APPLICANT/TENANT CERTIFICATION

Applicant(s) / Tenant(s) Statement:

I/We certify that the information given to the Ramah Navajo Chapter Community Planning & Development Department on household composition, income, net family assets, and allowances and deduction is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. (Add reference to State Law if applicable). I/We also understand that false statements or information are grounds for housing assistance and termination of tenancy.

_____________________________  _______________________
Signature of Head of Household Date

_____________________________  _______________________
Signature of Spouse Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8500. (Within Washington D.C. Metropolitan Area, Call 426-3500)

After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary) a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

**********RNC/HP OFFICIAL’S CERTIFICATION FOR TENANT’S FILE**********

RNC/HP OFFICIAL’S STATEMENT

I certify that:
1) The information given to the Ramah Navajo Chapter Community Planning & Development Department by the household of ____________________________ on household composition, income, net family assets, and allowances and deduction has been verified as required by Federal Law.

2) The family was eligible at admission; and

3) The family has certified that it has given our agency accurate and complete information.

_____________________________  _______________________  
Signature of RNC CPDD / Official/Representative  Date
The following documents must be attached to the application:

**PUBLIC RENTAL**

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Complete and sign all highlighted areas of the housing application.</td>
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<tr>
<td>2</td>
<td>Copies of Photo Identification of Head of Household and spouse.</td>
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<td><em>(Current Driver's License or Identification Card are accepted)</em></td>
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<tr>
<td>3</td>
<td>Copies of Birth Certificates or Affidavit of for all members of the family</td>
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<tr>
<td>4</td>
<td>Copies of Certificate of Indian Blood (CIB) for all members of the family or an updated Family Profile.</td>
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<tr>
<td>5</td>
<td>Copy of Legal Guardianship documents (if applicable).</td>
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<tr>
<td>6</td>
<td>Copies of Social Security cards for all members of the family</td>
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<tr>
<td>7</td>
<td>Copy of Marriage License or Divorce Decree (if applicable).</td>
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<tr>
<td>8</td>
<td>Documentation of Medical Statements, DD214, etc. for Displaced, Disabled, Physically Handicapped and/or Military Service</td>
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<td>9</td>
<td>Income Verification <em>(MUST be completed by either employer, TANF, GA or Social Security Office – SS, SSI &amp; SSB)</em></td>
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<td>10</td>
<td>Income Verification – Self Employment <em>(MUST provide copy of previous Income Tax Return Form)</em></td>
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<tr>
<td>11</td>
<td>Completed &amp; signed Authorization for the Release of Information <em>(MUST be signed by ALL adult members of the family – 18 years and older)</em></td>
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<td>12</td>
<td>Complete &amp; signed Declaration of Section 214 Status <em>(MUST be signed by and/or for all family members)</em></td>
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<td>13</td>
<td>Complete &amp; signed Landlord Verification Forms <em>(MUST be completed by your previous landlord)</em></td>
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<td>14</td>
<td>Completed Substandard Verification Form (Optional)</td>
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<tr>
<td>15</td>
<td>Completed Displacement Verification Form (Optional)</td>
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</table>

**ONLY completed applications will be accepted for housing consideration.**

If you have any questions regarding your application status, please call the telephone number listed above. Thank you.
# Ramah Navajo Chapter NAHASDA Housing Application

**Application Date:**

**Application Submit Time:**

### Please Return Completed Application To:

**RAMAH NAVAJO CHAPTER Housing Program**

HCR 61 Box 13

Ramah, New Mexico, 87321-9601

(505) 775-7160

Fax No. (505) 775-7003

---

## I. FAMILY COMPOSITION:

### A. People Who Will Live In The House

<table>
<thead>
<tr>
<th>Family Members No.</th>
<th>Name of Family Members</th>
<th>Relation to Family Head</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Sex</th>
<th>Occupation</th>
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Attach additional sheet with remaining family members with needed information

### B. Anticipated Changes in Family Composition:

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## II. INCOME(S) OF FAMILY:

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</table>

**A. Total Family Income**

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## III. DEDUCTIONS:

<table>
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<tr>
<th>No. of Family Member</th>
<th>DEDUCTIONS:</th>
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<tr>
<td></td>
<td>$400 for Elderly Family Only</td>
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<td></td>
<td>Medical Expenses (whoaests) in excess of 3% of TFA-Elderly Family</td>
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<td>$400 per dependent (other than head or spouse)</td>
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<td>Baby sitter (with certification) 13 yrs of age and under</td>
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<tr>
<td></td>
<td>Handicapped Assistance Expenses</td>
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<td>Verification of Travel (Max. $1300.00)</td>
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</table>

**B. Total Deductions:**

---

## IV. TOTALS (RENOVATION APPLICANTS EXCLUDED)

### A. ANNUAL NET INCOME

(Total Family Income - Deduction = Annual Net Income)

### B. YEARLY INCOME

(Applicable to 1/2 X Annual Net Income = Yearly Income)

### C. CONTRACT RENT

(Yearly Gross Income/12 Calendar Months - Contract Rent)

### D. TOTAL UTILITY ALLOWANCE

(Utility Allowance $ - Energy Assistance Benefits $ = Total Utility Allowance)

### E. TOTAL MONTHLY RENT

(Contract Rent - Total Utility Allowance = Total Monthly Rent)
V. HOUSING CONDITION
A. Present Housing Conditions and Need:
   (a) Reason:
   (b) Present Living arrangements
   (c) About to be without housing:
      (a) Reason:
      (b) Type notice and effective date
   (c) Living under substandard conditions:
      (If "Yes", check conditions present)
      (a) Dwelling structurally unsafe
      (b) No potable running water in dwelling unit
      (c) No usable flush toilet in dwelling unit
      (d) No installed usable tub or shower in dwelling unit
      (e) No operating sink or proper stove connections in kitchen
      (f) Inadequate or no electric wiring system in dwelling unit
      (g) Inadequate or unsafe heating facilities for dwelling unit
      (h) Overcrowded: No. BR. Number persons
      (i) Single family unit occupied by 2 or more families
   4. Other conditions and factors of housing need (specify)

5. Monthly amount now paid for rent and utilities $  

VI. NAVAJO RESERVATION RESIDENCE
A. Length of Residence
   1. Chapter Member: □ Yes □ No Where:
   2. Registered Voter: □ Yes □ No Where:

B. LOCATION DESCRIPTION: (Physical Address) 

VII. DISPLACED, DISABLED, HANDICAPPED, VETERAN AND SERVICE DATA
A. Displaced by Urban Renewal or Low-Rent Project/Other Public Action:
   1. Address when displaced
   2. Notified by
   3. Date Notified __________

B. Disabled Head, Spouse or Single-Person Applicant:
   1. Member Disabled
   2. Nature and extent of disability

C. Physically Handicapped Head, Spouse or Single-Person Applicant:
   1. Member Handicapped
   2. Nature and extent of handicap

D. Military Service: 1. Name of family member who has been or is in military service:
   2. Relation to head
   3. At home: __________ Absent: __________ 5. Period of service: From
   4. "C" No.
   7. Discharged: (a) Date (b) Type
   8. Disabled: □ Yes □ No (a) % Service conn. □ Yes □ No
   9. Deceased: □ Yes □ No (a) Date Service conn. □ Yes □ No
   10. If now in service: (a) Rank (b) Serial No. (c) Branch
       (d) Title and address of C.O.

X. PRE/POST OCCUPANCY COUNSELING PROGRAM:
I hereby agree to participate in and cooperate fully in the Housing Authority's Tenant Counseling Program.
I understand that failure to participate without good reasons may result in revocation of the Notice of Selection or Termination of the Lease Agreement.

SIGNER: ______________________ Applicant

SIGNER: ______________________ Co-Applicant

CERTIFICATION
I/we certify that the information given to the Ramah Navajo Chapter NAHASDA housing program on household composition, income, net family assets, and allowances and deductions is accurate and complete to be best of our knowledge and belief. I/we also understand that false statements or information are punishable under Federal Law. (Add reference to State Law is applicable) I/we also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Applicant

Signature of Co-Applicant

V. DETERMINATION (Continued)
A. Housing Conditions and need:
   1. Eligible: □ Yes □ No
   2. Report on and scoring of Housing conditions:
      (a) Without housing □ Yes □ No
      (b) About to be without Housing □ Yes □ No
      (c) Substandard housing □ Yes □ No
      (d) Other factors

3. Total housing score

VI. NAVAJO RESERVATION RESIDENCE
A. Eligible □ Yes □ No

B. Location

VII. OTHER ADMISSION AND SECTION FACTORS
A. Date
   1. Displaced
      (a) Urban Rent □ Yes □ No
      (b) Low-Rent □ Yes □ No
      (c) Other □ Yes □ No
   2. Elderly
      (a) Age □ Yes □ No
      (b) Disability □ Yes □ No
   3. Handicapped □ Yes □ No
   4. Veteran or SM □ Yes □ No
      (a) Disabled □ Yes □ No
      (b) Deceased □ Yes □ No
   B. Preference Rating
   C. Other

VII. HOUSING CERTIFICATION
I certify that the information given to the Ramah Navajo Chapter NAHASDA housing program on household composition, income, net family assets, allowances and deductions have been verified as required by Federal Law. The family has certified that it has given our agency accurate and complete information.

Eligible for Admission □ ECS No.
Ineligible for Admission □ Signed
Title
Date

IX. LEASING
A. Project Number
B. Unit Number
C. Unit Size Assigned
D. Date Assigned
E. Lease Effective

Date
Authorization for the Release of Information/Privacy Act Notice
to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

<table>
<thead>
<tr>
<th>PHA requesting release of information, (Cross out space if none) (Full address, name of contact person, and date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHA requesting release of information. (Cross out space if none) (Full address, name of contact person, and date)</td>
</tr>
</tbody>
</table>

Ramah Navajo Chapter
Community Planning & Development Dept.
HCR 61 Box 13
Ramah, NM 87321-9601
(505) 775-7160

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S. C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-name HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household’s income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:
- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 25 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination benefits is subject to the HA’s grievance procedures and Section 8 informal hearing procedures.

Sources of Information to be Obtained
- State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)
- U.S. Social Security Administration (HUD only) (This consent is limited to wages and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)
- U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.
Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household                                      Date

Social Security Number (if any) of Head of Household  Date

Spouse                                                 Date

Other Family Member over age 18                       Date

Other Family Member over age 18                       Date

Other Family Member over age 18                       Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or participant affect by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.
RAMAH NAVAJO CHAPTER  
Community Planning & Development Dept.  
HCR 61 Box 13  
Ramah, NM 87321-9601  
(505) 775-7160  
(505) 775-7003 Fax

SUBSTANDARD CERTIFICATION

Dear Sir/Madam:

The above applicant has applied for housing assistance and has indicated that:

☐ He/She is living in substandard housing because:

☐ He/She lacks a fixed, regular and adequate nighttime residence.

In order to determine the preference status for the above applicant, we are required by Federal regulations to verify the preference. Therefore, we would appreciate your completing the certification below and returning this form. This information will be used only for the purpose of determining the preference for this application.

Sincerely,

Cecelia Whitetail Eagle, Executive Director  
Office of Grants & Contracts

I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION:

Applicant Signature: ___________________________ Date: __________

***************TO BE COMPLETED AND SIGNED BY CHAPTER OFFICIAL***************

I certify that _________________ ☐ is, ☐ is not living in substandard housing because the unit has one or more of the deficiencies or conditions as cited above.

Organization: ___________________________ Address: ___________________________

Name: ___________________________ Date: ___________________________

Title: ___________________________