

# **PUBLIC RENTAL HOUSING APPLICATION** **CHECKLIST**

**The following documents are needed to complete your application:**

**Family Data:**

All Household Members:

- ☐ Social Security Cards
- ☐ Birth Certificate/Affidavit of Birth
- ☐ Certificate of Indian Blood (CIB)

If Applicable:

- ☐ Marital Status Document (*Marriage License, Divorce Decree, Separation Papers*)
- ☐ Military Service Documentation – DD214
- ☐ Legal Guardianship

**To be completed with application:**

- ☐ Things You Should Know – HUD -1140-OIG (attachment)
- ☐ Salary or Grant Verification Form – *Filled out by Employer; attach Award letters for: TANF, SSI, Disability Benefits, Unemployment, Unemployment Verification, Non-Support/Absent Parent Verification, etc.*
- ☐ Applicants/Tenant's Consent to the Release of Information - *signed by all adult members*
- ☐ Involuntary Displacement/Substandard Certification
- ☐ Verification of Non-Housing Assistance From other Agencies
- ☐ Request for a Reasonable Accommodation
- ☐ Rental History Form
- ☐ Map to Current Residence
- ☐ Criminal Background Check (*referral – if needed*)

If Applicable:

- ☐ Medical Expense Form (*disabled/elderly families only, expenses for medical conditions*)
- ☐ Student Status Verification Form (*full-time high school/college students over the age of 18*)
- ☐ Travel Expense Form (*travel for employment or education*)
- ☐ Child Care Expense Form (*child care for families gaining education/employment*)

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## Housing Management Division

**\*\*IMPORTANT INFORMATION\*\***

- ✓ Head of Household and Co-Tenant (if applicable) must attend Intake Interview
- ✓ Please make sure application is completed
- ✓ Please be honest with your Housing Application- FRAUD is not tolerated at NHA

NHA Requests your cooperation to comply with all eligibility and admission requirements. NHA is required to verify all documents attached with application (Family data, Income, School enrollment, and other information relevant to your housing application). This information will be used to determine your Eligibility for admission to NHA's Housing Programs.

Dear Applicant:

Listed are the Navajo Housing Authority Housing Management Offices. Mail or deliver your completed application to the Housing Management Office which manages housing in the area where you wish to reside.

### **Navajo Housing Authority Housing Management Offices**

Chinle Housing Management Office  
Navajo Housing Authority  
P. O. Box 427  
Chinle, AZ 86503  
Telephone: (928)674-8500

Crownpoint Housing Management Office  
Navajo Housing Authority  
P. O. Box 187  
Crownpoint, New Mexico 87313  
Telephone: (505)786-4000

Dilcon Housing Management Office  
Navajo Housing Authority  
HC63 Box A  
Winslow, Arizona 86047  
Telephone: (928)657-3353

Ft. Defiance Housing Management Office  
Navajo Housing Authority  
P. O. Box 557  
Ft. Defiance, Arizona 86504  
Telephone: (928)729-6360

Ganado Housing Management Office  
Navajo Housing Authority  
P. O. Box 1011  
Ganado, Arizona 86505  
Telephone: (928)755-6455

Kayenta Housing Management Office  
Navajo Housing Authority  
P. O. Box 586  
Kayenta, Arizona 86033  
Telephone: (928)697-3100

Navajo Housing Management Office  
Navajo Housing Authority  
P. O. Box 137  
Navajo, New Mexico 87328  
Telephone: (505)777-2770

Ojo Amarillo Housing Management Office  
Navajo Housing Authority  
P. O. Box 764  
Fruitland, New Mexico 87416  
Telephone: (505)960-5011

Pinehill Housing Management Office  
Navajo Housing Authority  
P. O. Box 356  
Pinehill, New Mexico 87357  
Telephone: (505)775-3289

Pinon Housing Management Office  
Navajo Housing Authority  
P. O. Box 1007  
Pinon, Arizona 86510  
Telephone: (928)725-3680

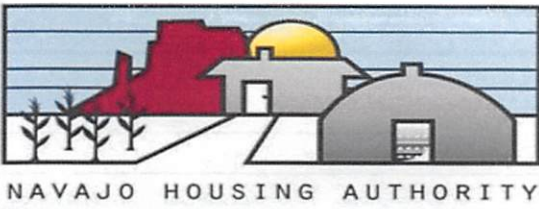
Shiprock Housing Management Office  
Navajo Housing Authority  
P. O. Box 880  
Shiprock, New Mexico 87420  
Telephone: (505)368-2030

Thoreau Housing Management Office  
Navajo Housing Authority  
P. O. Box 1018  
Thoreau, New Mexico 87323  
Telephone: (505)905-7630

Tohajiilee Housing Management Office  
Navajo Housing Authority  
P. O. Box 3996  
Tohajiilee, New Mexico 87026  
Telephone: (505)908-2400

Tohatchi Housing Management Office  
Navajo Housing Authority  
P. O. Box 97  
Tohatchi, New Mexico 87325  
Telephone: (505)733-2224/2257

Tuba City Housing Management Office  
Navajo Housing Authority  
P. O. Box 338  
Tuba City, Arizona 86045  
Telephone: (928)283-5500



# Navajo Housing Authority Housing Application

☐ Homeownership ☐ Public Rental ☐ TBRA/VASH

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Census No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Chapter Affiliation: \_\_\_\_\_

Phone Number (Home, Cell, TDD Relay Srv) \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Census No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Chapter Affiliation: \_\_\_\_\_

Phone Number (Home, Cell, TDD Relay Srv) \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

## FAMILY COMPOSITION

Family Member No.	Name of Family Members	Relation To Family Head	Date of Birth	Age	Sex	Veteran Y/N	Disabled Y/N	Occupation
1		HEAD						
2								
3								
4								
5								
6								
7								
8								
9								
10								

Do you anticipated any changes in your family composition? ☐ Yes ☐ No Reason(s): \_\_\_\_\_

Name & Address of Closest Relative:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

## FAMILY INCOME & DEDUCTIONS

Family Member No.	Employer or Source of Income	Length of Employment	Rate of Pay	Annual Income
			<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
			<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
			<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
			<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
TOTAL FAMILY INCOME				\$ -

Family Member No.	Deductions	Total
	\$400 for elderly family/disabled	\$ -
	\$480 per dependent (other than head or spouse)	\$ -
	Travel Expense	\$ -
	Childcare with Certification (13 yrs of age and under)	\$ -
	Medical Expenses in excess of 3% of TFI - Elderly Family	\$ -
	Handicapped Assistance Expenses	\$ -
TOTAL DEDUCTIONS		\$ -
ANNUAL NET INCOME (Total Income - Deductions)		\$ -

### Homeownership Program

Annual Net Income = \$ -  
Annual Net Income X 15% (Housing Ratio) = \$ -  
Yearly Gross Income = \$ -  
Yearly Gross Income / 12 Months = \$ -  
Total Monthly Payment = \$ -

### Public Rental Program

Annual Net Income = \$ -  
Annual Net Income X 20% (Housing Ratio) = \$ -  
Yearly Gross Income = \$ -  
Yearly Gross Income / 12 Months = \$ -  
Utility Allowance = \$ -  
Total Monthly Rental Payment = \$ -



HOUSING CONDITION

Present Housing Conditions and Need

1. Have you ever been a NHA participant? ☐ Yes ☐ No If yes, what program and where? \_\_\_\_\_

2. What is your current living situation? \_\_\_\_\_

Current Monthly Payment/Rent: \$ \_\_\_\_\_ - Monthly Utilities: \$ \_\_\_\_\_ -

3. Are you without housing? ☐ Yes ☐ No Reason(s): \_\_\_\_\_

4. Are you about to be without housing? ☐ Yes ☐ No Reason(s): \_\_\_\_\_

5. Are you living under substandard conditions? ☐ Yes ☐ No

(If yes, check conditions present)

☐ Dwelling structurally unsafe

☐ No indoor running water in dwelling unit

☐ No usable flush toilet in dwelling unit

☐ No installed usable tub or shower in dwelling unit

☐ No operating sink or proper stove connections in kitchen

☐ Inadequate or no electric wiring system in dwelling unit

☐ Overcrowded No. BR \_\_\_\_\_ No. of persons \_\_\_\_\_

☐ Single family unit occupied by 2 or more families

6. Other conditions and factors of housing needs (specify): \_\_\_\_\_

NAVAJO NATION RESIDENCE (Scattered Sites Only)

Do you have a Homesite Lease? ☐ Yes ☐ No Type of HSL: \_\_\_\_\_ Location: \_\_\_\_\_

Are there utilities (water & electricity) on-site? ☐ Yes ☐ No How many feet from homesite? \_\_\_\_\_

Are there any structure(s) on your homesite? ☐ Yes ☐ No Type of Structure(s): \_\_\_\_\_

CERTIFICATION

I hereby agree to participate in and cooperate fully in the Housing Authority's education program. I understand that failure to participate without good reasons may result in revocation of the Notice of Selection, Renewal, or Termination of the Lease Agreement.

I/We certify that the information given to the NAVAJO HOUSING AUTHORITY housing agency on household composition, income, net family assets, and allowances, and deductions are accurate and complete to the best MY/OUR knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statement or information are grounds for termination of housing assistance and termination of tenancy.

Applicant Signature

Date

Co-Applicant Signature

Date

NHA USE ONLY

Application received by: \_\_\_\_\_ Date received: \_\_\_\_\_ Income Limits: \$ \_\_\_\_\_ -

Total Annual Income: \$ \_\_\_\_\_ - Family Size: \_\_\_\_\_ Unit Size Required: \_\_\_\_\_ Is the family Income eligible? ☐ Yes ☐ No

Type of Housing: \_\_\_\_\_

Displacement	Substandard	Local Preference	Veterans
Disaster _____	Dilapidated; Declared Unfit _____	Elderly Family _____	Disabled Veteran _____
Domestic 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 PREFERENCE POINTS: _____

Land documents received (scattered sites only):

☐ Homesite Lease

☐ Archeological Report

☐ Biological Form/Report

☐ Tract Description/Lot Description

☐ Cultural Compliance Report

☐ Biological Report

I certify that the information given to the Navajo Housing Authority on household composition, income, net family assets, allowance 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

☐ Ineligible for Admission Reason(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name/Title

Signature

Date



Hooghan - Center of Family Growth, Strength and Beauty

## NAVAJO HOUSING AUTHORITY

### Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury, <sup>1</sup> 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 <sup>2</sup>; 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 <sup>3</sup>; 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 <sup>5</sup>; or
- ☐ Parole status under §212 (d)(f) of the INA <sup>7</sup>; or
- ☐ Threat of life or freedom under §243 (h) of the INA <sup>8</sup>.

\_\_\_\_\_  
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)

- 1 Warning: 18 U.S.C.. 1001 provides, 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 immigration status in one of the following categories:

- 2 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.
- 3 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.
- 4 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 then, 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*].
- 5 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 INA (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*].
- 6 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*].
- 7 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 "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for child.

## Things You Should Know

**Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.**

### Purpose

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

### Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house:
- Required to repay all overpaid rental assistance you received:
- Fined up to \$ 10,000:
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

### Asking Questions

When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

### Completing The Application

When you answer application questions, you must include the following information:

#### Income

- All sources of money you or any member of your household receive (wages. Welfare payments, alimony, social security, pension, etc.):
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit: dividends from stock, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive)

#### Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.

- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

### **Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

### **Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move-in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

### **Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

### **Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*





# Navajo Housing Authority

PO Box 4980 • Window Rock, Arizona 86515 • (928) 871-2600 • FAX (928) 871-2604

PLEASE RETURN COMPLETED FORM TO:

Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Project No: \_\_\_\_\_ Unit No. \_\_\_\_\_  
NHA Representative: \_\_\_\_\_

## SALARY OR GRANT VERIFICATION

Dear Sir/Madam

The Navajo Housing Authority is required to verify the eligible salary and grant income(s) provided for all members of families applying for admission as tenants/homebuyers to the Public Rental or Mutual Help/Homeownership Program. All salary and grant income(s) are re-examined periodically to ensure proper qualifications for continued housing. This verification of income form is a federal requirement and your cooperation in supplying the information below for the applicant named, will assist in determining the eligibility status for rent/house payments of the applicant.

Please complete and sign the authorization below and return completed form to the Management Office listed above. Your prompt return of the information will be appreciated. If you should need further assistance, please contact our Management Office directly.

"I HEREBY AUTHORIZE THE RELEASE OF ALL INFORMATION RELATING TO MY INCOME TO THE NAVAJO HOUSING AUTHORITY FOR USE IN OBTAINING HOUSING."

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED AND SIGNED BY AUTHORIZED REPRESENTATIVE

#### Salary Income Verification

Position: \_\_\_\_\_

Hourly Rate: \$ \_\_\_\_\_

Total Hours Per Week: \$ \_\_\_\_\_

Total compensation Per Annum: \$ \_\_\_\_\_

#### Grant Income Verification

Type of Grant or Benefit: \_\_\_\_\_

Monthly Benefits \$ \_\_\_\_\_

Weekly Benefits \$ \_\_\_\_\_

Bi-Weekly Benefits \$ \_\_\_\_\_

#### **Employment Dates:**

From: \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

#### **Effective Date of Grant:**

From: \_\_\_\_\_ To \_\_\_\_\_

Grantor: \_\_\_\_\_

Address: \_\_\_\_\_

"ALL INFORMATION HEREIN GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE"

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_



(Unemployment Verification)

I, \_\_\_\_\_, Social Security \_\_\_\_\_

*I/We certify that the information given above is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.*

Signature \_\_\_\_\_ Census Number \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**Form must be notarized:**

COUNTY OF \_\_\_\_\_ }

Subscribed and sworn before me on this

day of \_\_\_\_\_, 20\_\_\_\_.

## My Commission Expires

Notary Public

## AFFIDAVIT

(Non-Support/Absent Parent Verification)

I, \_\_\_\_\_, Social Security \_\_\_\_\_

I, \_\_\_\_\_, Social Security \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I/We certify that the information given above is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.*

Signature \_\_\_\_\_ Census Number \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Census Number \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Form must be notarized:

STATE OF \_\_\_\_\_ }  
 } SS  
 COUNTY OF \_\_\_\_\_ }

Subscribed and sworn before me on this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

\_\_\_\_\_

My Commission Expires

Notary Public

## **Document Package for Applicant's/Tenant's Consent to the Release Of Information**

**This Package contains the following documents:**

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

**Verification of Information Provided by Applicants and Tenants of Assisted Housing**

**What Verification Involves**

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

**Example:** Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

**Customer Protections**

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

**Consequences for Not Signing the Consent Forms**

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

**Programs Covered by this Fact Sheet**

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.



## Agencies To Provide Information

late Wage Information Collection Agencies. (HUD and HA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

ational Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

his consent is limited to the following information that may appear on your current tax return:

99-S Statement for Recipients of Proceeds from Real Estate Transactions

99-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

99-A Information Return for Acquisition or Abandonment of Secured Property

99-G Statement for Recipients of Certain Government Payments

99-DIV Statement for Recipients of Dividends and Distributions

99-INT Statement for Recipients of Interest Income

99-MISC Statement for Recipients of Miscellaneous Income

99-OLD Statement for Recipients of Original Issue Discount

99-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

99-R Statement for Recipients of Retirement Plans W2-G

atement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

Notice and Consent for the Release of Information

the U.S. Department of Housing and Urban Development (HUD) and to  
Owner and Management Agent (O/A), and to a Public Housing  
Agency (PHA)

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

HUD Office requesting release of information Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
---	---	--

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign  
this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the  
consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004  
(Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes  
HUD to disclose to the Department of Housing and Urban Development  
(HUD) information in the NDNH portion of the "Location and Collection  
System of Records" for the purposes of verifying employment and income of  
individuals participating in specified programs and, after removal of personal  
identifiers, to conduct analyses of the employment and income reporting of  
these individuals. Information may be disclosed by the Secretary of HUD to a  
private owner, a management agent, and a contract administrator in the  
administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to  
request wage and unemployment compensation claim information from the  
state agency responsible for keeping that information; and (2) HUD, O/A, and  
the PHA responsible for determining eligibility to verify salary and wage  
information pertinent to the applicant's or participant's eligibility or level of  
benefits; (3) HUD to request certain tax return information from the U.S.  
Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-  
named O/A, and the PHA to request income information from the government  
agencies listed on the form. HUD, the O/A, and the PHA need this  
information to verify your household's income to ensure that you are eligible  
for assisted housing benefits and that these benefits are set at the correct  
level. HUD, the O/A, and the PHA may participate in computer matching  
programs with these sources to verify your eligibility and level of benefits.  
This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire  
(W-4), and unemployment claim information from current or former employers  
to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law.  
After receiving the information covered by this notice of consent, HUD, the  
O/A, and the PHA may inform you that your eligibility for, or level of, assistance  
is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized  
disclosures or improper uses of the income information that is obtained based  
on the consent form.

Who Must Sign the Consent Form: Each member of your household who is  
at least 18 years of age and each family head, spouse or co-head, regardless of  
age, must sign the consent form at the initial certification and at each  
recertification. Additional signatures must be obtained from new adult  
members when they join the household or when 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:

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the  
Office of Housing)
- Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section  
221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may  
result in the denial of assistance or termination of assisted housing benefits. If  
an applicant is denied assistance for this reason, the owner must follow the  
notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied  
assistance for this reason, the owner or managing agent must follow the  
procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies  
listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:	Additional Signatures, if needed:		
_____ Head of Household	_____ Date	_____ Other Family Members 18 and Over	_____ Date
_____ Spouse	_____ Date	_____ Other Family Members 18 and Over	_____ Date
_____ Other Family Members 18 and Over	_____ Date	_____ Other Family Members 18 and Over	_____ Date
_____ Other Family Members 18 and Over	_____ Date	_____ Other Family Members 18 and Over	_____ Date

# **Applicant's/Tenant's Consent to the Release of Information**

## **Verification by Owners of Information Supplied by Individuals Who Apply for Housing Assistance**

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

### **Instructions to Owners**

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

### **Instructions to Applicants and Tenants**

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

### **Authority for Requiring Applicant's/Tenant's Consent to the Release of Information**

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

### **Purpose of Requiring Consent to the Release of Information**

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

### **Uses of Information to be Obtained**

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

### **Who Must Sign the Consent Form**

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

### Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

### Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

---

Name of Applicant or Tenant (Print)

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Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

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Name of Project Owner or his/her representative

---

Title

---

Signature & Date  
cc:Applicant/Tenant  
Owner file

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.



# Navajo Housing Authority

PO Box 4980 • Window Rock, Arizona 86515 • (928) 871-2600 • FAX (928) 871-2604

PLEASE RETURN COMPLETED FORM TO:

Applicant: \_\_\_\_\_

Social Security: \_\_\_\_\_

Census: \_\_\_\_\_

NHA Representative: \_\_\_\_\_

## INVOLUNTARILY DISPLACEMENT/ SUBSTANDARD CERTIFICATION

The above applicant has applied for housing assistance and has indicated that he/she has been or will be involuntarily displaced and has vacated or will have to vacate his or her housing unit for one of the following reasons:

\_\_\_ A disaster, such as a fire or flood, that resulted in extensive damage 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:

- The reason for the owner's action is beyond the applicant's ability to control or prevent.
- The action occurred despite the applicant's having met all previously imposed conditions of occupancy
- The action taken is other than a rent increase.

\_\_\_ Actual or threatened physical violence directed against applicant or 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, 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 claimed by this applicant.

I hereby authorize the release of the requested information:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### CERTIFICATION FOR INVOLUNTARY DISPLACEMENT OR SUBSTANDARD HOUSING

I certify that \_\_\_\_\_

\_\_\_ Has been \_\_\_ Will be involuntarily displaced for reason(s) above.

\_\_\_ Is \_\_\_ Is not living in substandard housing because the unit has one or more deficiencies or conditions cited above.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_





# Navajo Housing Authority

PO Box 4980 • Window Rock, Arizona 86515 • (928) 871-2600 • FAX (928) 871-2604

## 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 individuals(s) is/are recognized as members of \_\_\_\_\_ Chapter.

We understand that this verification will enable the applicants to be considered for possible selection in the Homeownership Program.

We certify that the person(s) named above has never been assisted with a house form the following programs.

	No	Yes
1. Navajo Housing Services	<input type="checkbox"/>	<input type="checkbox"/>
2. Veteran Administration	<input type="checkbox"/>	<input type="checkbox"/>
3. BIA Housing Assistance	<input type="checkbox"/>	<input type="checkbox"/>
4. FHA/Rural Development Assistance	<input type="checkbox"/>	<input type="checkbox"/>
5. NHA Mutual Help Housing	<input type="checkbox"/>	<input type="checkbox"/>
6. Other _____		

We certify the above information to be true and correct to the best of our knowledge.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature of Chapter Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone Number*



# Navajo Housing Authority

PO Box 4980 • Window Rock, Arizona 86515 • (928) 871-2600 • FAX (928) 871-2604

## RENTAL HISTORY

Name of Applicant(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Tenancy: From: \_\_\_\_\_ To: \_\_\_\_\_

**I authorize the landlord to release the requested information regarding my prior/present tenancy**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The above applicant(s) is apply for housing assistance. Please answer the question listed below and return to our office as soon as possible. Your assistance is greatly appreciated.

- |  | Yes                           | No                       |
|--|-------------------------------|--------------------------|
| 1. Rent paid on timely matter?                                   | <input type="checkbox"/>      | <input type="checkbox"/> |
| 2. Damage to unit or common areas?                               | <input type="checkbox"/>      | <input type="checkbox"/> |
| 3. Problems with tenant's children?                              | <input type="checkbox"/>      | <input type="checkbox"/> |
| 4. History of disturbing the quiet enjoyment of neighbors?       | <input type="checkbox"/>      | <input type="checkbox"/> |
| 5. History of violence or harassment of neighbors or management? | <input type="checkbox"/>      | <input type="checkbox"/> |
| 6. Rent or damages still owing?                                  | <input type="checkbox"/>      | <input type="checkbox"/> |
| 7. Paid Utilities on time?                                       | <input type="checkbox"/>      | <input type="checkbox"/> |
| 8. Utilities still owing?  | <input type="checkbox"/>      | <input type="checkbox"/> |
| 9. Would you re-rent to this tenant?                             | <input type="checkbox"/>      | <input type="checkbox"/> |
| 10. Number of people on lease                                    | Adults: _____ Children: _____ |                          |

Rent: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Landlord

\_\_\_\_\_  
Address

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date

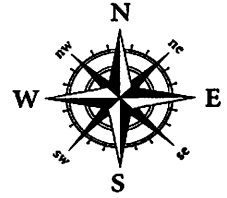
\_\_\_\_\_  
Telephone



# Navajo Housing Authority

PO Box 4980 • Window Rock, Arizona 86515 • (928) 871-2600 • FAX (928) 871-2604

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



**Physical Address:**

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**Description of Home:**

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# Navajo Housing Authority

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PO Box 4980 • Window Rock, Arizona 86515 • (928) 871-2600 • FAX (928) 871-2604

## 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 if 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 of my household has a disability:

Name: \_\_\_\_\_

Please provide the following reasonable accommodation(s):

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How this accommodation will (check below):

- ☐ Help me live in the housing or take part in NHA program
- ☐ Meet the lease requirements of NHA program
- ☐ Meet other requirements of NHA program
- ☐ I/We do not have a reasonable accommodation request at this time
- ☐ Because I/we do not need reasonable accommodation for my/their disability
- ☐ Because a member in my household does not have a disability

You do not need to provide medical records about your disability however a verification of your disability from a professional provider is sufficient. It is important the requested reasonable accommodation must be related to you disability.

Signature(s) \_\_\_\_\_  
*Head of Household* *Date*

\_\_\_\_\_  
*Souse/Co-Tenant* *Date*

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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NHA Representative: \_\_\_\_\_  
*Please Print*