

Pueblo of Jemez Housing Authority (POJHA)



Dear Applicant,

Thank you for your interest in applying with our organization for your housing needs. Please complete the attached housing application and include all supporting documents. A **complete** application with all supporting documents will ease your application review process. To help complete your application, we have provided a checklist below. It is required that you update your application annually to ensure eligibility per POJHA Eligibility and Admission Policy.

Application Checklist

*(Application is considered **COMPLETE**, with all necessary supporting documents.)*

- Income Verification-** (For **ALL** household members age 18 yrs. & over)
*(Check Stubs-1 month period, Unemployment, Social Security/Disability/Retirement Benefits) **OR***
 - Verification of Employment Form**
 - Unemployed Household member(s), an **Unemployed Affidavit Form** must be completed; **OR**
 - Self-Employed Household member(s), a **Self-Employment Affidavit Form** must be completed
 - Household member(s) over the age of 18 years old who are in school, a **current school schedule** must be submitted
 - Certificate of Indian Blood** *(For Applicant & Spouse-if applicable)*
 - Social Security Card** *(Copy of Social Security card for all household members listed in the application)*
 - Authorization for Release of Information Form** signed by **ALL** household members age 18 yrs. & over
 - Complete & signed** application with attachments of Supporting Documents
- If Applicable:** **Child Care Deductions** **Documentation(s) from Medical Provider for Disability**
 Homeownership Documentation(s) for Rehabilitation Applicants

Complete application and supporting documents can be returned to the POJHA office, faxed to: (575) 834-1105, or emailed to: applications@pojha.org.

If you have any questions or need additional assistance in completing your application, please contact the POJHA office at (575) 834-0305.

Thank you,

Pueblo of Jemez Housing Authority





RESIDENT INFORMATION

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

Yes, I expect my household will **increase** by _____ persons and/or _____ number of adults, owing to explain the cause (ex.-son/daughter will turn 18 yrs. old): _____

Yes, I expect my household will **decrease** by _____ persons and/or _____ number of adults, owing to explain the cause: _____

No, I do not expect any changes to the size or composition of my household.

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

List family members who are not U.S. Citizens: _____

Are any members of your household currently enlisted in the U.S. Military or have any served in the U.S. Military? Yes No

List the names of any residents who are serving or have served in the U.S. Military, indicating the branch of the military: _____

Does any member in your household have a handicap or disability? Yes No

If yes, please explain: _____

Have you received housing assistance through the U.S. Department of Housing and Urban Development (HUD), the Housing Improvement Program (HIP) and/or Pueblo of Jemez Housing Authority (POJHA) in the past? Yes No

If yes, please explain: _____

Are you currently receiving services from any other agency or organization? Yes No

If yes, explain: _____

Does anyone in your household own a home? Yes No

If yes, list location, size & value: _____

Has any household member ever been evicted from a residence? Yes No

If yes, explain: _____

Has any household member been convicted of a crime within the past 10 years? Yes No

If yes, explain: _____



INCOME INFORMATION

EARNED INCOME: Start with the applicant, then list all permanent family members age 18 years and over. Please provide a copy of most recent Tax Returns, W-2 forms, Check Stubs or a Self-Employment Affidavit.

Name	Annual Income	Source of Income

Total Annual Earned Income \$ _____

UNEARNED INCOME: Start with the applicant, then list all permanent family members age 18 years and over who have unearned income such as: Social Security, Aid to Families with Dependent Children, Retirement, Disability, Unemployment Benefits, Child Support & Alimony, etc. Please provide a copy of your benefit award letter for verification.

Name	Annual Income	Source of Income

Total Annual Unearned Income \$ _____

Does your household have to pay child care for children under the age of 15 years old, so that a member of the family can work or attend school? Yes, amount paid monthly \$ _____ No

Does your household pay in-home nursing or residential assistance expenses for the care of a disabled family member so that family members who are able to work can?

Yes, amount paid monthly \$ _____ No



APPLICANT CERTIFICATION

I do swear and attest that all the information provided about myself and members of my household is true and correct. I understand that all changes in income and household must be reported to the Pueblo of Jemez Housing Authority immediately.

I understand that any misstatements or omissions in this application may result in my being disqualified for housing assistance.

Applicant's Signature

Date

Spouse/Domestic Partner's Signature

Date

--Office Use Only--

New Application Renewal Last Application Date: _____

Income Verification:

- Check Stubs _____
- SSI/Disability/Retirement
- Self-Employ Affidavit
- Unemployed Affidavit
- Unemployment Benefits Letter
- Verification of Employment

Other:

- Certificate of Indian Blood _____
- Authorization for Release Info
- Child Care Deductions
- Medical Provider Documents
- _____
- _____

Down Payment:

- Environmental
- Residential Lease
- Survey Plot
- Title Status Report
- _____

Supporting Documentation Complete? Yes No

Eligibility:

Eligible Ineligible _____

Notification of Eligibility sent on: _____ Placement Date for Wait List: _____

Deliver Email Mail _____

Application and supporting documentation have been verified by:

POJHA Staff Signature

Date

Note: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements for misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction.



AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant Name: _____

Address: _____

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Pueblo of Jemez Housing Authority (POJHA) housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and POJHA.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income and Assets
Activity Residences and Rental Activity	Credit and Criminal Check
Medical or Child Care Allowances	

GROUP OR INDIVIDUAL THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

Credit Providers and Credit Bureaus	Previous Landlords	Past and Present Employers
State Unemployment Agencies	Courts and Post Offices	Welfare Agencies
Medical and Child Care Providers	Schools and Colleges	Law Enforcement Agencies
Banks and Other Financial Institutions	Veterans Administration	Retirement Systems
Social Security Administration	Utility Companies	Support and Alimony Providers

CONDITIONS: I agree that a photocopy of this authorization may be used for the purpose stated above. The original copy of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed.

SIGNATURES

Applicant Signature *Print Name* *Date*

Spouse Signature *Print Name* *Date*

Adult Signature *Print Name* *Date*

Adult Signature *Print Name* *Date*

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