



## 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<br>\$             |   | Monthly Income<br>\$             |
| 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<br>\$             |   | Monthly Income<br>\$             |
| 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               |         |          |

Other (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.

**Describe Other Income  
Borrower/Co-Borrower**

Monthly Amount

|  |    |
|--|----|
|  | \$ |
|  |    |
|  |    |
|  |    |

**Assets**

| Type of Asset  | Where Held   | Borrower | Co-Borrower | Total |
|--|--------------|----------|-------------|-------|
| Checking   |              | \$       | \$          | \$    |
| Checking   |              | \$       | \$          | \$    |
| Savings  |              | \$       | \$          | \$    |
| Savings  |              | \$       | \$          | \$    |
| Cash   |              | \$       | \$          | \$    |
| Cash   |              | \$       | \$          | \$    |
| CD's   |              | \$       | \$          | \$    |
| Stocks   |              | \$       | \$          | \$    |
| Bonds  |              | \$       | \$          | \$    |
| Retirement   |              | \$       | \$          | \$    |
| Other  |              | \$       | \$          | \$    |
| <small>(before completing, see the notice in<br/>"describe other income," above)</small> |              | \$       | \$          | \$    |
|  | <b>Total</b> | \$       | \$          | \$    |

| Current Monthly Bills | Monthly Payment | Remaining Balance |
|-----------------------|-----------------|-------------------|
|                       |                 |                   |
|                       |                 |                   |
|                       |                 |                   |
|                       |                 |                   |
|                       |                 |                   |

By signing below, I/we certify that the above information is true and correct to the best of my/our knowledge and provide consent to obtain information for the purposes of pre-qualifying for my/our mortgage loan.

- Pay credit check fees and pull my/our credit report.
- Verify all information contained in the profile.
- Obtain copies of pertinent information from any agencies.

I/we will complete the OOHA Homebuyer Education Class as required for participation in the Home Ownership Program.

Applicant Signature

Date

Co-Applicant 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.

|  | <b><u>AMOUNT OUTSTANDING</u></b> |                              | <b><u>VERIFICATION</u></b> |                    |
|--|----------------------------------|------------------------------|----------------------------|--------------------|
| <b><u>Ohkay Owingeh Programs</u></b>     | <b><u>Head</u></b>               | <b><u>Spouse/Co-Head</u></b> | <b><u>Dept. Rep.:</u></b>  | <b><u>Date</u></b> |
| 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; 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