



TAOS PUEBLO HOUSING AUTHORITY

P.O. BOX 2570 * 925 SPIDER ROCK RD.

TAOS PUEBLO, NM 87571

IHBG/American Rescue Plan (ARP)

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 including Social security (SSI)
- 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: written self-attestation of zero income
- g. Anyone 18 years of age or older must provide proof of income if employed.

* Social security is a program that provides a number of benefits for persons including retirement income, disability income, Medicare, and death and survivorship benefits whereas ssi (supplemental security income) is a national income program designed to provide assistance to aged, blind, etc.

2. Proof of Homeownership: Not required for ARP only.

3. Eligibility requirements:

- a) **Enrollment document or Tribal I.D.**
- b) Date of Birth for all members of the household
- c) Social Security numbers for all members of the household – indicate on your application if you are handicapped or disabled.
- d) Authorization to release information form
- e) Provide a statement of hardships that prevents you from taking care of your housing needs as a result of the COVID-19 pandemic.

This program is for Low to Mid-income level Tribal member Households only per HUD regulations.

Your complete application with required documents (items 1 and 3 above) must be turned into the housing office as soon as possible to hold your place in the waiting line. If your contact information has changed, please contact us immediately. Point of contact is Carolyn Collins at the number below:

*The American Rescue Plan (ARP) require that the recipient's (TPHA's) use of IHBG – ARP grant be tied to preventing, preparing for, and responding to COVID-19, including maintaining normal operations and funding eligible affordable housing activities under NAHASDA during the period the program is impacted by COVID-19. To comply with this requirement, eligible applicants must ensure that activities provide a statement on how they were affected by COVID 19 to be eligible for this program.



TAOS PUEBLO HOUSING AUTHORITY
American Rescue Plan (ARP) 2022
APPLICATION FOR UTILITY ASSISTANCE

I. Applicant Information

Name: _____ Date: _____

Mailing Address: _____

Physical Address: _____

Cell Phone: _____ Home Phone: _____

Alternate Phone: _____ Email address: _____

Do you own the home you are requesting assistance for? Yes No If no, provide utility bill that has the homeowner or renter's Name.

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

Is resident a Tribal member? Yes No

II. Write a detailed statement of assistance you are applying for with this application:

III. Provide a statement of hardship(s) that prevents you from taking care of your housing needs as a result of the COVID-19 pandemic:

**Utility payments will be based on the Household's Eligibility and available budget.*

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

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

IV. 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. Head of Household			
2.			
3.			
4.			
US MFI FY2022: \$ _____		Total Household Income: \$ _____	

Check list: Income verification ___ Utility bills ___ Tribal member I.D. ___

Eligibility:

Application must be complete to be considered for assistance. Applicant confirms that the information given is true and complete to the best of my knowledge.

Applicant Signature

Date

V. OFFICE USE ONLY

Household income eligible? Yes No
 Application complete: Yes No

Application processed by:

Name & Title

Date

Approval:

Executive Director

Date

Budget per household: \$ _____

(If 2nd application indicate: Balance remaining: \$ _____ Within budget? ___ Approved: _____ Date: _____)

(If 3rd application indicate: Balance remaining: \$ _____ Within budget? ___ Approved: _____ Date: _____)

(If 4th application indicate: Balance remaining: \$ _____ Within budget? ___ Approved: _____ Date: _____)