



# Laguna Housing Development and Management Enterprise

P.O. Box 178 • Laguna, NM 87026 • Phone: 505-552-6430 • Fax: 505-552-9409

## HOUSING APPLICATION CHECKLIST

- Housing Application YES \_\_\_\_\_ NO \_\_\_\_\_
- Income Verification of all persons YES \_\_\_\_\_ NO \_\_\_\_\_

**Acceptable forms** (forms cannot be older than 90 days):

Recent 4 check stubs                      Third Party Employer Income Verification  
 W2/Signed copy of last Tax Year        Current Bank Statement  
 Current Year Social Security/Public Assistance Award Letters

- Signed Release of Information form for all Household members 18yrs. or older YES \_\_\_\_\_ NO \_\_\_\_\_
- Student Certification YES \_\_\_\_\_ NO \_\_\_\_\_
- Child Support Certification YES \_\_\_\_\_ NO \_\_\_\_\_
- Zero Income Certification, if applicable YES \_\_\_\_\_ NO \_\_\_\_\_
- Signed Release for Criminal Background Check YES \_\_\_\_\_ NO \_\_\_\_\_

**Documents that require a Notarization (DO NOT SIGN unless witnessed & verified by a Notary). LHDME has notaries in house. Valid Picture ID required.**

- Unemployment Affidavit, if applicable YES \_\_\_\_\_ NO \_\_\_\_\_
- Under \$5,000.00 Asset Certification YES \_\_\_\_\_ NO \_\_\_\_\_

**Copies of these documents for all persons who are included on the housing application**

- Social Security Cards of all persons YES \_\_\_\_\_ NO \_\_\_\_\_
- Marriage Certificate (if applicable) YES \_\_\_\_\_ NO \_\_\_\_\_
- Birth Certificates of all persons YES \_\_\_\_\_ NO \_\_\_\_\_
- Divorce/Separation Documents (if applicable) YES \_\_\_\_\_ NO \_\_\_\_\_
- Cert. of Indian Blood (CIB) of all persons YES \_\_\_\_\_ NO \_\_\_\_\_
- Copy of Picture ID household members 18yrs or older YES \_\_\_\_\_ NO \_\_\_\_\_
- Do non-Laguna tribe members have permission to reside on Pueblo of Laguna Lands? YES \_\_\_\_\_ NO \_\_\_\_\_

**If applicable:**

- Veterans – DD 214 Form YES \_\_\_\_\_ NO \_\_\_\_\_
- Disability – Medical Documentation Required YES \_\_\_\_\_ NO \_\_\_\_\_

**ALL THE ABOVE INFORMATION MUST BE SUBMITTED ALONG WITH THE APPLICATION BEFORE IT CAN BE PROCESSED FOR ELIGIBILITY.**

Additional remarks if needed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For Office Use:**

Additional remarks if needed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date/Time Application was received: \_\_\_\_\_  
 LHDME Staff's initial that received the application: \_\_\_\_\_



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### 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.*

Application and Corresponding Forms - fill in all blank areas or indicate N/A where applicable

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	<b>Phone</b>
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 <sup>1</sup>			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	<b>Phone</b>
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 ( )

<sup>1</sup> Co-Applicant is fully responsible for all obligations as the primary Applicant to include but not limited to unpaid rent and or damages etc.

**ANNUAL INCOME<sup>2</sup>**

<b>Source</b> (indicate per hour/week/month etc. e.g. \$7.50/hour, \$500.00/month etc)	<b>Applicant</b>	<b>Co-Tenant</b>	<b>Co-Tenant</b>	<b>Total</b>
Wages				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Income from Business (self employment)				
Net Rental Income				
Social Security, Pensions, Retirement Funds, Public Assistance (TANF, food stamps etc.)				
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Support				
Welfare Payments				
Other:				
				<b>TOTAL:</b> _____

**ASSETS**

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

<sup>2</sup> Income must be supported by "Acceptable Forms" listed on Application Checklist



**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				

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 (including non LHDME housing)?  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: \_\_\_\_\_

\_\_\_\_\_

Does any family member have a Disability:  Yes  No

Does home require any features to assist with disability e.g. handrails, walk in shower, ramps etc?  Yes  No

If answer is "Yes" Describe need \_\_\_\_\_

\_\_\_\_\_

Can medical documentation be provided for disability?  Yes  No

\_\_\_\_\_

Veteran:  Head  Spouse  Co-Tenant

