

PUEBLO OF JEMEZ HOUSING AUTHORITY
4773 HWY 4, PO BOX 670
JEMEZ PUEBLO, NM 87024

PHONE: (575) 834-0305 FAX: (575) 834-1105

RECERTIFICATION APPLICATION

Please check which program you are recertifying for:

LOW RENT

LEASE PURCHASE (MUTUAL HELP)

A. APPLICANT INFORMATION

Name: _____ / _____ / _____ - _____ - _____
Last First Mi. D.O.B. SSN:

Mailing Address: _____
PO Box City State Zip code

Telephone
Number: Home/Cell: _____ Work: _____ Email: _____

Marital Status (Please check one): Married Single Widowed Other

If you checked "other", please explain: _____

INFORMATION ABOUT SPOUSE/DOMESTIC PARTNER:

Name: _____ / _____ / _____
Last First Mi. D.O.B. SSN:

Telephone
Number: Home/Cell: _____ Work: _____ Email: _____

B. FAMILY INFORMATION: List all other persons living with you on a permanent basis. Start with the oldest and provide Social Security numbers for all members.

Name	Date of Birth	Social Security #	Relationship to applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(if additional space is needed, use back of page)

Anticipated Changes in Family Size: _____

C. INCOME INFORMATION

Earned Income: Start with applicant then list all permanent family members age 18 and over. Provide a copy of most recent tax returns, W-2 forms, wage stubs, or self-employment statements.

<u>Name</u>	<u>Annual Income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Annual Earned Income \$ _____

Unearned Income: Start with applicant then list all permanent family members age 18 and over who have unearned income such as Social Security, AFDC, retirement, disability and unemployment benefits, child support and alimony, etc. Provide a copy of check stubs, or statements, etc. for verification.

<u>Name</u>	<u>Annual Income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Annual Unearned Income \$ _____

Deductions:

Monthly Childcare Expenses (if applicable- **documentation required**) \$ _____

E. GENERAL INFORMATION

1. Has any household member been convicted of a crime within the past year? Yes No
If yes, explain: _____

2. Do any family members who permanently reside with you have a health problem, handicap or a disability? (*Please provide supporting documentation from a doctor or physician*) Yes No
If yes, Please explain: _____

3. Do you or anyone in your household own any other house not occupied by your family? Yes No
If yes, explain: _____

H. 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 or household make-up must be reported to the Pueblo of Jemez Housing Authority immediately.

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

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: _____

POJHA Staff's Signature: _____ Date: _____