



PUEBLO OF JEMEZ HOUSING DEPARTMENT  
4495 HWY 4, PO BOX 100  
JEMEZ PUEBLO, NM 87024

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

**HOUSING ASSISTANCE APPLICATION**

**Type of Housing Assistance Requested (Please check all that apply):**

- Low Rent
  - Section 184 (Mortgage Loan)\*
  - Weatherization Program\*
  - Rehabilitation & Roofing Program\*
  - USDA 502 &504 Rural Housing\*
  - Housing Improvement Program (HIP)\*
  - Homeownership/Mutual Help
  - Veterans Loan Program\*
- \* Additional Applications Required

**A. APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Last First Middle Email Address

Mailing Address: \_\_\_\_\_  
PO Box City State Zip code

Physical Address: \_\_\_\_\_  
Street City State Zip code

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

If you checked "other", please explain: \_\_\_\_\_

**INFORMATION ABOUT SPOUSE/DOMESTIC PARTNER:**

Name: \_\_\_\_\_  
Last First Middle Maiden Name

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**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 Number	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**) \$ \_\_\_\_\_

**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 disability?  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#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_