

# Hooghan – Center of Family Growth, Strength and Beauty NAVAJO HOUSING AUTHORITY

#### TO ALL NEW HOUSING APPLICANTS

We appreciate your interest in applying for housing opportunities with the Navajo Housing Authority. It is important that you provide the following documents so we may schedule an interview to determine your eligibility into our Housing program. Use this checklist as a guide to gather your documents to ensure all necessary documentation is complete prior to Providing them to Housing Management office.

# The following forms are included in this application packet and must be submitted prior to the intake interview:

ike	interview:
	<b>NHA Application</b> : The application provided in the packet, must be complete and must be signed by both the head of household and spouse/co-applicant.
	Salary or Grant Verification Form: Must be signed and dated by <u>ALL MEMBERS OF</u> <u>THE HOUSEHOLD WHO ARE RECEIVING INCOME</u> which then should be verified by personnel department or caseworker. In the application packet are the form(s)
	provided. Each member who is over 18 years of age and is earning/receiving income
	completes the form.
	<ul> <li>Any household member who does not receive income and has no other means of financial support at the present time must submit a notarized Zero Income Certification.</li> </ul>
	• Any member of the household who is self-employed, drawing income from a trade or business, or conducting day to day operations of a business must submit a notarized Self-Employment Income Certification which must be accompanied with a copy of most recently filed Income Tax Returns.
	Request for Reasonable Accommodation: If any member of the household is in need of
	accommodations due to a physical or mental impairment you can request for a change in
	policies and procedures, unit features, or ways we communicate with you in compliance
	with the Americans with Disabilities Act (ADA). If request is not too difficult or
	expensive we will make arrangements for requested changes. Indicate individual in need
	of accommodations and the type of accommodations needed. Must sign and date form, if there is no request you must waive the request by indicating and signing.
	Involuntary Displacement/Substandard Certification: If any of the situations listed on
	the form are applicable to you, you must complete, sign, and have the form verified by a representative of a recognized agency who is familiar with your living condition such as a caseworker, social worker, school teacher, counselor, chapter officer, etc. and returned
	with supporting documentation. This form should also state any current inadequate
	housing conditions you are living in such as overcrowded, no heating, no electric, no
	plumbing, more than one family in a household, etc. This form must be signed and
	verified by an individual of a recognized agency who knows of your living condition.
	Rental History Form: If any member of the household has lived in a rental property
	within the past seven (7) years please sign the form and have the form completed by your current/former landlord or property manager.
	Map to Current Residence: Please provide a detailed description of the location of your
875	current residence. Be as descriptive as possible using road names, mile markers,

Phone: (928) 871-2600

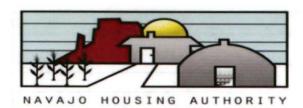
approximate miles from a permanent structure, and color of the house and roof.

your f	ile:
	<b>Social Security Card</b> : For all members of the household (names must match Birth Cert. and CIB).
	<b>Birth Certificate</b> OR <b>Affidavit of Birth</b> : For all members of the household (names must match SSC and CIB).
	<b>Certificate of Indian Blood</b> : For all members of the household ( <i>names must match Birth Cert. and SSC</i> ).
	Navajo Nation Voter's Registration: Valid card or verification letter must be submitted if registered with either the Navajo Nation Chapter, if applying for the Homeownership/Scattered Site housing program.
	Court documents: verifying legal guardianship of other family members (if applicable)
	Marriage license or divorce decree (if applicable)
	Veteran status: DD214 document (if applicable)
	<b>Criminal History Report</b> : Household members over the age of 18 must submit a background check from the Community where you resided, if you live in or near the location. The applicants who do not reside in the local NHA area, you will go to the local Police Department to obtain your Criminal History Report(s).

Please provide the following original documents. The copies will be made to be included for

Once information and forms are gathered, bring your application packet in for our review. If all documents are complete, we will schedule you for an intake interview to determine eligibility. However, if your application is incomplete we will return the packet back to you or your mailing address on the housing application.

Any misrepresentation in an attempt to obtain housing is considered fraud and is not tolerated and will be determined ineligible.



## **Navajo Housing Authority Housing Application**

☐ Homeownership ☐ Public Rental ☐ TBRA/VASH

Navajo Housing Authority Post Office Box 4980, Window Rock, AZ 86515 Telephone: (928) 871-2600 Fax: (928) 871-2631

Applicant:  Co-Applicant:  Coscial Security No:  Census No:  Date of Birth:  Tribal Affiliation:  Chapter Affi	Date:										
Census No: Date of Birth: Tribal Affiliation:	Applica	int:		Co	-Appli	cant:					
Census No:	Social S	Security No:		So	cial Se	curity	No:	017	The Date of Line	10	
Chapter Affiliation: Phone Number (nome, cell, Too Relay Surci) Physical Address:    FAMILY COMPOSITION			٠		nsus N	o:		Da	te of Birth:		
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Phone Number (Norma, Call, Too Relay Savs)	Chapte	. Affiliation.		Ch	apter /	Affiliat	ion:			639	
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Mailing Address:		dduces.		F							
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Do you anticipated any changes in your family composition?   Yes   No   Reason(s):	9							n			
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Employer or Source of Income   Employment   Rate of Pay   Annual Income			FAM	ILY INCOME 8	DEDL	CTION	VS				
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		Total Monthly Payme	ent = \$				Total Mo	nthly Renta	Payment =	\$	-

	HOUSING	CONDITION	
resent Housing Conditions and	Need		
1. Have you ever been a NH	A participant?	If yes, what program and where?	
2. What is your current livin	g situation?	1,0,1,1,1,1	required to
	1 1 1 2 1	1 8 1	
		Payment/Rent:	
3. Are you without housing	Yes No Reason(s):		
	_		
4. Are you about to be with	out housing?	Reason(s):	
		H.M.	ži. ***
5. Are you living under subs	tandard conditions?	No	
(If yes, check conditions present	)		
☐ Dwelling structurally un:			roper stove connections in kitchen
☐ No indoor running water			tric wiring system in dwelling unit
No usable flush toilet in			No. of persons
	or shower in dwelling unit	☐ Single family unit occu	pied by 2 or more families
6. Other conditions and fact	cors of housing needs (specify):		
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	NAVAJO NATION RESI	IDENCE (Scattered Sites Only)	
		of HGL. Location	A STATE OF THE STA
you have a Homesite Lease?			4. /
e there utilities (water & electricit	ty) on-site?	How many feet from homesite?	
e there any structure(s) on yo	ur homesite? 🗌 Yes 🗌 No Typ	oe of Structure(s):	
		FICATION	
	CERTI	FICATION	
I hereby agree to participate	in and cooperate fully in the H	lousing Authority's education pr	ogram. I understand that failure
			Termination of the Lease Agreement
participate without good rease	ms may result in revocation of the	rotice of selection, Keneval, or	remination of the Lease Agreement
I/We certify that the informat	ion given to the NAVAJO HOUSIN	G AUTHORITY housing agency or	n household composition, income, n
			owledge and belief. I/We understar
•			
that false statements or inforr	nation are punishable under Feder	ral Law. I/We also understand th	nat false statement or information a
grounds for termination of hou	using assistance and termination of	f tenancy.	
		64 - 140 - J-194	
Applicant Signature	Date	Co-Applicant Signatur	e Date
	NHA I	USE ONLY	
Application received by:	Date	eceived:	Income Limits: \$ -
			amily Income eligible?
Total Annual Income: \$	- Family Size:	Unit Size Required: Is the fa	anning income eligible?   Yes   N
Type of Housing:		Colonia di Salama	
Displacement	Substandard	Local Preference	Veterans
Disaster	Dilapidated; Declared Unfit	Elderly Family	Disabled Veteran
omestic Violence; Avoid Reprisal; Hate Crime	Homeless Family	Medical	Elderly Veteran
Govt/Landlord Action; Cultural Displacement	No Plumbing/Water	Overcrowded	Veterans (head/spouse)
Inaccessibility of Unit	No Kitchen	Education/Employment	Gold Star Mother
	No Electrical System	Single Parent	Veteran Widow/Widower
	No Heating System	Community Residency	_
		Renewal Application	
TOTAL:	TOTAL:	TOTAL:	TOTAL:
			TOTAL PREFRENCE POINTS:
nd documents received (scattered	sites only):		
☐ Homesite Lease	☐ Archeological R	Report 🗌 Biolog	ical Form/Report
☐ Tract Description/Lot Descri	ption   Cultural Compli	iance Report	ical Report
			income, net family assets, allowan
	rified as required by Federal Law	v. The family has certified that	it has given our agency accurate a
complete information.			
		- ()	
<ul><li>Eligible for Admission</li></ul>	☐ Ineligible for Admission	Reason(s)	, 192 - 7
☐ Eligible for Admission	☐ Ineligible for Admission	Reason(s)	
☐ Eligible for Admission	☐ Ineligible for Admission	Reason(s)	
☐ Eligible for Admission	☐ Ineligible for Admission	Reason(s)	
☐ Eligible for Admission	☐ Ineligible for Admission	Reason(s)	
☐ Eligible for Admission	☐ Ineligible for Admission	Reason(s)  Signature	Date



PO Box 4980 · Window Rock, AZ 86515 · (928) 871-2600 · FAX (928) 871-2631

PLEASE RETURN COMPLETED FORM TO:	Name:
Navajo Housing Authority	Social Security #:
Post Office Box 4980	Project No: Unit No
Window Rock, Arizona 86515	NHA Representative:
SALAR Dear Sir/Madam	Y OR GRANT VERIFICATION
applying for admission as tenants/homebuyers to t grant income(s)) are re-examined periodically to	the eligible salary and grant income(s) provided for all members of families the Public Rental or Mutual Help/Homeownership Program. All salary and ensure proper qualifications for continued housing. this verification of operation in supplying the information below for the applicant named, will ouse payments of the applicant.
Please complete and sign the authorization below prompt return of the information will be appreciate Office directly.	and return completed form to the Management Office listed above. Your ed. If you should need further assistance, please contact our Management
"I HEREBY AUTHORIZE THE RELEASE OF ALL IN AUTHORITY FOR USE IN OBTAINING HOUSING."	NFORMATION RELATING TO MY INCOME TO THE NAVAJO HOUSING
Applicant Signature:	Date:
TO BE COMPLETED AN	ID SIGNED BY AUTHORIZED REPRESENTATIVE
Salary Income Verification	Grant Income Verification
Position:	Type of Grant or Benefit:
Hourly Rate: \$	
Total Hours Per Week: \$	
Total compensation Per Annum: \$	
Employment Dates:	Effective Date of Grant:
From:To	From:To
Employer:	
Address:	
"ALL INFORMATION HEREIN GIVEN	IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE"
Name:	Date: Telephone No
Title:	



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#### REQUEST FOR A REASONABLE ACCOMMODATION

#### To: NHA Applicant/Resident:

If you need:

- A change in our waiver of policies or procedures
- · A repair or change in your unit
- · A repair or change to some other part of the property
- · A change in the way we communicate with you

Because of a disability, you can ask for this change, which is called "reasonable accommodation."

If your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make changes you need.

We will make a decision as soon as possible, at least thirty (30) days, unless you agree to an extension of time. We will let you know is we need more information or verification from you or if we would like to discuss other ways of meeting your needs.

If we deny your request, we will explain our decision, and you may give us additional information for reconsideration.

If you need help in using the form, or if you want to give us your request in another format, we will help you.

### REQUEST FOR A REASONABLE ACCOMMODATION

The following	member o	f my household has a disability:		
Name:			_	
Please provide	e the follow	ving reasonable accommodation(s):		
How this accor	mmodatio	n will (check below):		
П н	elp me live	e in the housing or take part in NHA	program	
M	leet the lea	ase requirements of NHA program		
M	leet other	requirements of NHA program		
I/	We do not	have a reasonable accommodation	request at this time	
☐ Be	ecause I/w	e do not need reasonable accommo	dation for my/their disal	pility
		nember in my household does not ha		
		vide medical records about your di sufficient. It is important the reque		
Signatur	re(s)			
		Head of Household	Date	
	_	Souse/Co-Tenant	Date	
Address			Telephone	
Navajo Hous		rity		
Post Office E Window Ro		96515		
NHA Repres		00313		
		Please Print		



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PLEASE RETURN COMPLETED FORM TO:	Applicant:
Navajo Housing Authority	Social Security:
Post Office Box 4980	Census:
Window Rock, Arizona 86515	NHA Representative:
	x
INVOLUNTARILY DISPLACEMENT/ SU	JBSTANDARD CERTIFICATION
The above applicant has applied for housing assistance and has indica vacated or will have to vacate his or her housing unit for one of the fo	
A disaster, such as a fire or flood, that resulted in extensive damage	e or has destroyed the unit.
An activity carried on by an agency of the United States or by any	State or local governmental body or agency
in connection with code enforcement or a public improvement or	development program.
An action by an owner which resulted in the applicant's having to	vacate his/her unit where:
<ul> <li>The reason for the owner's action is beyond the applicant's al</li> </ul>	
<ul> <li>The action occurred despite the applicant's having met all pre</li> <li>The action taken is other than a rent increase.</li> </ul>	viously imposed conditions of occupancy
Actual or threatened physical violence directed against applicant of	r one or more members of the applicant's family
family by a spouse or other member of the applicant's household:	or, the applicant lives in a housing unit with such
an individual who engages in such violence.	
He/She lacks a fixed, regular, and adequate nighttime residence	
He/She is living in substandard housing because:	
	-
In order to determine the preference status for the above applicant, w	to are required by Faderal Bendation to the first to the
Therefore, we would appreciate your completing the certification belo	
purpose of determining the preference claimed by this applicant.	de d
I hereby authorize the release of	the requested information:
Applicant Signature	Date
CERTIFICATION FOR INVOLUNTARY DIS	PLACEMENT OR SUBSTANDARD HOUSING
l certify that	
Has been Will be involuntarily displaced for reason(s) above	78) ·
Is Is not living in substandard housing because the unit has o	ne or more deficiencies or conditions cited above.
Name:	Organization:
Title:	Address:
Signature:	
Date:	Phone:



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### **VERIFICATION OF NON-HOUSING ASSISTANCE FROM OTHER AGENCIES**

Applicant(s):	Mailing Address:
TO BE	COMPLETED BY THE CHAPTER OFFICIALS ONLY
We certify that the above named i Chapter.	individuals(s) is/are recognized as members of
We understand that this verification the Homeownership Program.	on will enable the applicants to be considered for possible selection in
We certify that the person(s) name programs.	ed above has never been assisted with a house form the following
	to be true and correct to the best of our knowledge.
Print Name	Signature of Chapter Representative Date
Address	Telephone Number



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#### **RENTAL HISTORY**

Name of Applicant(s	):					
Address:		City:	State:			Zip:
Date of Tenancy:	From:	To:				
I authorize	the landlord to rele	ase the requested	information rega	arding my	prior/pres	ent tenancy
	Applicant Signature			Date		
The above applicant	t(s) is apply for hou	sing assistance. Pl	ease answer the	question	listed belo	w and return to our
office as soon as pos						
3. Problems with 4. History of dist 5. History of viol 6. Rent or damag 7. Paid Utilities of 8. Utilities still of 9. Would you re- 10. Do you work with Number of per Rent: \$	it or common areas in tenant's children? curbing the quiet en- ence or harassment ges still owing? on time? wing? -rent to this tenant? with the Section 8 Pi	joyment of neighbo			Yes No	
Comments:						
						·
	Name of Landlord		-		Address	
	Landland Cl			C':		
	Landlord Signature			City	State	Zip
1.0	Date				Telephone	



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Draw a map to your current residence (be specific and accurate, using permanent point of reference)



Physical Address:		
_		
Description of Home:		



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١, _	certify, under penalty of perjury, 1 that, to the best of my
	I am a citizen by birth, naturalized citizen or national of the United States; or
	I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age $^{2;\text{or}}$
	I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
	Immigrant status under §1001 (a)(15) or (a)(20) of the INA $^3$ ; or
	Permanent residence under §249 of INA <sup>4</sup> ; or
	Refugee asylum, or conditional entry status under §207, 208 or 203 of the INA 5; or
	Parole status under §212 (d)(f) of the INA 7; or
	Threat of life or freedom under §243 (h) of the INA $^s$ .
-	Signature of Family Member Date
	Check box if signature of adult residing in the unit who is responsible for child named on statement above.
	HA: Enter INS/SAVE Primary Verification #: Date:

(See reverse side for footnotes and instructions)

Warning: 18 U.S.C.. 1001 provider, among other things that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department of a agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizen who declare eligible immigrations status in one of the following categories:

- Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under Section 214 covered program on June 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- Immigration status under §101(a)(15 or 101)(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality ACT (INA), as an immigrant, as defined by §101(a)(15) of the Ina (8 U.S.C.. 1101 (a)(20) and 1101 (a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under §210 or 210A of the INA (8 U.S.C.. 1106 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.
- Permanent residence under §249 INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since the, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C.. 1259) [amnesty granted under INA 249].
- Refugee, asylum, or conditional entry status under §207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C.. 1157 [refugee status]; pursuant to the granting of asylum (which has not been terminated under]§208 of the Ian (8 U.S.C. 1158) [asylum status]; or as result of being granted conditional entry under §203(a)(7) if the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].
- Parole status under §212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reason or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C.. 1182(d)(5) [parole status].
- Threat to life or freedom under §243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) if the INA (8 U.S.C.. 1253(h) [threat of life or freedom].
- 8 Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245 of the INA (8 U.S.C.. 1255a) [amnesty granted under INA 245A].

Instruction to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizen age 62 or older and receiving assistance on June 25, 1995), the HA must enter INA/SAVE verification number and date it was obtained. a HA signature is not required.

Instruction to Family Member for completing form: On opposite page, print or type name first name, middle initial(s), and last name. Place an "X" or "Ö" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "Ö" in the box below the signature if the signature is by the adult residing in the unit who is responsible for child.