

Date/Time Application was received: _____

LHDME Staff's initial that received the application: _____

Laguna Housing Development and Management Enterprise

Application for Admission

Applicants shall provide all information necessary for Laguna Housing Development & Management Enterprise (LHDME) to determine eligibility requirements for admission or continued participation in the HUD Assisted Program(s). Disclosure of information obtained from an applicant shall be limited to purposes directly connected with determining the applicant's initial or continued eligibility.

1. Applicant's Name			Social Security No.	Date of Birth
2. Present Mailing Address	City	State	Zip Code	POL Tribal Member ___Yes ___NO
3. Former Mailing Address (if at present address for less than 2 years)	City	State	Zip Code	Home Phone (505)
4. Name and Address of Employer			Type of Business	Self Employed? ___ Yes ___ No
Business Phone Number ()	Position/Title		No. of Years on Job	Years in this line of work
5. Name and Address of Previous Employer (if employed at present position for less than 2 years)			No. of Years with Previous Employer	Business Phone ()

1. Co-Applicant's Name			Social Security No.	Date of Birth
2. Present Street Address	City	State	Zip Code	Tribal Affiliation Yes No
3. Former Mailing Address (if at present address for less than 2 years)	City	State	Zip Code	Home Phone ()
4. Name and Address of Employer			Type of Business	Self Employed? ___ Yes ___ No
Business Phone Number ()	Position/Title		No. of Years on Job	Years in this line of work
5. Name and Address of Previous Employer (if employed at present position for less than 2 years)			No. of Years with Previous Employer	Business Phone ()

ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Member 18 Years or Older	Total
Wages				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds etc., Received Periodically				
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Support				
Welfare Payments				
Other:				
TOTAL:				

ASSETS

Assets	Cash Value	Income from Assets	Name of Financial Institution	Account Number
Checking Account	\$	\$		
Savings	\$	\$		
Mutual Funds	\$	\$		
Stocks/Bonds	\$	\$		
Other?	\$	\$		

HOUSEHOLD COMPOSITION

List the head of your household and all members who **will** live in your home. Give the relationship of each family member to the head of household.

Member No.	Full Name	Relationship	Date of Birth	Social Security No.
Head of Household				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Does anyone plan to live with you in the future who is not listed above? Yes No

Please explain if you answer "Yes" to the question above. _____

Have you ever participated in a HUD Assisted Program? Yes No

If answer is "YES" where and when _____

Have you ever been evicted from LHDME unit within last 7 years? Yes No

If answer is "YES" where, when and why? _____

Have you or a family member listed above been convicted of; _____ Drug Felony _____ Abuse of Children
 _____ offenses involving bodily harm _____ theft or destruction of property, including graffiti.

Can LHDME obtain a criminal history of any of the offenses listed above? Yes No

If answer is "NO" please explain reason: _____

Applicant Marital Status (*documents required)

Single _____ Married _____ *Separated _____ *Divorced _____

Does any family member have a Disability: Yes No

Member Disabled _____

Nature and extent of disability _____

Veteran: _____ Head _____ Spouse _____

HOUSING CONDITIONS:

A. Present Housing Conditions and Need:

- 1) Without Housing Yes _____ No _____
 - (a) Reason: _____
 - (b) Present living arrangements: _____
- 2) About to be without housing Yes _____ No _____
 - (a) Reason: _____
 - (b) Type of notice & effective date: _____
- 3) Living under substandard housing conditions: yes _____ no _____

(if "yes" check conditions present)

 - a) Dwelling dilapidated..... _____
 - b) Dwelling does not have operable indoor plumbing..... _____
 - c) Dwelling does not have a usable bathtub or shower _____
 - d) Dwelling does not have a usable flush toilet _____
 - e) Inadequate or no electric wiring system in dwelling unit..... _____
 - f) Inadequate or unsafe heating facilities for dwelling unit..... _____
 - g) Single family unit occupied by two (2) or more families _____
 - h) Dwelling declared unfit for habitation by a governmental body or agency..... _____
- 4) Other Conditions and Factors of Housing Need (Specify): _____
- 5) Monthly Amount Now Paid for Rent and Utilities \$ _____

The information provided above is true and complete to the best of my/our knowledge and belief. *I/we understand that if I/we knowingly make a material misrepresentation during my/our application process and discovered prior to occupancy I/we will be disqualified from consideration. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy. I/we authorize LHDME to make credit inquiries it deems necessary in connection with this application or in the course of review or collection of any credit extended based on this application. I/we also authorize LHDME to obtain a criminal activity check in accordance with the admission requirements.*

Applicant

Date

Co-Applicant

Date

Village Affiliation: _____

Tribal Affiliation: _____

Census # _____

Parents' Name: _____