



"Providing Safe and Affordable Housing Opportunities"

Dear Prospective Applicant:

The Pueblo of Acoma Housing Authority (PAHA) is pleased to announce that we will be accepting applications for the 30-unit Low-Income Housing Tax Credit (LIHTC) project that will be available in 2018. Attached is an application for the LIHTC Program housing. Please complete all sections of the application and return it to the PAHA. In addition to the completed application, please provide the following documentation:

1.) Household income verification.

- * Check stubs, Retirement award letters, SSI award letters, etc.
- * Household income includes unearned income of all household members
- * Household income includes earned income of household members 18 and older

2.) Certificate of Indian Blood for Applicant

3.) Valid Driver's License and/or Identification Card

4.) Additional support letters.

- * Medical statements and/or housing requirement statements.

5.) Proof of University/College enrollment. *(if applicable)*

Please note that six (6) of the 30 units will be rented exclusively to applicants with special needs under the care of a service provider. If you qualify for one of these units, additional documentation will be required.

All documents listed above are required to process your application to determine eligibility. Incomplete applications submitted will cause a delay in processing your application.

Sincerely,

Floyd Tortalita,
Executive Director



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LIHTC PROGRAM

REQUIREMENTS UNDER THE RENTAL LEASE AGREEMENT AND THE PUEBLO OF ACOMA HOUSING AUTHORITY (PAHA):

Required Monthly Payments (RMP)	30% of Total Family Income-All sources of gross income are considered when determining the RMP
Security Deposit	Property Damage Deposit of \$200.00
Minimum Payment	Based on family income and a negative rent paid by PAHA
Ceiling Payment	May be set if applicable
Maintenance of Homes	PAHA is responsible for maintenance, if tenant is responsible for damages, cost will be charged to tenant and to be paid within 30 days
Maintenance Inspection	Routine maintenance inspection
Annual Recertification	Yearly update of family composition, income and student status
Rental Agreement	Contract between tenant and PAHA (Lease for one year)
Income Limits	Must qualify under the income guidelines listed below

Median Income % of AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$12,720	\$14,550	\$16,350	\$18,180	\$19,620	\$21,090	\$22,530	\$24,000
50%	\$21,200	\$24,250	\$27,250	\$30,300	\$32,700	\$35,150	\$37,550	\$40,000
60%	\$25,440	\$29,100	\$32,700	\$36,360	\$39,240	\$42,180	\$45,060	\$48,000



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APPLICATION FOR ADMISSION TO LIHTC HOUSING PROGRAM

Applicant

Bedroom Size: _____ / _____

Mailing Address

Home Phone No.

Work Phone No.

City **State** **Zip**

INITIAL APPLICATION or RECERTIFICATION

A. List all persons who will move into unit:

Last Name	First Name	Relationship	Date of Birth	Social Security Number	Full-Time Student?
		Head of Household			

HOUSEHOLD INCOME INFORMATION

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 or seasonal income even if completing this application in the off-season.

DO YOUR RECEIVE OR EXPECT TO RECEIVE

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

YES	NO		Gross Monthly Amount
		1. Wages, salaries (include overtime, tips, bonuses, commissions, ect.)	\$
		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 services	\$
		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 pension (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. Other (list) _____	\$
		20. Other (list) _____	\$

I/We hereby certify that I/We

Have **Have Not**

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Sold or given away an asset's for less than Fair Market Value during the two-year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value must be identified below.

Household Member	Asset & Estimated Market Value	Date Sold/Disposed	Amount Received
			\$
			\$
			\$
			\$

MISCELLANEOUS

The following questions pertain to yourself and every member of your household wo will occupy the unit. Check either **YES** or **NO** in response to each question. Add an explanation below for all items check **YES**.

YES **NO**

- Will any household member, including children, live in the unit on a less than full time basis?
- Do you anticipate any change in your household (someone moving in or our) during the next 12 months?
- Does any adult member of the household have zero income? If yes, name(s):
- Does anyone in your household intend to become a student in the next 12 months? If yes, name(s):
- Does your household have any needs that might be better served by a unit, which is accessible to persons with mobility, hearing, or visual impairments?

Explanation: _____

MILITARY SERVICE OR VETERAN DATA

1. Family member(s) previously or presently enlisted in service: _____
2. Relationship to Head of Household: _____
3. Discharged: ____ Yes ____ No If Yes, Type of Discharge: _____
4. Disabled: ____ Yes ____ No If Yes, ____% Service Related: ____ Yes ____ No
5. Deceased: ____ Yes ____ No If Yes, Date: _____ Service Related: ____ Yes ____ No
6. If presently in service: Rank _____ Serial No. _____ Branch _____

Title and Address of Company: _____

CHILD CARE EXPENSES:

Name of Child Care Provider: _____ Phone No.: _____

Please indicate if ANY member of your household qualifies under one of the following special needs categories:

HOMELESS OR PRECARIOUSLY HOUSED:

1. Without Housing: ____ Yes ____ No
 - A. Present living arrangements: _____
 - B. Monthly rent charge: _____
2. Will you be without housing within 6 months? ____ Yes ____ No When? _____

A. Reason: _____

B. Type of Notice & Effective Date: _____

3. Living under substandard conditions: (explain) _____

INDIVIDUALS WITH DISABILITIES (check one):

_____ Serious Mental Illness

_____ Addictive Disorder

_____ Developmental Disability

_____ Physical, Sensory, or Cognitive Disability

_____ Disability caused by Chronic Illness

_____ Age-related Disability

_____ **I/we do not meet any of the above conditions for special needs housing**

I understand that this is not a contract and does not bind either party. The above information is true and complete to the best of my knowledge and authorize the Landlord to make inquiries to verify the statements herein. I do not object to inquiries made for the purpose of verifying the statements made herein. Misrepresentation of information will result in termination from the Pueblo of Acoma Housing Authority housing programs. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

I hereby agree to participate in and cooperate fully in the Low-Income Housing Tax Credit Program (LIHTC) and I understand that failure to participate without good cause may result in revocation of the notice of selection or termination of the Rental Agreement.

Signature of Applicant (*Head of Household*)

Date of Application

Signature of Applicant (*Co-Head*)

Date of Application

Signature of Applicant (*Other Adult*)

Date of Application

Signature of Applicant (*Other Adult*)

Date of Application

RECEIVED BY:

PAHA Staff: _____

Date Received: _____

Date:	Signature of HS Representative:	Determination of Eligibility: ____ Eligible ____ Not Eligible	Housing Program: ____ Lease Purchase ____ Low-Rent ____ LIHTC
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STATEMENT OF CHILD CARE CHARGES

I _____ will be/do babysitting for _____. I started/will start on _____.

Charges are as follows - Complete **one** of the following.

1. \$ _____ Per hour at an average of _____ hrs. Per week.
2. \$ _____ Per day at an average of _____ days per week.
3. \$ _____ Per week at an average of _____ weeks per year.
4. \$ _____ Per day per child for _____ children at an average of _____ days per week.

List the following name(s) and age(s) of children under child care:

Name:

Age:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Any additional pertinent information concerning child care charges:

I certify that the above statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Signature of Child Care Provider

Date

Telephone Number



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CREDIT REFERENCE INFORMATION

Name of Applicant: _____
 Date of Birth: _____ Social Security #: _____ - _____ - _____
 Present Address: _____ How Long? _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Message Phone: _____
 Occupation: _____ Employer: _____
 How Long? _____

Give Former Name and Address If Changed Within Past 2 Years:

Maiden Name: _____
 Former Residence: _____
 Address: _____ How Long? _____
 Occupation: _____ Employer: _____
 Employer Address: _____ How Long? _____

Name of Co-Applicant: _____
 Date of Birth: _____ Social Security #: _____ - _____ - _____
 Present Address: _____ How Long? _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Message Phone: _____
 Occupation: _____ Employer: _____
 How Long? _____

Give Former Name and Address If Changed Within Past 2 Years:

Maiden Name: _____
 Former Residence: _____
 Address: _____ How Long? _____
 Occupation: _____ Employer: _____
 Employer Address: _____ How Long? _____

LIST ALL CREDITORS DURING PAST 3 YEARS, EVEN IF PAID IN FULL:

Account No.	Creditor	Address	City	State	Zip

LIST ANY ITEMS FROM COURT RECORDS: _____



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LANDLORD VERIFICATION

APPLICANT – Complete only this portion.

Applicant:	Landlord's name:
Co-Applicant:	Landlord's address:
Current address:	
Telephone #:	Landlord's Telephone #:

I have applied for financial assistance and have agreed to transmittal of the requested information. My signature authorizes verification of my rental history.

_____ Date _____ Applicant Signature

_____ Date _____ Co-Applicant Signature

LANDLORD – Please complete all of the following information:

Date of occupancy: _____ Current rent amount: _____
 Current rent amount: _____ Is rent subsidized? _____
 Rent due date: _____ If subsidized, amount: \$ _____
 Lease expiration date: _____ Who pays subsidy? _____
 Does rent include utilities or allowances? Yes / No If yes, what amount of utilities or allowances is included in rent: \$ _____

List names and approximate ages of all persons occupying the property:

_____	_____
_____	_____
_____	_____

<p>RENTAL HISTORY DURING THE LAST 12 MONTHS: <i>Please Check One</i></p> <p>_____ Always pays by the due date</p> <p>_____ Pays within 1-10 days of due date</p> <p>_____ Pays over 30 days late</p> <p>_____ Generally stays behind schedule</p>	<p>CURRENT STATUS OF RENT:</p> <p>Current? _____ Behind? _____</p> <p>Amount behind: \$ _____</p> <p>Date last paid: _____</p> <p>Next due date: _____</p>
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PERSONAL CONDUCT AS A TENANT AND CARE OF RENTAL PROPERTY: *Please Check Only ONE.*

_____ EXCELLENT _____ GOOD _____ FAIR _____ POOR

If evaluated **fair** or **poor**, please comment: _____

_____ Landlord's Signature _____ Date Completed

NOTICE TO LANDLORD: PLEASE SEE ATTACHED RELEASE OF INFORMATION FORM.



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**CRIMINAL (III) HISTORY INQUIRY
PAHA APPLICATION CERTIFICATION
NMA00S39Q**

TO: ACOMA LAW ENFORCEMENT

FROM: PUEBLO OF ACOMA HOUSING AUTHORITY

DATE: _____

NAME OF APPLICANT: _____

RACE: _____

OTHER NAMES USED: 1) _____

2) _____

DATE OF BIRTH: _____

SSN: _____

PLACE OF BIRTH: _____

CITIZENSHIP: _____

I.D. VERIFICATION: _____

VERIFIED BY: _____

I _____ DO HEREBY GIVE WRITTEN CONSENT TO THE ACOMA L.E.S. OFFICE TO QUERY MY NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER THROUGH THE INTERSTATE IDENTIFICATION INDEX (III).

THE PAHA USER AGREES TO ABIDE BY ALL THE PRESENT AND FUTURE RULES, GUIDELINES, POLICIES AND PROCEDURES PURSUANT TO THE HOUSING OPPORTUNITY PROGRAM EXTENSION ACT, THE NEW MEXICO TELECOMMUNICATION SYSTEMS (NMLETS), AND THE NATIONAL CRIME INFORMATION CENTER (NCIC), NCIC 2000 OPERATION MANUAL, SECURITY AND CONFIDENTIAL SECTION I.

I UNDERSTAND THAT THE RESULTS OF AN INCONCLUSIVE NAME CHECK CANNOT BE USED TO DENY AN APPLICANT ADMISSION TO PUBLIC HOUSING.

APPLICANT SIGNATURE

HOUSING MANAGER

***** OFFICIAL USE ONLY *****

YOUR REQUEST HAS BEEN COMPLETED BY THE ACOMA L.E.S. OFFICE; THE INFORMATION REQUESTED IS AS FOLLOWS:

{ } 1. POSSIBLE **EXISTANCE** OF A CRIMINAL HISTORY RECORD.

{ } 2. *NON-EXISTANCE* OF A CRIMINAL HISTORY RECORD.

OPERATOR INFORMATION:

I.D. NUMBER _____ NAME: _____ DATE: _____

FOR VERIFICATION, YOU MAY CALL THE ACOMA L.E.S. OFFICE AT (505) 552-6602 OR SANTA FE NCIC SECTION AT (505) 827-9187 BETWEEN THE HOURS OF 7:00AM TO 5:00 PM, MONDAY THRU FRIDAY.



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CONSENT FORM

I/We, _____ consent to allow HUD and/or the Pueblo of Acoma Housing Authority
(Print Name)

to obtain a credit report from all three (3) Credit Reporting Agencies for the purpose of verifying my/our eligibility and level of credit worthiness under HUD'S assisted housing programs.

I/We also consent to allow HUD and/or the Pueblo of Acoma Housing Authority to obtain a background check through the New Mexico Court Systems and Local Law Enforcement Agencies.

I/We authorize the Pueblo of Acoma Housing Authority to receive this information by signing this consent form.

Head of Household

Social Security Number

Maiden Name (If Applicable)

Date

Co-Applicant

Social Security Number

Maiden Name (If Applicable)

Date



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Budget Worksheet

Name of Applicant/Borrower:	Home Phone No.	Ages of Persons in Household:	
Name of Co-Applicant/Co-Borrower:	Work Phone No.	Applicant/Borrower:	Children:
Address:		Co-Applicant/Borrower:	Others:
		Period covered by plan: _____, 20____ Thru _____, 20____	

BUDGET

PART 1 - PLANNED EXPENSES AND PAYMENTS

A. CASH EXPENSES	MONTHLY	NEXT 12 MONTHS	B. DEBT PAYMENTS	MONTHLY	NEXT 12 MONTHS						
FOOD:	\$	\$	HOUSE PAYMENT OR RENT:	\$	\$						
CLOTHING:	\$	\$	CAR/TRUCK:	\$	\$						
MEDICAL: <i>(Doctor, Dentist, eyeglasses, medication, etc.)</i>	\$	\$	CAR/TRUCK:	\$	\$						
PERSONAL: <i>(Salon/Barber, liquor, cigarettes, newspapers, magazines, etc.)</i>	\$	\$	OTHER VEHICLES AND EQUIPMENT:	\$	\$						
HOUSEHOLD:			OTHER:								
FUEL:	\$	\$	<i>(Credit cards, medical _____</i>	\$	\$						
ELECTRICITY:	\$	\$	<i>installment loans, personal _____</i>	\$	\$						
TELEPHONE:	\$	\$	<i>debts, other real estate, etc.) _____</i>	\$	\$						
CABLE TV:	\$	\$	FEDERAL DEBTS:	\$	\$						
Other: <i>(Specify)</i>	\$	\$	PLANNED CREDIT PURCHASES: <i>(Furniture, appliances, etc.)</i>	\$	\$						
HOME REPAIR AND MAINTENANCE: <i>(Paint, yard, etc.)</i>	\$	\$	Total Debt Payments:	\$	\$						
EDUCATION: <i>(Tuition, books, supplies, fees, food, etc.)</i>	\$	\$	PART 2 - HOUSEHOLD INCOME								
GIFTS: <i>(Holidays, birthday, etc.)</i>	\$	\$	Applicant: <i>(Wages, tips, overtime, etc.)</i>	\$	\$						
RECREATION: <i>(Dining, movies, sports, etc.)</i>	\$	\$	Co-Applicant: <i>(Wages, tips, overtime, etc.)</i>	\$	\$						
MISC. POCKET EXPENSES: <i>(Sodas, lunches, allowances, etc.)</i>	\$	\$	NET BUSINESS INCOME:	\$	\$						
CAR: <i>(Gas, tires, repairs, license, etc.)</i>	\$	\$	OTHER: <i>(Social Security, retirement, alimony, child support, VA, public assistance, etc.)</i>	\$	\$						
TRANSPORTATION: <i>(Bus, shuttle, etc.)</i>	\$	\$	TOTAL HOUSEHOLD INCOME:	\$	\$						
INSURANCE:			PART 3 - SUMMARY								
AUTO(S):	\$	\$	A. TOTAL INCOME <i>(Part 2)</i>	\$	\$						
HEALTH & LIFE:	\$	\$	B. CASH <i>(CHECKING, SAVINGS, ETC.)</i>	\$	\$						
TAXES:			C. TOTAL EXPENSES AND DEBT PAYMENTS <i>(Part A + B)</i>	\$	\$						
INCOME:	\$	\$	BALANCE (A+B) - C	\$	\$						
SOCIAL SECURITY:	\$	\$									
PERSONAL PROPERTY:	\$	\$									
UNION/PROFESSIONAL DUES:	\$	\$	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">SIGNATURE OF APPLICANT _____</td> <td style="width: 30%; border: none;">DATE _____</td> </tr> <tr> <td style="border: none;">SIGNATURE OF CO-APPLICANT _____</td> <td style="border: none;">DATE _____</td> </tr> <tr> <td style="border: none;">SIGNATURE OF HOUSING OFFICIAL _____</td> <td style="border: none;">DATE _____</td> </tr> </table>			SIGNATURE OF APPLICANT _____	DATE _____	SIGNATURE OF CO-APPLICANT _____	DATE _____	SIGNATURE OF HOUSING OFFICIAL _____	DATE _____
SIGNATURE OF APPLICANT _____	DATE _____										
SIGNATURE OF CO-APPLICANT _____	DATE _____										
SIGNATURE OF HOUSING OFFICIAL _____	DATE _____										
CHILD CARE: <i>(Daycare, babysitting)</i>	\$	\$									
CHILD SUPPORT/ALIMONY:	\$	\$									
PLANNED CASH PURCHASES: <i>(Furniture, appliances, etc.)</i>	\$	\$									
MOVING EXPENSES:	\$	\$									
OTHER:	\$	\$									
TOTAL CASH EXPENSES	\$	\$									