



Santa Clara Pueblo Housing Authority

201 Road Runner Road, Espanola NM 87532-1313

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2016 APPLICATION FOR ELDERLY EMERGENCY REHAB FUNDS

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: _____

SANTA CLARA PUEBLO ENROLLMENT # _____

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.

Family Member's full name	Relationship	DOB	Age	Sex	Social Security	SCP Tribal Enrolled? (Y or N)

TYPE OF HOUSING ASSISTANCE REQUESTED

Elderly Emergency Rehab Funds (Max. \$3,000.00)

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	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.

1. ___ Tribal Enrollment Card
2. ___ Copies of Last 4 Current Pay Stub from your Employer, if employed
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, if any
7. ___ Disability Verification (state/federal)
8. ___ Copy of Social Security Card
9. ___ Copy of Driver License or ID card

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: _____

What types of services are being requested? (Please check ALL that apply)

- Wheelchair ramp/doors
- Handicapped shower
- High rise toilet
- Detachable shower head
- Bathroom railing
- Other

If other, please explain: _____

GENERAL INFORMATION

Have you received off-reservation Department of Housing and Urban Development, Housing Improvement Program (HIP), or SCPHA assistance before?

No ___ Yes ___ if yes, explain and in what year:

No ___ Yes ___ Does anyone in your household own a home?
No ___ Yes ___ Is the house you presently living in, your primary residence?

CHARGES AND CONVICTIONS

Have you ever been charged or convicted of a crime, placed on probation or parole, or does a warrant currently exist for your arrest?

No ___ Yes ___

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. **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 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 INITIAL _____

I AM A HOMEOWNER AND OCCUPANT OF A PROPERTY LOCATED IN THE SANTA CLARA PUEBLO WITH THE ADDRESS POVIDED ABOVE THIS FORM:

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.

I UNDERSTAND THAT SANTA CLARA PUEBLO HOUSING AUTHORITY IS NOT RESPONSIBLE FOR THE WAY IN WHICH THE RECIPIENT USES OR THE RESULT OF THE RECIPIENT'S USE OF THE RELEASED INFORMATION, DESCRIBED ABOVE. I ALSO UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION AT ANY TIME IN WRITING AND THIS CONSENT AUTOMATICALLY EXPIRES IN SIX (6) MONTHS.

PRIMARY HOMEOWNER SIGNATURE: _____ DATE: _____

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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:

Preparer By: _____

Date: _____

Executive Director: _____

Date: _____

Elderly Emergency Rehab Fund

The Elderly Emergency Rehab Fund is provided by the Santa Clara Pueblo Housing Authority(SCPHA) to provide homes of qualified applicants accommodation to follow the guidelines for the Americans with Disabilities Act (ACA) Standards.

A doctor’s note is not required to be submitted for your qualification of this project.

The Elderly Emergency Rehab Funds is a type of housing assistance with a limit of \$3000.00 per person. This program allows \$3000.00 to be spent on each home, but it does not mean every home will receive that full amount. The amount spent is based on each home and the labor and equipment that it will take to bring the home to ADA Standards.

SCPHA follows the HUD Income Limits under the Native American Housing Assistance and Self-Determination Act of 1996. The income limits are as follows:

2016 United Stated Median Family Income

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
80%	\$36,792	\$42,048	\$47,304	\$52,560	\$56,765	\$60,970	\$65,174	\$69,379

*The income limits may be updated by HUD at any time. This is the most recent listing.

Along with the completed application, the following must be submitted:

1. Tribal Enrollment Card -

The Tribal Enrollment Card can be obtained at the Office of Vital Statistics and Enrollment (OVSE). A CIB will no longer be accepted. If you are currently going through the enrollment process, the OVSE will advise on documentation that can be submitted in place of the Tribal Enrollment Card.

2. Copies of Last 4 Current Pay Stubs from your Employer, if employed -

3. Income Verification: Social Security Benefits, AFDC, JTPA, Food Stamps, and Unemployment -

If you are receiving any of these benefits, we require your annual or most recent statement from each office, respectively, that states the current amount you are receiving.

4. Last Year's Income Tax Return for State and Federal -

This is only required if you do file.

5. Deed for Homeownership – Verification of homeowner (Conveyed) –

The deed to your home is required. However, if you are unable to furnish your Deed, you can use your Land Assignment or Land Transfer from the Realty Department. The Land Assignment or Land Transfer must include the home as part of the allotment.

6. Savings, Investments schedules such as: 401(k), IRA, Stocks, Bonds, if any

7. Disability Verification (state/federal) –

If you are receiving Disability Benefits, we require your annual or most recent statement from the state or federal office, respectively, that states the current amount you are receiving.

8. Copy of Social Security Card

9. Copy of Driver's License or ID card.

What types of services are being requested?

Wheelchair ramp/doors

Handicapped shower

High rise toilet

Detachable shower head

Bathroom railing

Other - Explain – List any services or repairs that you feel are needed to bring your home up to safe living standards. All services and repairs are subject to approval.

If you have any questions or concerns or need assistance filling out this application, please contact:

Carolyn Gutierrez – Housing & Administrative Specialist

505-753-6170

cgutierrez@scphousing.org

or

MaryHelen Juanico – Project Coordinator

505-753-6170

mhjuanico@scphousing.org