



TAOS PUEBLO HOUSING AUTHORITY
P.O. BOX 2570 * 925 SPIDER ROCK RD.
TAOS, NM 87571

Documents Needed to Process an Application

1. Proof of Income

- a. Employed: 2 most recent Pay Check Stubs
 - b. Social Security: Most recent Award Letter or most recent Bank Statement showing Direct Deposit of Social Security check.
 - c. Retirement: Most recent statement or Bank Statement showing Direct Deposit
 - d. Self Employed: Most recent tax returns and notarized statement of earnings.
 - e. Unemployment: Benefits History Report (Can be printed from unemployment account or benefits statement.)
 - f. Not Employed: Notarized Statement explaining financial situation.
- * Anyone 18 years of age or older must provide proof of income if employed or a school schedule.

2. Proof of Homeownership

- a. Certification of Homeownership from Taos Pueblo Realty Office
 - b. Statement of Occupancy from TPHA if home is not conveyed (HUD homes only)
 - c. Conveyance Documents (HUD homes only)
- * One Proof of Ownership is Required!
Applicant must be the homeowner or have Power of Attorney documentation and be residing in the house in order to be considered for assistance.

3. Enrollment document or Tribal I.D.

4. Date of Birth for all members of the household

5. Social Security numbers for all members of the household

6. Authorization to release information form

REMINDER: Update your application every 12 months from the date it was submitted in order to remain on the waiting list. Applications will automatically be removed from the waiting list after (1) one year if not updated.

All completed applications with all documentation should be mailed, faxed or hand delivered to:

Taos Pueblo Housing Authority
925 Spider Rock Road
P.O. Box 2570
Taos, NM 87571
Fax #: (575) 737-9664
www.taospueblohousingauthority.org

"Programs sponsored by Taos Pueblo Housing will respond to the current and future needs of individuals and families of low income. We will promote homeowner responsibility, affordability, quality, and cultural integrity based on the long tradition of sustainable development at Taos Pueblo." - From TPH Mission Statement



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I. Applicant Information

Name: _____ Date: _____

Mailing Address: _____

Physical Address: _____

Cell Phone: _____ Home Phone: _____

Alternate Phone: _____ Email address: _____

Do you own the home? Yes No Other explain: _____

Is this your primary residence? Yes No

Is this a HUD home? Yes No If yes, please include Unit #: _____

What Year was home built? _____

Have you received services from Taos Pueblo Housing? Yes No

If yes, what year and what work was completed?

II. Write a detailed statement of services you are requesting for with this application:

Services you want to be considered for under the housing program:

- | | |
|--|---|
| <input type="checkbox"/> Roof Repair | <input type="checkbox"/> Bathroom renovations |
| <input type="checkbox"/> Wall Repair (Exterior and Interior) | <input type="checkbox"/> Improvements to heating, electrical , plumbing systems |
| <input type="checkbox"/> Door repair/replacement | <input type="checkbox"/> Weatherization |
| <input type="checkbox"/> Window repair/replacement | <input type="checkbox"/> Indoor Air Quality |
| <input type="checkbox"/> Other (specify): _____ | |
| <input type="checkbox"/> Request Payback agreement for these services. | |

We will utilize a point system to determine eligibility of each complete application. Criteria will include number of elderly persons, disabled persons, or children living in the home; overcrowding, and condition of home. Household must be income eligible.

Note: Final determination of work to be done will be based on assessment by TPH. If application is approved, the needs assessment will determine scope of work, cost and schedule. All work will also be based on funds available for each project.

LIST ALL HOUSEHOLD MEMBERS (list additional members on separate page):

Name	Relationship to Applicant	Birthdate	Age	Social Security Number
1.				
2.				
3.				
4.				
5.				
6.				

III. Household Income Information: All individuals over 18 years old must provide proof of income. (See cover page for list of acceptable income.)

Family Member	Source of Income	Annual Income	Rcvd
1.			
2.			
3.			
4.			
5.			
6.			
OFFICE USE ONLY	Total Household Income: \$		

Eligibility: _____

Application must be complete to be considered for assistance. Applicant understands this is not a contract and does not bind either party. The information given is true and complete to the best of my knowledge.

Applicant Signature

Date

FOR OFFICE USE ONLY

Application processed by:

Name & Title

Date

Household income eligible? Yes No

Application complete: Yes No Explain: _____

Review & recommendation for approval:

Executive Director

Date

Program Type: _____

Date forwarded to CPM for assessment: _____

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)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Taos Pueblo Housing Authority
925 Splder Rock Road
PO Box 2570
Taos, NM 87571

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-named 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 the 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 and to HAs for the purpose 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 23 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 of 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 the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(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		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	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 other 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 affected 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.