



San Juan County Housing Authority
7450 E. Main Street, Suite C
Farmington, NM 87402

Preliminary Tenant Application

SHADED AREA TO BE FILLED OUT BY SAN JUAN COUNTY HOUSING AUTHORITY

Date: _____ **Time:** _____ **Bedroom size:** _____ **Application #:** _____

TO BE FILLED OUT BY APPLICANT PLEASE PRINT

LAST NAME _____ FIRST _____ MIDDLE INITIAL _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE #() _____ WORK TELEPHONE #() _____

List other States you have lived in: _____, _____, _____,
_____, _____, _____, _____

INFORMATION ABOUT SPOUSE

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

LIST NAMES AND TELEPHONE NUMBERS OF TWO FRIENDS OR RELATIVES
WHOM WE CAN CONTACT IF WE ARE UNABLE TO REACH YOU AT ONE OF
THE ABOVE NUMBERS.

NAME: _____ TELEPHONE #: () _____

NAME: _____ TELEPHONE #: () _____

HAVE YOU EVER APPLIED FOR OR PARTICIPATED IN A RENTAL ASSISTANCE PROGRAM? **YES** **NO**
IF "YES", EXPLAIN: _____

ARE YOU HOMELESS? **YES** **NO**

LIST ALL PERSONS WHO WILL BE LIVING IN THE RENTAL UNIT WHILE YOU ARE ON THE PROGRAM PLEASE
FILL OUT SOCIAL SECURITY NUMBERS.

FULL NAME	RELATIONSHIP	DATE OF BIRTH	PLACE OF BIRTH	SEX M OR F	SOCIAL SECURITY
	HEAD				

STUDENT STATUS

ARE YOU A FULL TIME COLLEGE STUDENT? **YES** **NO**
DO YOU CURRENTLY LIVE WITH YOUR PARENTS / LEGAL GUARDIANS? **YES** **NO**

DISABILITY STATUS

DO YOU WANT TO CLAIM DISABILTY STATUS? **YES** **NO**

INCOME

LIST ALL FULL AND / OR PART-TIME EMPLOYMENT FOR ALL HOUSEHOLD MEMBERS
(OTHER THAN MINOR DEPENDENT CHILDREN). INCLUDE SELF-EMPLOYED EARNINGS.

HOUSEHOLD MEMBER	NAME & ADDRESS OF EMPLOYER	GROSS EARNINGS
		\$ PER
		\$ PER
		\$ PER
		\$ PER
		\$ PER

OTHER SOURCES OF INCOME

EXAMPLES: (WELFARE, SOCIAL SECURITY, SSI, PENSIONS, DISABILITY OR WORKMEN COMP., INTEREST, BABYSITTING, CARETAKING, ALIMONY, CHILD SUPPORT, ANNUITIES, DIVIDENDS, INCOME FROM RENTAL PROPERTY, ARMED FORCES RESERVES, SCHOLARSHIPS, AND / OR GRANTS.

HOUSE HOLD MEMBERS	SOURCE	AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

ASSETS

CHECKING ACCOUNTS BANK: _____ \$ _____
SAVINGS BANK: _____ \$ _____
SAVING CERTIFICATE BANK: _____ \$ _____
CREDIT UNION SHARES ADDRESS: _____ \$ _____
BONDS & WAR BONDS (VALUE): \$ _____ INTEREST RATE: _____ DATE OF MATURATION _____

STOCK (VALUE): \$ _____ INTEREST RATE: _____ DATE OF MATURATION _____

ANNUAL DIVIDENDS: _____

DO YOU NOW OWN REALESTATE? YES NO IF "YES", WHAT IS THE VALUE? \$ _____

HAVE YOU EVER OWNED REALESTATE? YES NO IF "YES", WHAT IS THE VALUE? \$ _____

SCREENING REQUIREMENT AS PER 24 C.F.R. Part 5 Subparts I and J; 960.204 (a) (4), & 982.553 (a) (2).

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO A LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT IN ANY STATE? _____

MEDICAL AND UNUSUAL EXPENSES

DO YOU PAY FOR BABYSITTING WHILE A FAMILY MEMBER IS EMPLOYED? YES NO
IF "YES", LIST CHILD CARE PROVIDER'S NAME, ADDRESS, AND TELEPHONE NUMBER:

NAME: _____ TELEPHONE# _____

ADDRESS: _____ CITY _____ STATE _____

COST PER DAY: \$ _____ COST PER WEEK: \$ _____ COST PER MONTH: \$ _____

PLEASE ANSWER THE QUESTIONS BELOW ONLY IF YOU ARE ELDERLY, HANDICAPPED OR DISABLED.

ARE YOU RECEIVING MEDICARE BENEFITS? YES NO PREMIUM AMOUNT PER MONTH \$ _____

ARE YOU RECEIVING MEDICAL ASSISTANCE THROUGH THE HUMAN SERVICES DEPARTMENT? YES NO

DO YOU PAY FOR ANY MEDICAL INSURANCE /HOPITALIZATION (SUCH AS BLUE CROSS)? YES NO

IS THIS A PAYROLL DEDUCTION? YES NO IF "YES", HOW OFTEN _____ HOW MUCH? \$ _____

IF PAID DIRECTLY BY YOU, INDICATE AMOUNT OF PREMIUM AND HOW OFTEN PAID. \$ _____ PER _____

ARE YOU MAKING PAYMENTS ON ANY OUTSTANDING MEDICAL BILLS? YES NO IF YES, COMPLETE BELOW:

EXPENSE: _____ AMOUNT \$ _____

EXPENSE: _____ AMOUNT \$ _____

EXPENSE: _____ AMOUNT \$ _____

DO YOU PAY FOR PRESCRIPTION DRUGS? YES NO

**ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:
ALL APPLICANTS MUST SIGN THE LOG SHEET WHEN APPLYING FOR ASSISTANCE**

SIGNATURE _____

DATE _____

THE FOLLOWING INFORMATION IS REQUIRED FOR STATISTICAL PURPOSES SO THE DEPARTMENT OF HUD MAY DETERMINE THE DEGREE TO WHICH IT'S PROGRAMS ARE UTILIZED BY MINORITY FAMILIES.

RACIAL GROUP IDENTIFICATION

_____ WHITE
_____ HISPANIC

_____ BLACK
_____ ORIENTAL

_____ AMERICAN INDIAN
_____ OTHER

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTERS WITHIN ITS JURISDICTION.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.