

Applicant's Initials: _____



Santa Clara Pueblo Housing Authority

201 Road Runner Road, Espanola NM 87532-1313

Phone: (505)-753-6170 Fax: (505) 257-3715

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/CO-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		

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3. HOUSEHOLD/ PREFERENCE 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	Sex	Social Security Number <i>(only for 18 yrs. of age or older)</i>	Santa Clara Pueblo Enrollment	Other Native Enrollment	Non-Member Residency #
	Self				Enrollment #: _____	Tribe: _____ Enrollment #: _____	
					Enrollment #: _____	Tribe: _____ Enrollment #: _____	
					Enrollment #: _____	Tribe: _____ Enrollment #: _____	
					Enrollment #: _____	Tribe: _____ Enrollment #: _____	
					Enrollment #: _____	Tribe: _____ Enrollment #: _____	
					Enrollment #: _____	Tribe: _____ Enrollment #: _____	
					Enrollment #: _____	Tribe: _____ Enrollment #: _____	

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4. 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:

5. RENTAL HISTORY OF APPLICANT.

Current Address _____ City _____ State _____ Zip _____

Date of Occupancy: From _____ To _____ 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: _____

6. EMERGENCY CONTACT PERSON.

Full Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

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7. 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/Co-Applicant.

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

8. INCOME INFORMATION.

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

Applicant and co-applicant must provide copies of past three pay stubs. If either individual is self-employed, he or she must provide a copy of his or her most recent federal tax filing.

\$ _____

Applicant/Co-Applicant Name	Source of Earned Income	Payment Basis <i>(e.g., bi-weekly, monthly)</i>	Annual Amount

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9. 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 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. Criminal background check(s) will be charged to the applicant at the current rate charged by entities performing background checks. (BACKGROUND CHARGES ARE NON-REFUNDABLE)

10. 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 in assigned parking. Additional vehicles can be parked in designated visitors parking areas.**

(a)

_____	_____	_____
Vehicle Make/Model	Vehicle Color	Vehicle Year

License Plate Number	State of Vehicle Registration	

(b)

_____	_____	_____
Vehicle Make/Model	Vehicle Color	Vehicle Year

License Plate Number	State of Vehicle Registration	

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(c)

Vehicle Make/Model	Vehicle Color	Vehicle Year
License Plate Number	State of Vehicle Registration	

11. 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 fourteen (14) 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:

	<u>SCP Pueblo Members:</u>	<u>Other Natives:</u>
First month's Rent	\$500.00	\$600.00
Water, Trash, and Sewer	\$ 0.00	\$ 0.00
Security Deposit	\$500.00	\$600.00
Key Deposit \$10.00 each key (2)	\$ 20.00	\$ 20.00
TOTAL MOVE-IN CHARGES	\$1020.00	\$1220.00

I/ We hereby certify that the information provided in this Application is to be true and correct, to the best of my/our knowledge. I/We understand that any false information provided may disqualify my Application to participate in the Townhome Rentals.

Applicant

Signature

Date

Spouse/Partner/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/we understand that the information provided on this application is being collected to determine if I/we am 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.

By my signature below, I /we certify that the information provided on this application is true, correct, and complete as of this date, and that I/we 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/Co-Applicant

Signature

Date

APPLICATION CHECKLIST

CONFIDENTIAL/FOR OFFICE USE ONLY

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 _____

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