) days of receipt of such notice. Upon execution of the Tenant Rental Agreement, payment of the required deposit, and presentation of proof of transfer of utilities, you will be authorized to move into the assigned unit.

(b) Anticipated Charges. If the application is approved, your total move-in charges will be:

First month's Rent	\$450.00
Water, Trash, and Sewer	\$ 0.00
Security Deposit	\$450.00
Key Deposit \$10.00 each key (2)	\$ 20.00
TOTAL MOVE-IN CHARGES	\$920.00

Additional key deposits may apply depending on how many keys are requested.

The Total amount listed above does not include charges or deposits that may be required by utility companies and providers.

The information that I/we have provided herein is true and correct, to the best of my/our knowledge.

Name of Applicant

Signature

Date

Name of Spouse/Partner

Signature

Date

Name of Co-Applicant

Signature

Date

Name of Co-Applicant

Signature

Date

CERTIFICATIONS/CONSENT TO RELEASE INFORMATION

The applicant, spouse/partner, and co-applicant(s) must certify that the information provided on this application is true correct, and complete. Santa Clara Pueblo Housing Authority (SCPHA) places a high penalty on the prevention of fraud. If your application contains false or incomplete information, SCPHA may reject the application on that basis alone. If SCPHA later determines that information provided on this application was false or incomplete, SCPHA may terminate the Tenant Rental Agreement.

I understand that the information provided on this application is being collected to determine if I am eligible for rental of a Townhome Unit and I hereby authorize SCPHA to verify all such information by contacting appropriate individuals and entities and I hereby authorize those individuals and entities to release relevant information to SCPHA. 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.

By my signature below, 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/Partner

Signature

Date

Name of Co-Applicant

Signature

Date

Name of Co-Applicant

Signature

Date

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Date Received: _____

Supporting documentation complete? Yes No

Is the household 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: \$ _____

Disposition: Eligible
 Ineligible. Explain:

Application Information Verified By: _____
Name

Date Application Approved By: _____
Name