



OHKAY OWINGEH HOUSING AUTHORITY

P.O. Box 1059, Ohkay Owingeh, NM 87566 (505)852-0189phone (505)852-9081 Fax

Don't Forget to Bring

these with you.....

Home Buyer Checklist & Profile

Home Buyer Profile

- Completed Homebuyer Profile Application
- Proof of income
 - >Completed Verification of Employment (Applicant signature only)
 - >Social Security (SSI) Award letter, or Disability Award Letter
 - >Most recent paystubs (1 month)
- Income Tax Returns Last 2 years
- Asset Documents: 401k, investments, CDs. Etc.
- 2Month's most recent statements from your
 - >Checking Account
 - >Savings Account
 - >Investments & retirement Accounts
- Completed Department Checklist (signed by all applicants)
- Borrowers Authorization form (signed by all applicants)
- Certificate of Indian Blood from Ohkay Owingeh
- Current Drivers License

Your homebuyer profile will not be accepted unless it is complete with all the information filled out and all the above documents are provided. If you need help fill free to contact us at the number listed above.



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HOME BUYER PROFILE

Applicant Information

First	MI	Last
Date of Birth		Social Security Number
Tribal Affiliation		Census/Enrollment #
Email		
Mailing Address		County
City	State	Zip
How long at this address? _____ yrs. _____ mos.		
Physical Address		
City	State	Zip
Home Phone		
Cell Phone		
Work Phone		
Number of Dependents		/ Ages
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

Co-Applicant Information

First	MI	Last
Date of Birth		Social Security Number
Tribal Affiliation		Census/Enrollment #
Email		
Mailing Address		County
City	State	Zip
How long at this residence? _____ yrs. _____ mos.		
Physical Address		
City	State	Zip
Home Phone		
Cell Phone		
Work Phone		
Number of Dependents		/ Ages
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

Present Household Information

How many individuals are in your household including applicant & co-applicant? _____

Please list names and birth dates for household members other than applicant & co-applicant.

Name _____	Birth Date ____/____/____	Name _____	Birth Date ____/____/____
Name _____	Birth Date ____/____/____	Name _____	Birth Date ____/____/____
Name _____	Birth Date ____/____/____	Name _____	Birth Date ____/____/____
Name _____	Birth Date ____/____/____	Name _____	Birth Date ____/____/____

Present Housing Conditions and Need

Current Housing Status Own Rent No rent Paid Live with family Without Housing. Current Monthly Rent/Mortgage Payment \$ _____

Do you own a mobile home? Yes No Do you own any real estate? Yes No

Have you owned a home in the past 3 years? Yes No

If yes to any of the above questions, please answer: Estimated value \$ _____ Balance Owed \$ _____

Have you ever had a foreclosure on a home or property? Yes No

Living under substandard housing conditions:

Other Conditions and factors of housing need:

Military Veteran and Disability

Military Service or Veteran: Yes _____ No _____ If yes, whom _____

Applicant/Co-Applicant Disabled/Handicapped: Yes ___ No ___ If yes, please explain nature & extent of disability/handicap: _____

Discharged: Yes ___ No ___ If yes, Type of Discharge: _____ Length of Service: _____

Disabled: Yes _____ No _____ If yes, %: _____ Service Related: Yes _____ No _____

If presently in service: Branch of Service _____ Service or Serial Number _____ Ranking _____

Employment and Household Income

Applicant Information

Co-Applicant Information

Name & Address of Employer <input type="checkbox"/> Self Employed	Yrs. on this job	Name & Address of Employer <input type="checkbox"/> Self Employed	Yrs. on this job
	Yrs. employed in this line of work/profession		Yrs. employed in this line of work/profession
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from – to)	Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from – to)
	Monthly Income \$		Monthly Income \$
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)
Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from – to)	Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from – to)
	Monthly Income \$		Monthly Income \$
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)

Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Present	Proposed
Base Income*	\$	\$	\$	Rent	\$	
Overtime				First Mortgage (P&I)		\$
Bonuses				Other Financing (P&I)		
Commissions				Hazard Insurance		
Dividends/Interest				Real Estate Taxes		
Net Rental Income				Mortgage Insurance		

(before completing, see the notice in "describe other income," below)

Homeowner Assn. Dues

Other:

Total \$ \$ \$ **Total** \$ \$

* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

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>AMOUNT OUTSTANDING</u>		<u>VERIFICATION</u>	
<u>Ohkay Owingeh Programs</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: _____	
Tsgo 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.

Ohkay Owingeh Housing Authority
PO Box 1059, Ohkay Owingeh, New Mexico 87566
Voice (505) 852-0189 Fax (505) 852-9081

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) _____ Date: _____

Phone # _____ Fax: _____
Attention: _____

RE: _____ Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

Ohkay Owingeh Housing Authority
PO Box 1059,
Ohkay Owingeh, NM 87566

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date First Employed _____ No _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ through ___/___/____.

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer [Company] Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Borrower's Authorization

All information is personal and confidential. By providing this information, the borrower(s) allows 1st Tribal Lending, (a dba of Mid America Mortgage Inc) to check his/her credit and review all other pertinent information. BK150009

For other questions, please contact Renee Konski at (602) 322-2569 Office or (602) 319-1470 Mobile.

TOLL FREE 1-866-677-9551 Fax to (602) 357-4903

Print Name

Print Name

Signature

Date

Signature

Date