



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	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 ()

1. Co-Applicant's Name ¹			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	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 ()

¹ 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 INCOME²

Source (indicate per hour/week/month etc. e.g. \$7.50/hour, \$500.00/month etc)	Applicant	Co-Tenant	Co-Tenant	Total
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:				
TOTAL:				

ASSETS

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

² Income must be supported by "Acceptable Forms" listed on Application Checklist

LIABILITIES

Company	Address	Type Loan (credit card, car, TV, payday, etc)	Monthly Payment	Balance
		Auto Loan		
		Auto Insurance		
		Student Loan(s)		
		Satellite Services		
		Phone/Cell		
		Gas/Propane		
		Electricity		
		Water/Sewer/Trash		
TOTAL				

Are you delinquent on any current loan or financial obligation? _____ Yes _____ No

If you answered "Yes" provide the information requested below:

Month/Year	Type of Loan/Obligation	Name of Creditor	Address	State	Zip Code

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

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 or other housing expenses \$ _____

Do you have a land assignment to place a home on? ___ Yes ___ No

If "YES", what village jurisdiction is it located in _____

Does the land assignment location have immediate access to:

Electricity ___ Yes ___ No

Water/ Sewer Main ___ Yes ___ No

Natural Gas ___ Yes ___ No

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

Village Affiliation: _____

Co-Applicant/Co-Tenant

Date

Village Affiliation: _____

TENANT RELEASE AND CONSENT

I/We, _____, the undersigned hereby authorize all persons or companies in the categories listed below, to release without liability, information regarding our employment, income, and/or assets to **Laguna Housing Development & Management Enterprise** for purposes of verifying information provided as part of our housing application.

INFORMATION COVERED

I/We understand that previous or current information regarding us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Social Security Administration	Banks and other Financial Institutions
	Medical and Child Care Providers	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that I/we can prove is incorrect.

SIGNATURES

_____ Applicant/Head of Household	_____ (Print Name)	_____ Date
_____ Co-Tenant	_____ (Print Name)	_____ Date
_____ Co-Tenant	_____ (Print Name)	_____ Date
_____ Co-Tenant	_____ (Print Name)	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Laguna Housing Development and Management Enterprise

Child's Name

CHILD SUPPORT CERTIFICATION

I, _____ herby certify under penalty of perjury that the information provided below is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding Affordable Housing and/or allocation of LIHTC Section 42 Housing.

Check all that applies:

_____ I currently receive \$ _____ per month in child support and I expect to receive \$ _____ in child support for the next 12 months.

_____ I currently do not receive child support, but expect to receive child support on this date _____ in the amount of \$ _____ per month.

_____ I currently do not receive child support and do not expect to receive child support within the next 12 months.

_____ I currently do not receive child support and do not expect to receive child support within the next 12 months, and I have made reasonable effort to collect child support.

_____ No minor children in the household, child support is not applicable

I hereby authorize the **Laguna Housing Development & Management Enterprise** agent to make inquiries regarding my child support for the purpose of determining my eligibility for occupancy.

Signature

Date

STUDENT STATUS AFFIDAVIT
(LIHTC or Tax Exempt Bond Compliance Period)

Applicant/Tenant Name: _____
Address: _____

Completed For: (check one)

Move-in; effective date: _____
 Annual recertification; effective date: _____

Will all of the persons in your household be or have been full-time students during five calendar months of the certification year? Yes No

If YES, then is anyone in your household:

- A student and receiving AFDC/TANF? Yes No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? Yes No
- A student enrolled in a job training program under the Job Training Partnership Act (federal, state or local)? Yes No
- A single parent living with his/her minor children and such parent is not a dependant (as defined in Section 152) and whose children are not dependants of another individual other than a parent? Yes No
- Married and file a joint return Yes No

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Manager)	_____ Date



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CRIMINAL BACKGROUND CHECK RELEASE

Applicant: _____
Last First Middle

Also Known As: _____

Address: _____
City State Zip Code

Date of Birth: ____/____/____ Social Security No. _____

Place of Birth: _____
City County State

Drivers License # _____ Expiration Date _____

Copy of Driver's License to be attached to this form

Criminal History Background Investigation for the following offenses convicted within the past seven (7) years:

1. Drug felony offenses
2. Sexual abuse of children
3. Bodily harm to include:
 - _____ Rape
 - _____ Aggravated Assault
 - _____ Manslaughter
 - _____ Attempted Murder
 - _____ Murder
4. Theft or destruction of property, including graffiti

I hereby authorize Laguna Housing Development and Management Enterprise to obtain a criminal history for myself for the purpose of determining my eligibility to participate in the Affordable Housing Programs.

Applicant/Co-Applicant/Adult Household Member

Date



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CRIMINAL BACKGROUND CHECK RELEASE

Applicant: _____
Last First Middle

Also Known As: _____

Address: _____
City State Zip Code

Date of Birth: ____/____/____ Social Security No. _____

Place of Birth: _____
City County State

Drivers License # _____ Expiration Date _____

Copy of Driver's License to be attached to this form

Criminal History Background Investigation for the following offenses convicted within the past seven (7) years:

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3. Bodily harm to include:
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 - _____ Manslaughter
 - _____ Attempted Murder
 - _____ Murder
4. Theft or destruction of property, including graffiti

I hereby authorize Laguna Housing Development and Management Enterprise to obtain a criminal history for myself for the purpose of determining my eligibility to participate in the Affordable Housing Programs.

Applicant/Co-Applicant/Adult Household Member

Date

CERTIFICATION OF ZERO INCOME

Household Name _____ Unit No. _____

Development Name: Laguna Housing Development & Management Enterprise

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pension, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.
3. **Please explain the source of funds you will be using to make your rent payment & or utility obligations:**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature

Printed Name

Date

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: _____

Applicant/Tenant Name _____ **XXX-XX-** Social Security Number _____ # Unit# (If assigned) _____

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Jocelyn Imp/RESIDENT SERVICE SPECIALIST
Project Owner/Management Agent

Return Form To:

Laguna Housing Development &
Management Enterprise
P.O. Box 178
Laguna, New Mexico 87026
Fax: 505-552-9409 Phone: 505-552-6430

THIS SECTION TO BE COMPLETED BY EMPLOYER (Please do not leave any blanks mark w/NA if no information)

Employee Name: _____ Job Title: _____

Employment is: Permanent/FT Part-Time Temporary* Seasonal* *When will contract End? _____

Date First Employed _____ No Longer Employed: _____ Last Day of Employment _____/_____/_____

Base Rate of Pay: \$ _____ (circle one) hourly ~ weekly ~ bi-weekly ~ semi-monthly ~ monthly ~ yearly ~ other _____

Avg # of regular hrs *worked* p/week: _____ YTD earnings: \$ _____ From: _____/_____/_____ through _____/_____/_____

Overtime Pay Rate: \$ _____ p/hr YTD Avg # of OT hrs p/wk: _____ Expected Amt of OT hrs to work p/wk within next 12 mos _____

a) Shift Differential Rate: \$ _____ p/hr Avg # of hrs p/wk: _____ b) Shift Differential Rate: \$ _____ p/hr Avg # of hrs p/wk: _____

YTD Commissions, bonuses, tips: \$ _____ (circle one) hourly ~ weekly ~ bi-weekly ~ semi-monthly ~ monthly ~ yearly ~ other _____

List any anticipated change in the employee's rate of pay within the next 12 mos _____; Effective date: _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: _____

Applicant/Tenant Name _____ **XXX-XX-** Social Security Number _____ # Unit# (If assigned) _____

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Jocelyn M/RESIDENT SERVICE SPECIALIST
Project Owner/ Management Agent

Return Form To:

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Management Enterprise
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Laguna, New Mexico 87026
Fax: 505-552-9409 Phone: 505-552-6430

THIS SECTION TO BE COMPLETED BY EMPLOYER (Please do not leave any blanks mark w/NA if no information)

Employee Name: _____ Job Title: _____

Employment is: Permanent/FT Part-Time *Temporary** *Seasonal** *When will contract End? _____

Date First Employed _____ No Longer Employed: _____ Last Day of Employment _____/_____/_____

Base Rate of Pay: \$ _____ (circle one) hourly ~ weekly ~ bi-weekly ~ semi-monthly ~ monthly ~ yearly ~ other _____

Avg # of regular hrs *worked* p/week: _____ YTD earnings: \$ _____ From: _____/_____/_____ through _____/_____/_____

Overtime Pay Rate: \$ _____ p/hr YTD Avg # of OT hrs p/wk: _____ Expected Amt of OT hrs to work p/wk within next 12 mos _____

a) Shift Differential Rate: \$ _____ p/hr Avg # of hrs p/wk: _____ b) Shift Differential Rate: \$ _____ p/hr Avg # of hrs p/wk: _____

YTD Commissions, bonuses, tips: \$ _____ (circle one) hourly ~ weekly ~ bi-weekly ~ semi-monthly ~ monthly ~ yearly ~ other _____

List any anticipated change in the employee's rate of pay within the next 12 mos _____; Effective date: _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000. Complete only one form per household; include assets of children.

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

Complete all that apply for 1 through 4:

1. My/our assets include:

Cash Value	Int. Rate	Annual Income	Source	Cash Value	Int. Rate	Annual Income	Source
\$		\$	Savings Accts.	\$		\$	Checking Acct.
\$		\$	Cash	\$		\$	Safety Deposit Box
\$		\$	Cert. Of Deposit	\$		\$	Money Market Funds
\$		\$	Stocks	\$		\$	Bonds
\$		\$	IRA Accounts	\$		\$	401K Accounts
\$		\$	Keogh Accounts	\$		\$	Trust Funds
\$		\$	Equity in real estate	\$		\$	Land Contracts
\$		\$	Lump Sum Receipts	\$		\$	Capital Investments
\$		\$	Life Insurance Policies (excluding Term)				
\$		\$	Other Retirement/Pension Funds not named above:				
\$		\$	Personal property held as an investment**:				
\$		\$	Other (list):				

PLEASE NOTE: Certain funds (e.g., Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which you can access.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of:
 \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant _____ Date _____ Applicant/Tenant _____ Date _____
 STATE OF _____)
)ss.
 COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

 Notary Public

My Commission Expires:
