



Laguna Housing Development and Management Enterprise

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

MODERNIZATION/HOME REHABILITATION SERVICES APPLICATION CHECKLIST

APPLICANT NAME _____

REQUIRED DOCUMENTS:

- 1. Application YES _____ NO _____
2. Applicant's Certificate of Tribal Enrollment YES _____ NO _____
3. Proof of Ownership/Land Assignment YES _____ NO _____
a. Pueblo of Laguna Certification Form
OR
b. Quitclaim Deed
4. Income Verification of all persons in Household YES _____ NO _____
Acceptable forms of income verification:
a. Most recent 4 check stubs or
b. Third Party Employer Income Verification or
c. W2/Signed copy of last Tax Year or
d. Most recent Bank Statement or
e. Current Year Social Security/Public Assistance Award Letter(s)
5. POL Certificate of Physical Address YES _____ NO _____
• If applicable:
• Disability - Current Medical Documentation Required YES _____ NO _____
• Veterans - DD 214 Form YES _____ NO _____

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

FOR OFFICE USE

Remarks:

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

APPLICATION FOR REHABILITATION SERVICES
LAGUNA HOUSING DEVELOPMENT & MANAGEMENT ENTERPRISE

Applicant Name: _____

P.O. Box #: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ 2nd Contact # _____

Please circle your answers:

1. Have you received services from LHDME before: Yes No Date (month & year) _____
If so, describe services received _____
2. Have you received BIA HIP services? Yes No Date (month & year) _____
If so, describe services received _____
3. Do you own your home? Yes No (provide proof of homeownership/land assignment)
4. Is this your Primary Residence? Yes No
If not, why not? _____
5. Type of Home: Traditional HUD Mobile Home
6. What year was it built? _____ What is the square footage? _____
7. How many bedrooms does the home have? _____
8. How many bathrooms does the home have? _____
9. What type of heating/cooling system does the home have? _____
10. What type of sewer system does the home have? Main line Leach field Septic System
11. What is the water source for the home? Main line Private Well other: _____
12. What type of roofing does the home have? Pitched Flat
13. Does the home have electricity? Yes No
14. What type of cooking stove does the home have? Wood Gas Electric
15. Do you require handicap Accessibility? Yes No
16. Directions to home: _____

***Please Attach Map to home

Present Housing Conditions and Rehabilitation Needs

Please prioritize your needs, (for example roof, plumbing, etc.....)

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LAGUNA HOUSING DEVELOPMENT & MANAGEMENT ENTERPRISE

Family Composition

1. Persons living in your home

Name(s) of Your Family Members	Relationship	Date of Birth	Social Security Number
	<i>yourself</i>		

*Social Security number is required for all family members 6 years of age or older.

2. Are you an enrolled member of the Pueblo of Laguna? Yes No
 If yes, please provide Tribal Enrollment No.: _____
3. Are you or your spouse a person with a disability? Yes No
 (Please attach medical statement from medical provider)
4. Are any other family members in your home persons with disability? Yes No
 If yes, which family members: _____
 (Please attach medical statement from medical provider)
5. Are you or any family member on the application a Military Veteran? Yes No
 (Please provide written verification such as DD Form 214, NGB22, etc.)

Estimated Family Income

Earned Income: Start with applicant, then list all permanent family members, including all who are listed under Part A-1 and have earned income. Provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs, etc. for verification.

Name	Source of Income	Annual Earned Income

Total annual earned income: \$ _____

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Unearned Income: Start with applicant, then list all permanent family members, including all who are listed under Part A-1 and have unearned income such as social security, retirement, disability and unemployment benefits, child support and 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 \$ _____

Signature and consent to release information

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Laguna Housing Development & Management Enterprise to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the Laguna Housing Development & Management Enterprise if there are any changes in my family composition along with reporting any changes in income, living conditions and change of address.

 Applicant Signature

 Date

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******FOR OFFICE USE ONLY******

____ *Eligible* ____ *Ineligible* *If ineligible, explain:*

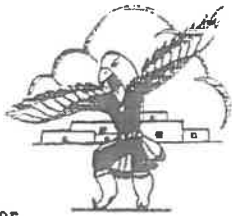
____ *Modernization Services* ____ *Rehabilitation Services*

Comments:

Reviewed by:

Date

****Please Attach Preference Points Rating Form****



PUEBLO OF LAGUNA

P.O. BOX 194

LAGUNA, NEW MEXICO 87028



Office of:

The Governor
The Secretary
The Treasurer

(505) 552-6598
(505) 552-6654
(505) 552-6655

CERTIFICATION FORM

To Whom It May Concern:

This is to certify that the applicant, _____, was assigned land for
the purpose of constructing a traditional home or placement of trailer home. Such
assignment of land is on Pueblo of Laguna record and the above-named individual is
the rightful owner of the home.

Signatures:

Applicant

Staff Officer

Mayordomo