



HOPi TRIBAL HOUSING AUTHORITY

P.O. Box 906, Highway 264, MP# 392
Polacca, Arizona 86042-0906
Phone: (928) 737-2800 Fax (928) 737-9270

HOUSING APPLICATION:

Please check the Program you are applying for: Home Ownership
 Land Assignment - Village Affiliation: _____

Preferred Housing Location(s): Rental Housing - Winslow

Other Housing Assistance Programs: Tenant Base Rental Assistance
 Mortgage Buy-down Assistance Veteran's Assistance (VASH)

HEAD OF HOUSEHOLD (USE LEGAL NAMES ONLY)

Last Name	First Name	M. I.	Gender	Social Security Number
Clan Affiliation		Phone Number		Date of Birth (MM/DD/YY)

Marital Status - Check One

Single Married Separated (Legally) Divorced Widowed Domestic Partnership

Student Status: Full-time Part-time

Email Address: _____

EMPLOYMENT INFORMATION:

Number of Minor Dependents

Please check, if this applies to your household:

Employed: Full-time Part-time
Self Employed (Copy of Tax Return)
Unemployed (Copy of Benefit Statement)

Male _____
 Female _____

Near Elderly (at least 55 years of age)
 Elderly (62 or older)
 Disabilities (ADA Needs)

EMPLOYER INFORMATION:

Employer Name: _____ Telephone Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Length of Employment: _____ Income Amount: _____ Annually Monthly Biweekly

LOCAL PREFERENCES

The Hopi Tribal Housing Authority (HTHA) uses a local preference system in selecting applicants from the waiting list for housing assignments (per Housing Policy). Check the appropriate box below, if the household meets the stated preference. You may at any time report changes in your applicant status, including changes in the local preference qualification. This information will be verified upon your selection from the waiting list. (All required documents **must be attached** with completed application).

Hopi Enrolled Membership (CIB) Proof of Ownership (Private owned home) Veterans Preference (DD-214)
 Land Assignment (Provide copy) Village Approval (Traditional Home) Clan: _____

CURRENT ADDRESS / CONTACT INFORMATION

Current Living Address	Apt #	City / State	Zip	Phone Number ()
Mailing Address (If different than above)	Apt #	City / State	Zip	Message Phone ()
Alternate Contact (Relative, Guardian, etc.)	Apt #	City / State	Zip	Message Phone ()

HOUSEHOLD COMPOSITION: (LIST ONLY THOSE MEMBERS WHO WILL BE LIVING WITH YOU)

Last Name	First Name	M. I.	Gender	Age	Social Security Number
Date of Birth (MM/DD/YY)	Place of Birth (City, State)	County	Relationship	Occupation	



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**** (ADDITIONAL FAMILY MEMBERS NAME(S) AND INFORMATION - WRITE ON BLANK PIECE OF PAPER AND ATTACH TO APPLICATION)**

HOUSING CONDITIONS: (To be filled out by Applicant)

A. Federal Preference:

1. Without Housing (Involuntary Displacement) YES _____ NO _____
 - a. Reason: _____
 - b. Present living arrangements: _____
 - c. About to be with Housing: _____

2. Living under substandard living conditions: YES _____ NO _____ (If "YES", check conditions present)
 - _____ a. Dwelling structurally unsafe (Dilapidated)
 - _____ b. No potable running water in dwelling unit (inoperable indoor plumbing)
 - _____ c. No usable flush toilet in dwelling unit
 - _____ d. No installed usable tub/shower in dwelling unit
 - _____ e. No operating sink or proper stove connections in kitchen (no kitchen)
 - _____ f. Inadequate or no electric wiring system in dwelling unit
 - _____ g. Inadequate or unsafe heating facilities for dwelling unit
 - _____ h. Overcrowded

3. Monthly Amount Now Paid for Rent and Utilities: \$ _____

APPLICANT CERTIFICATION

I do hereby certify that all of the information I have provided is complete and accurate. I understand that the information in this application will be used by the Hopi Tribal Housing Authority to make a determination of my eligibility for their housing programs. I understand that **final** determination of eligibility will be made at the time that I am selected from the waiting list, at which time all information required will be verified.

Signature- - 1st Lessee _____ Printed Name _____ Date _____

Signature- - 2nd Lessee _____ Printed Name _____ Date _____

Signature- - 3rd Lessee _____ Printed Name _____ Date _____

Signature - 4th Lessee _____ Printed Name _____ Date _____

NOTICE: You are required to notify the Hopi Tribal Housing Authority (HTHA) **in writing** of any changes in your mailing address or household composition. If we cannot contact you (during an offer for housing) at the address provided, your name will be removed from the current position on the waiting list and placed at the bottom of that listing in the category you qualify under.



PRIVACY ACT NOTICE

Authority: The HOPI Tribal Housing Authority (HTHA) 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 information is being collected by the Hopi Tribal Housing Authority to determine your eligibility and to adequately determine the number of bedrooms needed based on your household size.

Other Uses: 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 Hopi Tribal Housing Authority (HTHA), except as permitted or required by law.

Penalty: Applicants must provide **all** of the information requested by the Hopi Tribal Housing Authority (HTHA), including all Social Security Numbers for you and all household members (ages six years and older). Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

APPLICANT / PARTICIPANT CERTIFICATION:

GIVING TRUE AND COMPLETE INFORMATION:

I have reviewed the application form and certify that the information shown is true and correct; certifying that all the information provided regarding my household composition, social security numbers is accurate and complete to the best of my knowledge.

REPORTING CHANGES IN HOUSEHOLD COMPOSITION:

I am required to report immediately (in writing) any and all changes in our household composition. I understand that I may not move anyone in and/or out of my housing unit without prior notification (in writing) to the Residential Services Specialists and/or Director.

REPORTING ON PRIOR RESIDENCY:

I certify that I have disclosed all information relevant to my previous residence (landlord) and whether or not any rent is owed to that entity. I certify that I have not knowingly committed any act of fraud, misrepresent any information, or violate a housing lease that resulted in an eviction.

DUPLICATE ASSISTANCE:

I certify that the assigned housing unit with Hopi Tribal Housing Authority (HTHA) will be used as my primary place of residence and that I will not obtain duplicate housing assistance elsewhere while in the Hopi Tribal Housing Authority Program(s) I will notify the Residential Services Specialist and/or Director immediately (in writing) of any residency or household changes.

COOPERATION:

I understand that I am required to cooperate in supplying **all** information needed to determine my eligibility and to verify my true circumstances. Cooperation includes attending pre-scheduled orientations and completing and signing all needed housing forms. I understand that failure or refusal to do so will result in denial of eligibility and/or termination of existing lease agreement.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION SUPPLIED IS ACCURATE AND COMPLETE ON MY PREVIOUS RESIDENCY AND CURRENT HOUSEHOLD COMPOSITION.

Signature – 1 st Lessee	Printed Name	Date
Signature – 2 nd Lessee	Printed Name	Date
Signature – Other Adult	Printed Name	Date
Signature – Other Adult	Printed Name	Date
Signature – Other Adult	Printed Name	Date

