

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:

- NHA Application:** 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 ALL MEMBERS OF THE HOUSEHOLD WHO ARE RECEIVING INCOME 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.
 - 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.
 - 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 current residence. Be as descriptive as possible using road names, mile markers, approximate miles from a permanent structure, and color of the house and roof.

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

- Social Security Card:** For all members of the household (*names must match Birth Cert. and CIB*).
- Birth Certificate OR Affidavit of Birth:** For all members of the household (*names must match SSC and CIB*).
- Certificate of Indian Blood:** For all members of the household (*names must match Birth Cert. and SSC*).
- 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*)
- Criminal History Report:** 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).

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

Date: _____

Applicant: _____ Co-Applicant: _____

Social Security No: _____ Social Security No: _____

Census No: _____ Date of Birth: _____ Census No: _____ Date of Birth: _____

Tribal Affiliation: _____ Tribal Affiliation: _____

Chapter Affiliation: _____ Chapter Affiliation: _____

Phone Number (Home, Cell, TDD Relay Srvc) _____ Phone Number (Home, Cell, TDD Relay Srvc) _____

Email Address: _____ Email Address: _____

Mailing 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								
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	Public Rental Program
Annual Net Income = \$ _____	Annual Net Income = \$ _____
Annual Net Income X 15% (Housing Ratio) = \$ _____	Annual Net Income X 20% (Housing Ratio) = \$ _____
Yearly Gross Income = \$ _____	Yearly Gross Income = \$ _____
Yearly Gross Income / 12 Months = \$ _____	Yearly Gross Income / 12 Months = \$ _____
Total Monthly Payment = \$ _____	Utility Allowance = \$ _____
	Total Monthly Rental Payment = \$ _____



Navajo Housing Authority

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

PLEASE RETURN COMPLETED FORM TO:

Navajo Housing Authority
Post Office Box 4980
Window Rock, Arizona 86515

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: _____



Navajo Housing Authority

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

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):

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 _____

Navajo Housing Authority
Post Office Box 4980
Window Rock, Arizona 86515
NHA Representative: _____

Please Print



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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 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



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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.

1. Rent paid on timely matter?
2. Damage to unit or common areas?
3. Problems with tenant's children?
4. History of disturbing the quiet enjoyment of neighbors?
5. History of violence or harassment of neighbors or management?
6. Rent or damages still owing?
7. Paid Utilities on time?
8. Utilities still owing?
9. Would you re-rent to this tenant?
10. Do you work with the Section 8 Program?
11. Number of people on lease Adults: _____ Children: _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Rent: \$ _____

Comments: _____

Name of Landlord

Landlord Signature

Date

Address

City State Zip

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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I, _____ 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, 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 INA³; or
 - Permanent residence under §249 of INA⁴; or
 - Refugee asylum, or conditional entry status under §207, 208 or 203 of the INA⁵; or
 - Parole status under §212 (d)(f) of the INA⁷; or
 - Threat of life or freedom under §243 (h) of the INA⁸.

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 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:

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 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*].

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 "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.