



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 PUBLIC RENTAL APPLICATION

	Completed & Signed Application
	Salary Grant Verification form (Must be Completed by either Employer, AFDC, GA, Social Security Office-SSI & SSB)
	Self Employment Verification (Must provide copy of previous income tax form)
	Section 504 – Reasonable Accommodation Form Completed and signed
	Complete & Sign the Release of Information form (Must be signed by all adult members of the family – 18 years and older)
	Copy of Social Security Cards for all family listed on family composition
	Copy of Certificate of Indian Blood for all family listed on family composition
	Copy of Birth Certificates or Affidavit of Birth for all family listed on family composition
	Complete RENTAL HISTORY form
	Copy of Legal Guardianship documents for those listed on the Family Composition – 18 years and younger (If Applicable)
	Copy of Marriage License or Divorce Decree (If Applicable)

***INCOMPLETE application will not be accepted and will be returned to you. ONLY completed applications will be accepted for housing consideration.**

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)

Family Member No.	Name of Family Members	Relation To Family Head	Date of Birth	Age	Sex	Occupation
1		HEAD				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Local Authority Determinations

a. Family Composition

1. Eligible ☐ YES ☐ NO

2. Unit Size Required

_____ Bedroom(s)

Name & Address of Closest Relative:

Phone: _____

Anticipated Changes in Family Composition ☐ YES ☐ NO

INCOME(s) OF FAMILY

Family Member No.	Source & Rate	Estimated Gross Income for next 12 months
Total Family Income:		\$ _____

INCOME

Eligible ☐ YES ☐ NO

Applicable Income Limit

\$ _____

Income Eligibility

\$ _____

Totals: \$ _____

DEDUCTIONS

Family Member No.	Deductions	
	\$400 for elderly family/disabled	\$ _____
	\$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	\$ _____
	Handicapped Assistance Expenses	\$ _____

Total Deductions _____

Annual Net Income (Total Family Income less Deductions) _____

TOTALS

Annual Net Income
(Applicable 20% 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

Present Housing Conditions and Need

1. Without housing
- ☐
- YES
- ☐
- NO

Reason _____

Present Living Arrangements _____

2. About to be without housing
- ☐
- YES
- ☐
- NO

Reason _____

Type of notice & effective date _____

3. Living under substandard conditions
- ☐
- YES
- ☐
- NO
-
- (If "yes", check conditions present)

- ☐ Dwelling structurally unsafe
- ☐ No potable running water in dwelling unit
- ☐ No usable flush toilet in dwelling unit
- ☐ No installed usable tub or shower in dwelling unit
- ☐ No operating sink or proper stove connections in kitchen
- ☐ Inadequate or no electric wiring system in dwelling unit
- ☐ Overcrowded No. BR _____ No. of persons _____
- ☐ 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 \$ _____

NAVAJO NATION RESIDENCE

Length of residence _____

1. Chapter Member
- ☐
- YES
- ☐
- NO Where: _____

2. Registered Voter No. _____

Location description (not mailing address)

DISPLACED, DISABLED, HANDICAPPED, VETERAN AND SERVICE DATA

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 _____

At home _____ Absent _____

Period of Service: From _____ To _____ "C" No. _____

Discharged: Date _____ Type _____

Disabled ☐ YES ☐ NO _____ % Service conn. ☐ YES ☐ NODeceased ☐ YES ☐ NO _____ Service conn. ☐ YES ☐ NO
(date)

If now in service

Rank _____ Branch _____

Serial No. _____

Title & Address of C.O. _____

DETERMINATION (cont)

Housing Conditions and Need

1. Eligible
- ☐
- YES
- ☐
- NO

2. Report on and scoring of Housing conditions

Without housing ☐ YES ☐ NOAbout to be without housing ☐ YES ☐ NO

Substandard housing

Other Factors

3. Total housing score _____

PREFERENCE POINTS

Displacement _____

Substandard _____

Local Preference _____

Total Points _____

HOUSING CERTIFICATION

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.

- ☐ Eligible for Admission
- ☐ Ineligible for Admission

Name/Title _____

Signature _____

Date _____

LEASING

Project No. _____

Unit Number _____

Unit Size Assigned _____

Date Assigned _____

Lease Effective _____

PRE/POST EDUCATION PROGRAM

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 _____

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 _____



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NAVAJO HOUSING AUTHORITY

PLEASE RETURN COMPLETED FORM TO:

NAVAJO HOUSING AUTHORITY

Pinehill Housing Management

Post Office Box 356

Pinehill, NM 87357

Phone: (505) 775-3289 Fax: (505) 775-3705

Name: _____

Social Security #: _____

Project No: _____ Unit No. _____

NHA Representative: _____

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 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: _____

Signature: _____

TO BE COMPLETED AND SIGNED BY AUTHORIZED REPRESENTATIVE

Salary Income Verification

Position: _____

Hourly Rate: \$ _____

Total Hours Per Week: \$ _____

Total compensation Per Annum: \$ _____

Grant Income Verification

Type of Grant or Benefit: _____

Monthly Benefits \$ _____

Weekly Benefits \$ _____

Bi-Weekly Benefits \$ _____

Employment Dates:

From: _____ To: _____

Employer: _____

Address: _____

Effective Date of Grant:

From: _____ To: _____

Grantor: _____

Address: _____

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

Name: _____ Date: _____ Telephone No. _____

Title: _____ Signature: _____



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NAVAJO HOUSING AUTHORITY

REQUEST FOR A REASONABLE ACCOMMODATION

The following member of my household has a disability:

Name: _____

Please provide the following reasonable accommodation(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

Souse/Co-Tenant

Address _____

Telephone _____

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(1)(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.



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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