

HOPI TRIBAL HOUSING AUTHORITY

P.O. BOX 906 POLACCA, ARIZONA 86042 FAX: (928) 737-9270 PH: (928) 737-2800

APPLICATION FOR HOUSING SOLAR PROJECT



Name: _____

Street Address or P.O. Box #: _____

City: _____ State: _____ Zip: _____

Village Affiliation: _____

Telephone# where you can be contacted: _____

Email Address: _____

Have you ever participated in a HTHA housing program? Yes No

If Yes – what program: _____

Do you have electricity in your home? Yes No

1. **Family Composition**

A. Persons who live in your home

Family Member Number	Name(s) of Your Family members	Relationship To You	Date of Birth	Sex (M or F)	Social Security Number*	Hopi Enrollment #
1.						
2.						
3.						
4.						
5.						
6.						

7.						
8.						

*Social Security number is required for all family members who are 18 years of age or older.

Are you an enrolled member of the Hopi Tribe? Yes No

2. Estimated Family Income (for next 12 months)

A. Income from employment

Family Member Number	Employer Name(s), Address and Phone Number	Estimated Income Per Month	Total Income Per Year
1.			
2.			
3.			
4.			

B. Other Income

Source	Rate Per Month	Total Per Year
TANF	\$	
Social Security	\$	
S.S.I.	\$	
Unemployment	\$	
Pensions	\$	
Leases	\$	
Own Business	\$	
Other*	\$	

*Other sources of income include alimony, relief, service allotments, assistance from relatives, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.

C. Total Family income for next 12 months \$ _____

D. Please attach copies of the most recent IRS 1040 forms and most recent pay stubs for all applicable members of the family.

3. Present housing condition

- A. Do you own the home? ____ Yes ____ No
- B. What is the physical address of the home (Include a map or drawing)?
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4. **Signature and consent to release information**

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the HTHA to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the HTHA if there is any change in my family status along with reporting any changes in income, living conditions, and change of address.

Your Signature

Date

FOR OFFICE USE ONLY:

Date application received by the HTHA _____

Signature of HTHA employee receiving application: _____

DISPOSITION:

Eligible:

Ineligible (State Reason)

Signature/Date of Resident Services Specialist _____

APPROVED _____ DISAPPROVED _____

Signature: _____