

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) \$ _____

D. ADDITIONAL FINANCIAL INFORMATION

Name of Bank: _____

Checking Estimated Monthly Checking Balances: \$ _____

Savings Estimated Monthly Savings Balances: \$ _____

Other Financial Resources: _____

E. GENERAL INFORMATION

1. Has any household member received Housing and Urban Development (HUD) or Housing Improvement Program (HIP) assistance before? Yes No
If yes, explain: _____

2. Are you currently receiving services from any other agency or organization? Yes No
If yes, explain: _____

3. Has any household member ever been evicted from a residence? Yes No
If yes, explain: _____

4. Has any household member been convicted of a crime within the past 10 years? Yes No
(Exclude traffic violations)
If yes, explain: _____

5. 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: _____
6. Is any family member a Veteran? Yes No If yes, who? _____
7. Do you or anyone in your household own any other house not occupied by your family? Yes No
If yes, explain: _____

F. CURRENT RESIDENCE INFORMATION

Number of people at current residence: _____ Number of bedrooms at current residence: _____
Check one:
 Own How long have you owned your Home? _____
 Rent Share Amount of your monthly rent or share of expenses? _____
 Without Home: _____
 Other Please explain: _____

What is your average monthly utility cost? _____

G. LAND INFORMATION

1. Does any household member own any land? Yes No
2. What is the current status of the land? _____
(provide documentation ONLY if you are planning to build on the land)

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 Department 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
DOCUMENTATION CHECKLIST FOR COMPLETED APPLICATION**

- Date: _____ Initial: _____ Application signed in ink by Applicant and Spouse/Domestic Partner.
Date: _____ Initial: _____ Release of Information form signed in ink by each household member age 18 and over.
Date: _____ Initial: _____ Verification of all earned and unearned income of each household member age 18 and over
Date: _____ Initial: _____ Certificate of Indian Blood for Head of Household.
Date: _____ Initial: _____ Other: _____

I certify that this applicant is low income eligible.
POJHD Staff Signature _____ Date: _____

PUEBLO OF JEMEZ HOUSING DEPARTMENT

AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant (please print): _____

Spouse/Domestic Partner: _____

Other: _____

Other: _____

I/We have applied for assistance from the Pueblo of Jemez Housing Department (POJHD) and hereby give POJHD permission to obtain any information necessary to verify and complete the housing application process.

I/We understand that verifications and/or reports may include but are not limited to records of:

State Public Assistance; Unemployment Compensation; Workers Compensation; Internal Revenue Service; Social Security; SSI; Federally Assisted Loan Programs; Credit Reporting Agencies; Utility Companies. Other: _____.

The information POJHD obtains is only to be used in the processing of the request for assistance and the determination of program eligibility.

A copy of this authorization may be accepted as an original.

Applicant Signature Date Spouse/Partner Signature Date

DOB: _____ SS#: _____ - _____ - _____ DOB: _____ SS#: _____ - _____ - _____

Other Signature Date Other Date

DOB: _____ SS#: _____ - _____ - _____ DOB: _____ SS#: _____ - _____ - _____