



Ohkay Owingeh Housing Authority

220 Popay Ave.

P.O. Box 1059

Ohkay Owingeh, NM 87566

(505) 852-0189 Office (505) 852-9801 Fax

Homeowner Rehab Checklist

Name: _____

Date: _____

Please submit/sign the following items with application:

- \$25.00 Application Fee
- Application
- Proof of Income (for all household members receiving income)
- Proof of Home Ownership (Deed)
- Certificate of Indian Blood
- Authorization for the Release of Information/Privacy Act Notice (sign)
- Department Checklist (sign)
- Cha Piyeh Information Disclosure Authorization (sign)

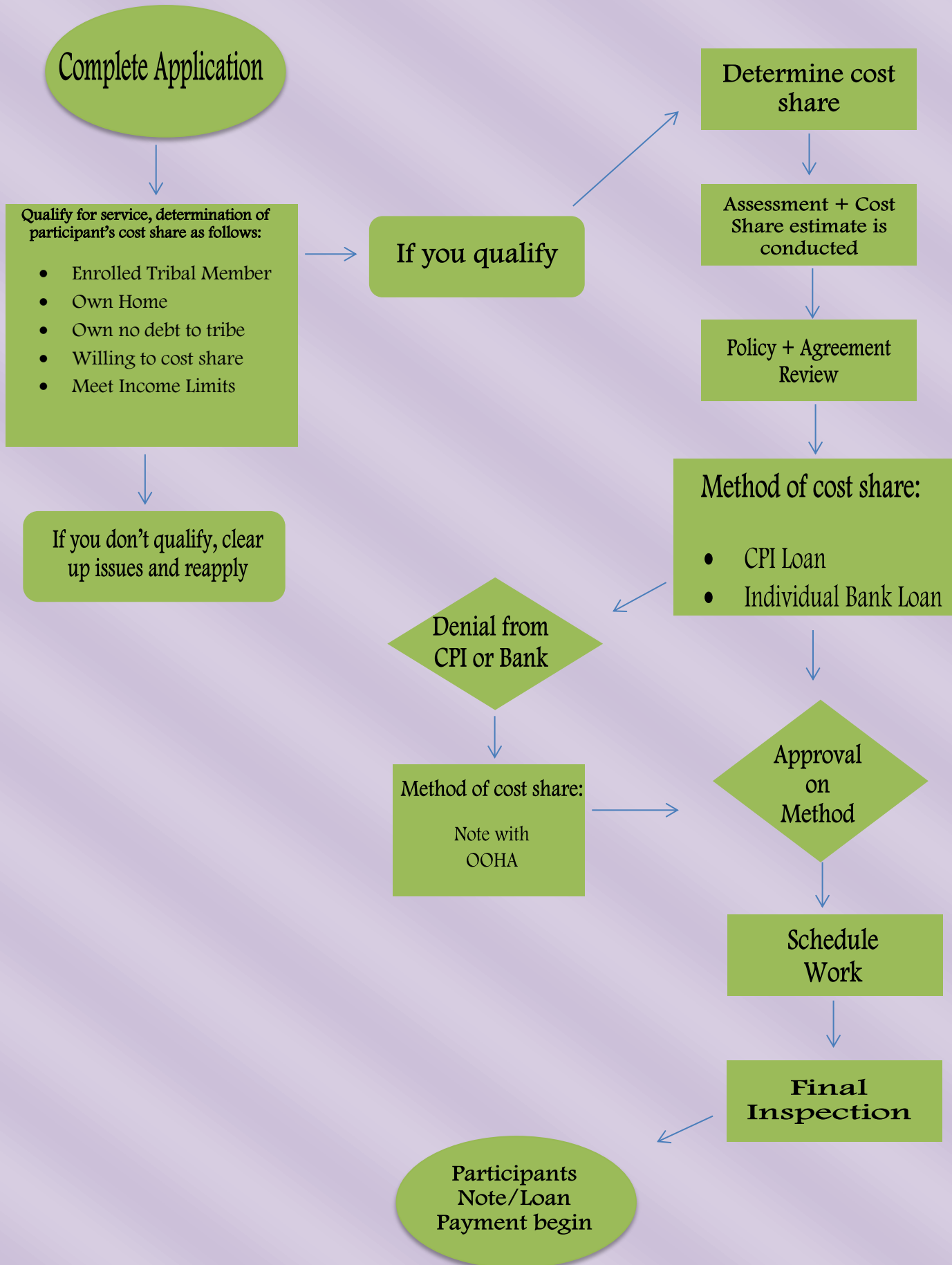
If the items above are not attached, your application will be incomplete and can not be processed.

Notes: _____

Applicant Signature: _____ Date: _____

For Office Use ONLY:	Qualifies for:	<input type="checkbox"/> County	<input type="checkbox"/> National	<input type="checkbox"/> Over qualifies
Weatherization:	<input type="checkbox"/> Completed	<input type="checkbox"/> Submit Application	Date: _____	
Cost Share Percent:	_____			

Home Rehabilitation Process





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APPLICATION FOR HOUSING ASSISTANCE

Name of Applicant: (Last, First, MI)		Home Phone Number	Cell Phone Number
Date of Birth	Enrollment Number	E-Mail Address	
Physical Address		City	State
Mailing Address		City	State
			Zip Code
			Zip Code

Marital Status: Married Single Widowed Other

Information about Spouse

Name: _____ Date of Birth: _____ Enrollment Number: _____

	NAME OF FAMILY MEMBERS	BIRTH DATE	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HEAD	AGE	SEX	OCCUPATION
1				HOH			
2							
3							
4							
5							
6							
7							
8							
9							
10							

INCOME INFORMATION

EARNED INCOME: Start with applicant, then list all permanent family members in household that have earned income.

Provided signed copy of Income Tax Return, wage stubs, etc. for verification.

NAME	SOURCE OF INCOME	INCOME
		\$
		\$
		\$

Total annual earned income \$ _____

UNEARNED INCOME: Start with applicant, then list all permanent family member in household that have unearned income such as social security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc. Provide check stubs, statements, award letters, individual Indian money ledgers, etc. for verification.

NAME	SOURCE OF INCOME	INCOME
		\$
		\$
		\$

Total annual unearned income \$ _____

TOTAL COMBINED ANNUAL HOUSEHOLD INCOME (earned + unearned): _____

HOUSING INFORMATION

- ❖ Does anyone in your family, who is a permanent resident listed under this application have a handicap or permanent disability?

Yes _____ No _____

If yes, provide name of the family member _____ and brief description of condition. Provide statement of condition from sources such as physicians' certification, social security, and veterans affairs determination or similar determination.

- ❖ Do you own your home? _____ Do you rent your home? _____ If yes, who is the owner? _____

- ❖ Type of Sewer System: City Sewer _____ Septic Tank _____

- ❖ Water Source: Private Well _____ Community Water Tank _____

- ❖ Number of Bedrooms _____ Number of Bathrooms _____ How old is your home? _____
- ❖ What is the type of home that you live in? HUD home _____ Adobe home _____ Manufactured Home _____
Other _____ Describe _____
- ❖ Location of home to be repaired renovated or constructed. (Give address and detailed directions to this home).

****YOU MAY DRAW MAP ON BACK OF THIS PAGE****

- ❖ Please provide a brief description of the problems you are experiencing with your home and the type of housing assistance for which you are applying.

GENERAL INFORMATION

- ❖ Have you or anyone in your household received assistance from OOHA?

Yes _____ No _____ If yes, describe work done: _____

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false information or misleading statements may constitute a violation of 18 U.S.C. 1001. This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless request in writing, either by the applicant or an officer or employee of the housing program or other federal agency requiring it in the performance of their duties.

APPLICANT'S SIGNATURE

DATE

CHECKLIST FORM

Prior to approval of services being requested below, you must have the following departments confirm that you have no outstanding debt owed. Upon completion, your request will be processed.

Head of Household Name: _____ **Census #** _____ **DOB:** _____

Spouse/Co-Head Name: _____ **Census #** _____ **DOB:** _____

Address: _____

Phone #: _____ **Message Phone:** _____

Type of service you are requesting: **Ohkay Owingeh Housing Authority Services**

Head of Household Signature **Date**

Co-Borrower Signature **Date**

By signing this form you give the **Ohkay Owingeh Housing Authority** permission to verify that you do not have any outstanding debts with any Ohkay Owingeh department listed below. If you do then process for services will be placed on hold until your debt has been cleared or payment arrangements have been made and proof is submitted.

<u>Ohkay Owingeh Programs</u>	<u>AMOUNT OUTSTANDING</u>		<u>VERIFICATION</u>	
	<u>Head</u>	<u>Spouse/Co-Head</u>	<u>Dept. Rep.:</u>	<u>Date</u>
Accounting/Utility Dept. 852-0408			Verified by: _____	
Tribal Courts/Police Dept. 852-4475			Verified by: _____	
OO Housing Authority 852-0189			Verified by: _____	
Tsigo Bugeh Village 753-9419			Verified by: _____	
Dept. of Education/Library 852-3477			Verified by: _____	
Real Property Mgmt. 852-4211			Verified by: _____	
Cha Piyeh 852-1628			Verified by: _____	
*Environmental Dept. 852-4212			Verified by: _____	
*Planning Dept. 852-4014			Verified by: _____	

*Note: These departments do not have an accounts receivable currently set up for verification purposes. Will get set up in the future, therefore; will remain on the list.