



Hooghan – Center of Family Growth, Strength and Beauty

# NAVAJO HOUSING AUTHORITY

**Pine Hill Management Office**

**ATTENTION: Resident Intake Officer**

**P.O. Box 356**

**Pine Hill, New Mexico 87357**

**Telephone: (505) 775-3663/3289 Fax: (505) 775-3705**

## **THE FOLLOWING DOCUMENTS MUST BE COMPLETED AND ATTACHED TO THE MUTUAL HELP APPLICATION**

	Completed & Signed Application
	<b>Salary Grant Verification form</b> (Must be Completed by either Employer, AFDC, GA, Social Security Office-SSI & SSB)
	<b>Self Employment Verification</b> (if applicable) (Must provide copy of previous income tax form)
	<b>Section 504 – Reasonable Accommodation Form</b> Completed and Signed
	Complete & Sign the <b>Release of Information form</b> (Must be signed all adult members of the family – 18 years and older)
	<b>Applicant/Tenant Certification form</b>
	<b>The Non-Housing Assistance/Residency Form</b> must be signed by both Chapter President and Council Delegate
	Sign & Date the <b>Verification of Rental History</b>
	<b>Copy of Home site Lease (Form 200RL) *Scattered Site only!</b> Should include the Archeological Clearance and Survey Plat
	Copy of <b>Birth Certificates</b> or <b>Affidavit of Birth</b> for all family listed on family composition
	Copy of <b>Certificate of Indian Blood</b> for all family listed on family composition
	Copy of <b>Social Security Cards</b> for all family listed on family composition
	Copy of <b>Legal Guardianship</b> documents (If Applicable)
	Copy of <b>Marriage License</b> or <b>Divorce Decree</b> (If Applicable)

**\*INCOMPLETE application will not be accepted and will be returned to you.**

Navajo Housing Authority  
Housing Application

☐ Public Rental    ☒ Initial Homeownership    ☐ Veterans    ☐ Section 8

Please Return Completed Form to: Navajo Housing Authority Pine Hill Housing Management Post Office Box 356 Pine Hill, NM 87357 Phone: (505) 775-3289 Fax: (505) 775-3705	Date of Interview _____	Renewal Date: _____
	Applicant _____	Co-Applicant _____
	Social Security No. _____	Co-Appl Social Security No _____
	Census No. _____	Census No. _____
	Mailing Address: _____	
	City _____ State: _____ Zip _____	Phone No. _____ TDD Relay Service _____

FAMILY COMPOSITION (Persons who will live in the house)							Local Authority Determinations
Family Member No.	Name of Family Members	Relation To Family Head	Date of Birth	Age	Sex	Occupation	
1		HEAD					a. Family Composition
2							1. Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO
3							2. Unit Size Required
4							_____ Bedroom(s)
5							Name & Address of Closest Relative:
6							_____
7							_____
8							_____
9							Phone: _____
10							
11							
12							

Anticipated Changes in Family Composition ☐ YES ☐ NO

INCOME(s) OF FAMILY			INCOME
Family Member No.	Source & Rate	Estimated Gross Income for next 12 months	
			Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO
			Applicable Income Limit
			\$ _____
			Income Eligibility
			\$ _____
Total Family Income:		\$ _____	Totals: \$ _____

DEDUCTIONS			
Family Member No.	Deductions		
	\$400 for elderly family/disabled	\$ _____	Total Deductions
	\$480 per dependent (other than head or spouse)	\$ _____	
	Travel Expense	\$ _____	
	Childcare with Certification (13 yrs of age and under)	\$ _____	
	Medical Expenses in excess of 3% of TFI - Elderly Family	\$ _____	Annual Net Income (Total Family income less Deductions)
	Handicapped Assistance Expenses	\$ _____	

TOTALS	
Annual Net Income	_____
(Applicable 15% x Annual Net Income = Yearly Gross Income)	_____
Yearly Gross Income	_____
(Yearly Gross Income / 12 calendar months - Contract Income)	_____
Contract Rent	_____
(Utility Allowance \$ _____)	_____
Total Utility Allowance	_____
(Contract Rent - total Utility Allowance = Total Monthly Rent)	_____
TOTAL MONTHLY RENT	_____



HOUSING CONDITION		DETERMINATION (cont)	
<b>Present Housing Conditions and Need</b> 1. Without housing <input type="checkbox"/> YES <input type="checkbox"/> NO Reason _____ Present Living Arrangements _____ 2. About to be without housing <input type="checkbox"/> YES <input type="checkbox"/> NO Reason _____ Type of notice & effective date _____ 3. Living under substandard conditions <input type="checkbox"/> YES <input type="checkbox"/> NO (If "yes", check conditions present) <input type="checkbox"/> Dwelling structurally unsafe <input type="checkbox"/> No potable running water in dwelling unit <input type="checkbox"/> No usable flush toilet in dwelling unit <input type="checkbox"/> No installed usable tub or shower in dwelling unit <input type="checkbox"/> No operating sink or proper stove connections in kitchen <input type="checkbox"/> Inadequate or no electric wiring system in dwelling unit <input type="checkbox"/> Overcrowded No. BR _____ No. of persons _____ <input type="checkbox"/> Single family unit occupied by 2 or more families 4. Other conditions and factors of housing need (specify) _____ _____ 5. Monthly Amount now paid for rent and utilities \$ _____		<b>Housing Conditions and Need</b> 1. Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Report on and scoring of Housing conditions  Without housing <input type="checkbox"/> YES <input type="checkbox"/> NO  About to be without housing <input type="checkbox"/> YES <input type="checkbox"/> NO  Substandard housing _____ _____ _____ _____ _____ _____ _____ _____ Other Factors _____ _____ 3. Total housing score _____	
<b>NAVAJO NATION RESIDENCE</b> Length of residence 1. Chapter Member <input type="checkbox"/> YES <input type="checkbox"/> NO Where: _____ 2. Registered Voter No. _____ Location description (not mailing address) _____ _____		<b>PREFERENCE POINTS</b> Displacement _____ Substandard _____ Local Preference _____  Total Points _____	
<b>DISPLACED, DISABLED, HANDICAPPED, VETERAN AND SERVICE DATA</b> 1. Displaced by Urban Renewal or Low-Rent Project or Other Public Action Address when displaced _____ Notified by _____ Date notified _____ Date moved _____ 2. Disabled Head, Spouse, or Single Person Applicant Member Disabled _____ Nature & Extent of Disability _____ 3. Physically Handicapped Head, Spouse, or Single Person Applicant Member handicapped _____ Nature & Extent of Handicap _____ 4. Military Service Name of family member who has been or is in military service _____ Relation to Head _____ At home _____ Absent _____ Period of Service: From _____ To _____ "C" No. _____ Discharged: Date _____ Type _____ Disabled <input type="checkbox"/> YES <input type="checkbox"/> NO _____ % Service conn. <input type="checkbox"/> YES <input type="checkbox"/> NO Deceased <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Service conn. <input type="checkbox"/> YES <input type="checkbox"/> NO (date) If now in service Rank _____ Branch _____ Serial No. _____ Title & Address of C.O. _____		<b>HOUSING CERTIFICATION</b> I certify that the information given to the Navajo Housing Authority on household composition, income, net family assets, allowance and deductions have been verified as required by Federal Law. The family has certified that it has given our agency accurate and complete information.  <input type="checkbox"/> Eligible for Admission <input type="checkbox"/> Ineligible for Admission  _____ Name/Title _____ Signature _____ Date	
<b>PRE/POST EDUCATION PROGRAM</b> I hereby agree to participate in and cooperate fully in the Housing Authority's education program. I understand that failure to participate without good reasons may result in revocation of the Notice of Selection, Renewal, or Termination of the Lease Agreement.  _____ Applicant Signature  _____ Co-Applicant Signature		<b>LEASING</b> Project No. _____ Unit Number _____ Unit Size Assigned _____  Date Assigned _____ Lease Effective _____	

**CERTIFICATION**

I/We certify that the information given to the NAVAJO HOUSING AUTHORITY housing agency on household composition, income, net family assets, and allowances, and deductions is accurate and complete to the best of our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statement or information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date



Hooghan – Center of Family Growth, Strength and Beauty

# NAVAJO HOUSING AUTHORITY

PLEASE RETURN COMPLETED FORM TO:

NAVAJO HOUSING AUTHORITY  
Pine Hill Housing Management Office  
P.O. Box 356  
(505) 775-3369  
(505) 775-3705 Fax

Applicant: \_\_\_\_\_  
Census #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

## SALARY OR GRANT VERIFICATION

Dear Sir/Madam:

The Navajo Housing Authority is required to verify the eligible salary and grant income(s) provided for all members of families applying for admission as tenants/homebuyers to the Public Rental or Mutual Help/Homeownership Program. All salary and grant income(s) are re-examined periodically to ensure proper qualifications for continued housing. This verification of income form is a federal requirement and your cooperation in supplying the information below for the applicant named, will assist in providing adequate housing. The information given will be held in strict confidence for use only in determining the eligibility status for rent/house payments of the applicant.

Please complete and sign the authorization below and return completed form to the Management Office listed above. Your prompt return of the information will be appreciated. If you should need further assistance, please contact our Management Office directly.

.....  
"I HEREBY AUTHORIZE THE RELEASE OF ALL INFORMATION RELATING TO MY INCOME TO THE NAVAJO HOUSING AUTHORITY FOR USE IN OBTAINING HOUSING."

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_  
.....

### TO BE COMPLETED AND SIGNED BY AUTHORIZED REPRESENTATIVE

#### Salary Income Verification

Hourly Rate: \$ \_\_\_\_\_  
Total Hours Per Week: \$ \_\_\_\_\_  
Total Compensation Per Annum: \$ \_\_\_\_\_

#### Grant Income Verification

Type of Grant or Benefits: \_\_\_\_\_  
Monthly Income: \$ \_\_\_\_\_  
Weekly Income: \$ \_\_\_\_\_  
Bi-Weekly Income: \$ \_\_\_\_\_

Position: \_\_\_\_\_

#### Employment Dates:

From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_

#### Effective Date of Grant:

From: \_\_\_\_\_ To: \_\_\_\_\_  
Grantee: \_\_\_\_\_  
Address: \_\_\_\_\_

"ALL INFORMATION HEREIN GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE"

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_



**REQUEST FOR A REASONABLE ACCOMMODATION**

The following member of my household has a disability:

Name: \_\_\_\_\_

Please provide the following reasonable accomodation(s):

\_\_\_\_\_

How this accommodation will (check below):

- ☐ Help me live in the housing or take part in NHA program
- ☐ Meet the lease requirements of NHA program
- ☐ Meet other requirements of NHA program
- ☐ I/We do not have a reasonable accommodation request at this time
- ☐ Because I/we do not need reasonable accommodation for my/their disability
- ☐ Because a member in my household does not have a disability

You do not need to provide medical records about your disability however a verification of your disability from a professional provider is sufficient. It is important the requested reasonable accommodation must be related to you disability.

Date: \_\_\_\_\_

Signature(s) \_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Souuse/Co-Tenant

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_



Hooghan - Center of Family Growth, Strength and Beauty  
**NAVAJO HOUSING AUTHORITY**

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**REQUEST FOR A REASONABLE ACCOMMODATION**

**Pine Hill Housing Management Office  
Navajo Housing Authority  
Post Office Box 356  
Pine Hill, New Mexico 87357**

**TO: The NHA Applicant/Resident**

If you need:

- A change in our waiver of policies or procedures
- A repair or change in your unit
- A repair or change to some other part of the property
- A change in the way we communicate with you

Because of a disability, you can ask for this change, which is called "reasonable accommodation."

If your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make changes you need.

We will make a decision as soon as possible, at least thirty (30) days, unless you agree to an extension of time. We will let you know if we need more information or verification from you or if we would like to discuss other ways of meeting your needs.

If we deny your request, we will explain our decision, and you may give us additional information for reconsideration.

If you need help in using the form, or if you want to give us your request in another format, we will help you.



## Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**NAVAJO HOUSING AUTHORITY**  
Pine Hill Housing Management Office  
P.O. Box 356  
Pine Hill, New Mexico 87357  
(505)775-3289/3663

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

**Signatures:**

_____ Head of Household	_____ Date		
_____ Social Security Number (if any) of Head of Household		_____ Other Family Member over age 18	_____ Date
_____ Spouse	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.





Hooghan - Center of Family Growth, Strength and Beauty

# NAVAJO HOUSING AUTHORITY

## VERIFICATION OF NON-HOUSING ASSISTANCE FROM OTHER AGENCIES

Name of Applicant: \_\_\_\_\_ Voter Registration No. \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TO BE COMPLETED BY THE CHAPTER OFFICIALS ONLY

We certify that the above named individuals(s) is/are recognized as members of \_\_\_\_\_ Chapter.

We understand that this verification will enable the applicants to be considered for possible selection to the Homeownership Program for the \_\_\_\_\_ Chapter.

We certify that the person(s) named above has never been assisted with a house form the following programs.

	No	Yes
1. Navajo Housing Services	<input type="checkbox"/>	<input type="checkbox"/>
2. Veteran Administration	<input type="checkbox"/>	<input type="checkbox"/>
3. Navajo-Hopi Reloc. Commission	<input type="checkbox"/>	<input type="checkbox"/>
4. BIA Housing Assistance	<input type="checkbox"/>	<input type="checkbox"/>
5. FHA Assistance	<input type="checkbox"/>	<input type="checkbox"/>
6. NHA Mutual Help Housing	<input type="checkbox"/>	<input type="checkbox"/>
7. Other _____		

We certify the above information to be true and correct to the best of our knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Chapter Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address



Hooghan - Center of Family Growth, Strength and Beauty  
**NAVAJO HOUSING AUTHORITY**

RENTAL HISTORY

Name of Applicant(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Tenancy: From: \_\_\_\_\_ To: \_\_\_\_\_

I authorize the landlord to release the requested information regarding my prior/present tenancy:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The above applicant(s) is apply for housing assistance. Please answer the question listed below and return to our office as soon as possible. Your assistance is greatly appreciated.

1. Rent paid on timely matter?
2. Damage to unit or common areas?
3. Problems with tenant's children?
4. History of disturbing the quiet enjoyment of neighbors?
5. History of violence or harassment of neighbors or management?
6. Rent or damages still owing?
8. Would you re-rent to this tenant?
9. Number of people on lease    Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Rent: \$ \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Landlord

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Landlord Signature