

DOCUMENTS REQUIRED

In order to be determined eligible for assistance, you must provide this agency with adequate/required documentation/information. The following items will be required to be submitted to this office at the time the application is accepted. **The Region V Housing Authority will not accept an application for any type of assistance that they may administer without these documents being presented.** The Region V Housing Authority reserves the right to request any other information or documents that it deems necessary in the course of determining applicant eligibility in administration of all of its programs.

The list of documents includes but is not limited to the following:

1. **Original Birth Certificates**
 - A. State Birth Certificate
 - B. Hospital Birth Certificate
 - C. Foreign Nationality-Any documentation provided and acceptable by INS proving family/household place of birth.
 - D. Application for Birth Certificate with a thirty (30) day grace period to provide birth certificate.
 1. At the end of the thirty (30) day grace period the applicant will be given an additional ten (10) days in which to submit birth certificate documentation to the Region V Housing Authority office.
 2. If the birth certificate/documentation is not provided within the ten (10) day period the applicant will be canceled.
2. **Social Security Cards of all family members.** If not applicable, a certification stating that no social security number has been assigned or applied for. If applicant has been assigned a number, but does not have proper documentation, an application for a social security card replacement will be accepted. A sixty (60) day period will be allowed to provide social security cards. If not provided within sixty (60) days, applicant will be canceled
3. **Divorce Decree**
4. **Drivers License or Picture ID for all adult family members.**
5. **Checking and Savings Account.** Most recent statement from banking institution.
6. **Income Verification.** The information you provide will be computer matched using the EIV.
7. **Income Tax Return.** (Federal, State and W-2's)

ALL ITEMS LISTED ABOVE MUST BE RETURNED WITH COMPLETED APPLICATION TO BE ACCEPTED

THE HOUSING AUTHORITY OF REGION NO. V, NEW MEXICO

P.O. Box 3015
2545 N. Silver St.
Silver City, NM 88062
388-1974 or 388-1975

Deming Office
112 W. Ash St.
Deming, NM 88030
546-6544

PLEASE COMPLETE IN INK

Indicate the program(s) you are applying for:
(See attached for program definitions)

Voucher _____ Public Housing _____

APPLICATION FOR RENTAL ASSISTANCE

Application No.: _____ Date: _____ Time: _____ Rec'd by: _____

A. APPLICANT:

Name: _____

Mailing Address: _____
City State Zip Code

Street Address: _____
City State Zip Code

Home phone: _____ Work phone: _____

List the names, addresses, and phone numbers of relatives or friends:

1. Name: _____
Address: _____
Phone: _____

2. Name: _____
Address: _____
Phone: _____

B. HOUSING STATUS

What is your current monthly rent? \$ _____

Do you pay utilities? Yes No

List utilities paid: _____

Are you now living in a government subsidized unit? Yes No

Have you ever applied for a government-assisted unit before? Yes No

If yes, where and when? _____

Present landlord is _____ Phone number _____

Former landlord was _____ Phone number _____

C. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

NO.	MEMBER FULL NAMES	RELATIONSHIP	BIRTH DATE	AGE	SOCIAL SECURITY NO.
1					
2					
3					
4					
5					
6					
7					

Are you:

1. Married 2. Single - If single, have you ever been married? Yes No
 3. Divorced 4. Separated 5. Widowed - If yes, do you receive social security? Yes No

Race: White Black Indian Asian

Ethnic: Hispanic Non-Hispanic

D. INCOME INFORMATION

Is any member of your household employed full-time, part-time, or seasonally? Yes No

Does any member of your household work for someone who pays them in cash? Yes No

Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave? Yes No

Does any member in the household receive unemployment benefits or severance pay? Yes No

If yes, explain: _____

Does any member of your household receive child support from an absent parent or from a child support recovery unit? Yes No

List the last known address of the absentee parent: _____

Does any member of your household receive alimony payments? Yes No

Does any member of your household receive welfare assistance? Yes No

Does any member of you household receive any monies/payments for disability or workmen’s comp? Yes No

Does any members of your household own a business or self employed? Yes No

Does any household member participate in a job training program? Yes No

Does any household member receive any type of military pay (including Coast Guard and National Guard Reserve units)? Yes No

Does anyone outside of your household pay for any of your household bills or living expenses? Yes No

Did any household members file a federal income tax return last year? Yes No

Are there any family members who are temporarily absent from the home? Yes No

Does any member of your family receive social security or SSI benefits? Yes No

Does any member of your household receive income from a pension or annuity? Yes No

Does any member of your household receive regular cash contributions from individuals not living in the unit or from any agencies? Yes No

Does any member of your household receive income from assets including interest on checking or savings accounts, interest and/or dividends from certificates of deposit, stock or bonds, or income from the rental of property? Yes No

Does any member of your household receive scholarships or grants? Yes No

Does any member of your household receive any type of income, money, or financial support from any sources other than the ones we have asked about? Yes No

For each type of income that your household receives, give the source of the income and the amount of the income that can be expected from the source during the next 12 months. This includes, but is not limited to, full and/or part-time employment, all income from welfare agencies, social security, pension, SSI disability, armed forces reserves, unemployment compensation, child care, alimony, child support, scholarships and grants, contract for deed, interest on assets, dividends, annuities, regular contributions from people not residing with you.

MBR NO	SOURCE & TYPE OF INCOME	ANNUAL INCOME

E. ASSETS

List all cars in your name or your household members' names; who holds the lien; and plate numbers.

Make _____ Model _____ Year _____ Lien Holder _____ Plate No. _____
 Make _____ Model _____ Year _____ Lien Holder _____ Plate No. _____
 Make _____ Model _____ Year _____ Lien Holder _____ Plate No. _____

Does any household member own any stocks or bonds? Yes No, If yes, note face value: _____

Does any household member have savings certificates, money market funds, or trust funds? Yes No

Does any household member have any type of retirement account (company, IRA, Keogh)? Yes No

Does any household member have any inheritances, lottery winnings, or lump-sum payments from any other source? Yes No

Does any household member have any life insurance policies? Yes No

Has any household member sold or given away any asset in the past two years? (This includes real estate, stocks, bonds, property, jewelry, stamp collections held as an investment, etc.) Yes No

F. EXPENSES

Do you pay for a care attendant or for any equipment, for any household member with disabilities, that is necessary to permit that person or someone else in the household to work? Yes No

If yes, weekly amount \$ _____

If yes, are any of these expenses reimbursed by any person or agency? Yes No

Do you pay child care for children 12 or under that is not reimbursed by AFDC or any other person or agency? Yes No If yes, weekly cost:\$ _____

Is any adult in your household a full-time student? Yes No

Is any family member actively seeking work? Yes No

QUESTIONS FOR HOUSEHOLDS WHOSE HEAD OR SPOUSE IS 62 YEARS OF AGE OR OLDER OR IS A PERSON WITH A DISABILITY:

Do you require any special amenities? Yes No If yes, please list _____

Does any household member pay for Medicare? Yes No

Does any household member pay for any type of medical insurance? Yes No

Is any household member paying on past medical expenses and/or anticipate any medical expenses during the next 12 months that will not be reimbursed by any source outside the household? (This includes prescription and non prescription drugs and any other medical costs.) Yes No

G. PROGRAM INFORMATION

Do you owe monies to any housing authority? Yes No

Do any of your children under the age of seven (7) have an elevated lead blood level? Yes No

Has any member of the household been convicted of any criminal and/or drug-related activities in the last three (3) years? Yes No

Is any member of the household subject to a lifetime sex offender registration? Yes No

This application is made with the understanding that it is to be processed for both credit and character references. I have no objection to inquiries for the purpose of verification of the above information and statements. This includes a police check and a credit bureau check.

APPLICANT CERTIFICATION: I/we certify that the information given to the Housing Authority of Region No. V on household composition, income, net family assets, and allowances and deductions are accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or misinformation are grounds for termination of housing assistance and termination of tenancy.

APPLICANT _____ DATE: _____

OTHER ADULT _____ DATE: _____

THIS SECTION OF THE APPLICATION IS TO BE COMPLETED ONLY AT THE TIME OF APPLICATION UPDATE

I/we the applicant(s) have reviewed this application and have made changes to reflect current status of applicant.

APPLICANT _____ DATE: _____

OTHER ADULT _____ DATE: _____

***WARNING:**

Section 1001 of the Title 18 U.S.C. provides: "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10, 000 or imprisoned for no more than five (5) years or both."

REGION V HOUSING AUTHORITY

ADDITIONAL ELIGIBILITY REQUIREMENTS

Notice: To all applicants and participants of the Public Housing and/or Section 8 Programs

In order to be eligible to receive financial housing assistance from the Housing Authority, the Department of Housing & Urban Development (HUD) has determined that applicants being considered for occupancy on or after June 19, 1995, must submit evidence of citizenship status or eligible immigration status as soon as possible or with your other eligibility documentation that you have been asked to submit at the time the Housing Authority anticipates providing assistance.

The evidence must be presented in the original form. A copy will be made for you file, and the original will be returned to you.

The evidence must be presented for every person in the family.

- A. Citizen Status: Each family member must sign a declaration of U.S. citizenship under penalty of perjury, regardless of age. (The Housing Authority has the form available); or if not a U.S. citizen, see the following.
- B. Non-citizens: Acceptable evidence of eligible immigration status includes presenting the original of one of the following:
 1. Form 1-551, Alien Registration Receipt Card
 2. Form 1-94, Arrival-Departure Card with one of the following annotations:
 - i. "Admitted as Refugee Pursuant to Section 207";
 - ii. "Section 208" or "Asylum";
 - iii. "Section 243(h)" or "Deportation Stayed by Attorney General";
 - iv. "Paroled Pursuant to Section 212(d)(5) of INA";
 3. If Form 1-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents;
 - i. A final court decision granting asylum (but only if no appeal is taken);
 - ii. A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district granting (if application is filed before October 1, 1990);
 - iii. A court decision granting withholding of deportation; or
 - iv. A letter from an INS asylum officer granting withholding of deportation (if application is filed on or after October 1, 1990).
 4. Form 16888, Temporary Resident Card, which must be annotated "Section 245A or Section 210",
 5. Form 1-6888B, Employment Authorization Card, which must be annotated "Provisions of Law 274a, 12(11)" or "Provision of Law 273a, 12";
 6. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified, or

7. Other acceptable evidence. If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced.

C. Family member contends not to have eligible status: Any family member who wishes to contend they do not have eligible non-citizen immigration status may do so. The family must identify this individual, who will be required to comply with all other eligibility requirements. She/he will not be required to sign the declarations. Family is to provide this as a separate statement.

In addition, if you or any family member claims eligible non-citizen status, the family member claiming eligible non-citizen status must sign a release of evidence authorizing the Housing Authority to obtain verification of non-citizen status through the Department of Immigration and Naturalization Service (INS) and their Systematic Alien Verification for Entitlements (SAVE) system. For adults, the adults must sign the release; for children, the form must be signed by the adult member who is responsible for the child who will reside in the assisted unit.

IF YOU HAVE QUESTIONS, CALL Region V Housing Authority, Silver City at (505) 388-1974 or Deming at (505) 546-6544, whichever is applicable.

REGION V HOUSING AUTHORITY

DECLARATION OF U.S. CITIZENSHIP OR NON CITIZEN
WITH ELIGIBLE IMMIGRATION STATUS

I (we):

No.	PRINT FULL NAME	SIGNATURE	DATE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

hereby declare under penalty of perjury, that I (we), to the best of my (our) knowledge, am (are) lawfully within the United States because (please check the appropriate box):

I am a citizen, naturalized citizen or national of the Unites States; or

I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (only person assisted as of 6/19/95 can qualify in this category); or

I have eligible immigration status as checked below (see attachment for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under 101(a)(15) or 101(a)(20) of the INA

Permanent residence under 249 or INA

Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA

Parole status under 212(d)(5) of the INA

Threat to life or freedom under Section 243(h) of the INA

Amnesty under 245A of the INA

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 matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

*For each adult, the declaration must be signed by the adult. For each child under 18 years of age, the declaration must be signed by and adult residing in the assisted dwelling unit who is responsible for the child.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: 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 that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

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. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever 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:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of 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. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) 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 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant 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 HA or the owner responsible for the unauthorized disclosure or improper use.