



ZUNI HOUSING AUTHORITY

P.O. Box 710 ~ 11 South D Avenue
Zuni, New Mexico 87327-0710
www.pozha.org

(505) 418-4265 or 4290
(505) 441-2401

Attention: Screening interviews are by appointment only. Please submit your applications and we shall call you for your appointment date.

Please complete the application as thoroughly as possible and submit it with all the required documents as indicated below. You are responsible for your personal documents (i.e., Picture ID, Social Security Cards, Census Cards, etc.) Please make sure you have all your documents before leaving ZHA office. Zuni Housing Authority staff are not responsible for lost or misplaced documents.

REQUIRED DOCUMENTS: For all listed family members.

- _____ Picture ID: Head of Household & spouse
- _____ Social Security Card(s)
- _____ Tribal Census Card (s)
- _____ Birth certificate(s)
- _____ Income Verification: (For all sources of income)
 - _____ Wage/Check Stubs/Self-employment Records
 - _____ Income Tax Return
 - _____ Award Letter, etc.

Land Documents for Homeownership or Housing Rehab (Transfer of Possessory Interest, Quit Claim Deed/Title and certified Survey Plat.)

Zuni Housing Authority may also obtain a credit report and request a Criminal Background Check (Federal & Local) during the screening process.

ALL DOCUMENTS MUST BE RETURNED OR SUBMITTED WITHIN 30 DAYS OF THE SCREENING PROCESS DATE OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE.

****REMEMBER****

Update your application every twelve (12) months from the date of your screening interview to remain on the waiting list. Applications will be automatically removed from the waiting list after one (1) year if you do not update.

"Moving Beyond the Horizon - Building the A: shiwi Community"



ZUNI HOUSING AUTHORITY

P.O. Box 710 ~ 11 South D Avenue

Zuni, New Mexico 87327-0710

www.pozha.org

Date/Time Rec'd. _____
By: _____
Screening By: _____
Date/Time: _____
New Application: <input type="checkbox"/> Update: <input type="checkbox"/>

APPLICATION FOR HOUSING SERVICES

CHECK TYPE OF HOUSING PROGRAM ASSISTANCE DESIRED			
Rental Program		Indian Community Development Block Grant	
Lease Purchase Blue Bird		Low Income Housing Tax Credit	
HUD-VASH		Lease Purchase Scat. Site	

Applicant Name:		Co-Applicant Name:	
Phone:		Rural Address:	
E-mail Address:		Mailing Address:	

All ZHA communication will be via E-Mail unless you state otherwise.

FAMILY COMPOSITION

	Name	Relationship to HH	SSN	DOB	Census Number	Sex	Occupation
1		SELF					
2							
3							
4							
5							
6							
7							
8							
9							
10							

****Social Security Cards are mandatory for all family members. Census Cards mandatory for HOH and Co-Applicant. WILL THERE BE ANY CHANGES IN FAMILY COMPOSITION (Move-In) WITHIN THE NEXT 12 MONTHS? YES _____ NO _____** If so, any changes to the Family Composition shall require a background check (criminal). Please give details regarding any expected changes.

I. HOUSEHOLD INCOME

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification.

Include all full time, part time or seasonal income even if completing this application in the off-season.

DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE?

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 4.

YES	NO		
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
		2. Does any member work for someone who pays them in cash or is self-employed?	\$
		3. Regular pay for a member of the armed forces	\$
		4. Public Assistance (TANF, GA)	\$
		5. Worker's compensation	\$
		6. Unemployment benefits or severance pay	\$
		7. Student financial assistance (public or private, not including student loans)	\$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)	\$
		9. Alimony/Spousal Maintenance	\$
		10. Social Security income (including unearned income of minor children)	\$
		11. Disability benefits including social security disability	\$
		12. Regular payments from pensions (PERA, railroad, etc.)	\$
		13. Regular payments from retirement benefits	\$
		14. Death Benefits	\$
		15. Regular payments from annuities or life insurance dividends	\$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
		17. Net income from rental property	\$
		18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	\$
		19. Are any changes to income expected within the next 12 months due to a raise, bonus, or other reason?	\$
		20. Other (list) <u>Includes Per Cap payments</u>	\$
		21. Other (list) _____	\$

HOUSEHOLD ASSETS

DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN?

YES	NO	ASSET TYPE	CURRENT BALANCE / VALUE
		22. Checking Accounts (6-month average balance)	\$
		23. Savings Accounts (include cash cards used as savings accounts)	\$
		24. Stocks	\$
		25. Capital Investments	\$
		26. Trusts *	\$
		27. Securities	\$
		28. Whole or Universal Life Insurance Policy (<i>do NOT include term life policies</i>)	\$
		29. Bonds	\$
		30. 401 k *	\$
		31. IRA/KEOUGH Accounts	\$
		32. Certificates of Deposit	\$
		33. Pension/Retirement/Annuity Accounts	\$
		34. Money Market Funds	\$
		35. Treasury Bills	\$
		36. Safety Deposit Box	\$
		37. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
		38. Other (Describe): _____	\$
		39. Are any accounts held jointly with someone who will NOT reside in the household? List which account(s) and with whom they are held: _____	\$

* Include Trusts, 401K, etc. only if the account is accessible to the household prior to the termination of employment, retirement, or death. If you are unsure, please list the account and it will be verified.

		40. Do you now own a home or other real estate? If yes list address: _____	\$
		41. Do you receive payments for a home you sold by contract or deed?	\$
		42. Do you have any coin collections, antique cars, gems, jewelry, stamps, or other items held as an investment? (wedding rings, personal jewelry, do not count)	\$
		43. Are any accounts held jointly with someone who will reside in the household? List which account(s) and with whom they are held:	\$

Total household income: \$ _____

DO NOT LEAVE THIS SECTION BLANK

For Items 1 through 43 above, provide information for *all* **YES** checked items. All information must be verified. If a household member has more than one source of income/asset, use a separate line for each source. Use additional sheets if necessary.

Item #	Member #	Name and mailing address of income or asset source	Contact Name & phone/fax number

I/We hereby certify that I/We Have Have not sold or given away any assets for less than Fair Market Value during the two-year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Member #	Asset & estimated Market Value	Date Sold/Disposed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**II. ADDITIONAL INFORMATION:
THE FOLLOWING QUESTIONS PERTAIN TO EVERY MEMBER OF THE HOUSEHOLD**

YES	NO	Check either <u>YES</u> or <u>NO</u> in response to each question. Add an explanation below for all items checked yes.
		Will any household member, including children, live in the unit on a less than full time basis?
		Does any adult member of the household have zero income? If yes, please list names: _____
		Does/will the household receive rent assistance? If so, indicate what source (Section 8, Rural Development RA, etc.)
		Has any member or the household ever been a member of the armed services? If yes, please list names: _____

III. HOUSING CONDITIONS

1. ARE YOU PRESENTLY WITHOUT HOUSING: Yes _____ NO _____
 - a. Please explain where you currently reside: _____
 - b. Do you plan to reoccupy the home in the future? YES _____ NO _____Explain: _____
2. ARE YOU ABOUT TO BE WITHOUT HOUSING? YES _____ NO _____
 - a. Please Explain: _____
 - b. Attach a written notice and/or effective date. _____

IV. APPLIES ONLY TO HOUSING REHAB

1. Location of the house to be repaired, renovated, or constructed. (Give address and detailed direction to this house).
DRAW MAP ON A SEPARATE SHEET OF PAPER ATTACH RURAL ADDRESS

2. Type of Structure: _____ Native Rock
_____ Adobe _____ Cinder Block
_____ Mutual Help _____ Wood Frame
_____ Mobile Home _____ Other
3. Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying. _____

4. Do you own any other house not occupied by your family? _____ Yes _____ No
If yes, state where the house is located? _____ Who occupies it: _____
5. Do you live in a house built with Housing and Urban Development (HUD) funds? _____ Yes _____ No Is the HUD project still under operation of an Indian Housing Authority? _____ Yes _____ No
6. To your knowledge, has Housing Rehab assistance ever been provided for this house or have you ever received Housing Rehab assistance? No _____ Yes _____,
indicate amount: \$ _____, to whom: _____ and when: _____.
7. If repair assistance is needed, do you own this house? _____ No _____ Yes
8. Do you have proof of ownership? _____ No _____ Yes
9. Is electricity available? _____ No _____ Yes. If yes, provide name of electric company: _____
10. Type of Sewer system: _____ City Sewer _____ Septic Tank _____ Chemical Toilet _____ Outhouse
11. Water Source: _____ City Water _____ Private Well _____ Community Water Tank
_____ Other (Please describe): _____. Attach a copy of the Utility Bill.
12. Bathroom facilities in existing house: Flush toilet: _____ Yes _____ No Bathtub: _____ Yes _____ No Sink/lavatory:
_____ Yes _____ No
13. No. of bedrooms in the house: _____
14. House Size: _____ (Square Feet) LENGTH: _____ ft/in WIDTH: _____ ft/in
15. Land Information: If you are requesting for new construction, do you own the land on which you wish to build this home?
Yes _____ No _____ If no, please provide the name of the owner(s): _____
If you do not own the land, do you have: Leasehold Interest? _____ Use Permit? _____
16. Do you have land transfer documents under your name from the Tribal Realty Department? Yes _____ No _____
If you do not own any land, will you accept a subdivision land site? Yes _____ No _____
17. As part of your responsibilities as a homeowner, you are required to purchase Homeowner's Insurance and, in some cases, Flood insurance for your renovated home Do you understand this requirement? Yes _____
Initial here _____.

18. Has Housing Rehab assistance ever been provided for this house? _____ If so, when? _____
By whom? _____.
Will there be any housing rehab assistance to the house soon? If so, please explain: _____

V. OTHER INFORMATION

1. Have you ever rented from the Zuni Housing Authority? **YES / NO** If so,
a. When? _____
b. Name of Head of Household? _____
c. Did you leave a delinquency? _____ How Much? _____
d. Other names used: _____
2. Have you ever rented from another Housing Authority or other Rental Agency? **YES / NO** If so,
a. When? _____ B. Where? _____
c. Address: _____ d. Landlord's Name: _____
e. Did you or any member of your household leave a balance with the above agency? _____
If yes, how much? _____
3. Have you or any of the family members listed on this application ever been convicted of a felony crime (Federal) or a Class A Offense under the Zuni Tribal Code? If so:
a. Name of Person Convicted: _____
b. Date of Conviction: _____
c. Specify crime/offense: _____
4. Are you related to any of the Zuni Housing Authority Staff?
a. Name of Person: _____
b. How is this person related to you? _____
5. If you are being displaced or will be displaced, who can verify the information?
a. Name: _____
b. Address: _____
c. Have the police ever intervened? _____
Please Explain: _____
6. Does anyone in your family, who is permanent resident listed in this application, require any special accessibility equipment? YES _____ NO _____
If yes, please explain (ZHA will need this information for planning purposes, and to better assist you)

Include a Physician's Certification, Social Security or Veteran's Affairs Determination Certificate.
7. Other Comments: _____

Certification/Signatures (must be signed by all household members 18 yrs. and older):

I/we certify that all the answers given are true and correct to the best of my/our knowledge, and they are made in good faith. I/we authorize the Zuni Housing Authority/Landlord to make inquiries to verify the statements herein. This certification is made with the knowledge that the information will be used to determine eligibility to receive housing assistance and that false or misleading statements may disqualify me (us) for housing assistance or result in termination of housing assistance if the false or misleading statements are discovered after provision of the housing assistance. This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal Agency requiring it in the performance of their duties.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

ADDENDUM TO APPLICATION FOR HOUSING SERVICES

As an applicant requesting for Housing Services under the Zuni Housing Authority (ZHA), I understand that I will be required to comply with certain stipulations both before and after my acceptance into one of the ZHA's housing programs. These stipulations include, but are not limited to, the following:

1. Participation in all Pre and Post Occupancy Counseling meetings on the topics of:
 - Financial Education • ZHA Lease Requirements • Home and Yard Upkeep • ZHA Policies and Procedures
2. Compliance with the ZHA's Pet Policy, which prohibits certain breeds of dogs and limits pet ownership to one dog and one cat.
3. Compliance with the ZHA's Drug Free Housing Policy.
4. Compliance with all policies regarding health and safety issues.
5. Compliance with the Lease and ZHA Policies once admitted into a ZHA housing program.

I, _____ and _____ have received an explanation of this Addendum to
Applicant Co-Applicant

Application for Housing Services. I/We fully understand the Addendum and hereby agree to fully cooperate with these stipulations as outlined in the Addendum.

Signed:

Applicant Date

Co-Applicant Date

OFFICE USE ONLY

LOCAL AUTHORITY DETERMINATIONS

A. INCOME ELIGIBLE: Yes ___ No ___ 1. Over Income \$ _____
 Referred to Mortgage Lending Program

B. HOUSEHOLD SIZE: _____
 Income: \$ _____ 30%/50% \$ _____ 80%

Total Income: \$ _____

C. FAMILY COMPOSITION: _____
 1. Eligible: Yes ___ No ___
 2. Unit Size: _____ BR

D. BACKGROUND CHECKS FOR: _____

E. INELIGIBLE DUE TO OTHER REASONS:
 EXPLAIN: _____

TYPE OF PROGRAM APPROVED

Rental Program		Indian Community Development Block Grant	
Lease Purchase Blue Bird		Low Income Housing Tax Credit	
HUD-VASH		Lease Purchase Scat. Site	
Indian Housing Block Grant			

Interviewer's Signature: _____ Date/Time: _____

Date Deemed Eligible/Ineligible: _____