



P.O. Box 620
Pueblo of Acoma, NM 87034

"Providing Safe and Affordable Housing Opportunities"

Phone: (505) 552-7528
Fax: (505) 552-9093

Dear Prospective Applicant:

Attached is an application for Rehabilitation/Modernization services available from the Pueblo of Acoma Housing Authority (PAHA). Please complete all sections of the application and return it to the PAHA. In addition to the completed application the following documents need to be attached:

- 1.) _____ **Certificate of Indian Blood for Applicant**
- 2.) _____ **Land Assignment / Deed / Title**
 - * Title is required for Mobile Home Units
- 3.) _____ **Household Income Verification**
 - * Check Stubs, Retirement Award Letters, SSI Award Letters, etc.
 - * Household income includes all household members 18 and older.
- 4.) _____ **Additional Support Letters**
 - * Medical statements and/or housing requirement statements.
- 5.) _____ **DD 214 or Veteran's Card**
- 6.) _____ **Notarized Statement of Unemployment**
 - * Household members 18 and older who are unemployed.

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

*****For PAHA Use Only*****			
Received By:		Date & Time:	



"Providing Safe and Affordable Housing Opportunities"

APPLICATION FOR REHABILITATION/MODERNIZATION SERVICES

Applicant Name _____

Date _____

Mailing Address _____

Home Phone No. _____

City _____ State _____ Zip _____

Work Phone No. _____

Have you received any type of assistance from the PAHA? _____ Yes _____ No; If Yes, when _____

Type of Home: _____ Traditional _____ HUD _____ Mobile Home; Location: _____

Do you currently reside in the home you are requesting service for? _____ Yes _____ No

A. FAMILY COMPOSITION

1. List all people living in the household.

Last Name	First Name	Birth date	Age	Relationship	Soc. Sec. No.
				Self	

2. Are you an enrolled member of the Pueblo of Acoma? _____ Yes _____ No

If Yes, Tribal Enrollment No.: _____

3. DIASBLED (Please attach a medical statement from medical provider)

Are you a person with a disability? _____ Yes _____ No

Are there any members of the household with a disability? _____ Yes _____ No

If yes, please list: _____

4. VETERAN DATA

Are you a veteran? _____ Yes _____ No

Are there any household members that are veterans? _____ Yes _____ No

If yes, please list: _____

B. ESTIMATED FAMILY INCOME

1. Earned Income: List all individuals who have earned income living in the household. Provide a signed copy of SF-1040 (income tax return), W-2 Forms, check stubs, etc. for verification.

Name	Employer's Name	Rate of Pay (hourly, daily, weekly, etc.)	Annual Earned Income

Total Annual Earned Income: _____

2. Unearned Income: List all individuals who have unearned income such as Social Security, retirement, disability, and unemployment benefits (child support, alimony, royalties, per capita payments, interest, etc.). Provide check stubs, statements, ledgers, etc. for verification.

Name	Source of Income	Annual Unearned Income

Total Annual Unearned Income: _____

TOTAL HOUSEHOLD ANNUAL INCOME (totals from 1 + 2): _____

C. PRESENT HOUSING CONDITION AND NEEDS:

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. I do not object to inquiries made for the purpose of verifying the statements made herein. I also understand that it is my responsibility to inform the Pueblo of Acoma Housing Authority if there are any changes in my family composition, income, living conditions, household needs, and change of address. Misrepresentation of information will result in termination from the Pueblo of Acoma Housing Authority Rehabilitation/Modernization Programs.

Signature of Applicant

Date

If Not Eligible, Explain: <hr/> <hr/> <hr/> <hr/> <hr/>			
Date:	Signature of Development Manager:	Determination of Eligibility: ____ Eligible ____ Not Eligible	To be considered for: ____ Modernization Services ____ Rehabilitation Services