



OHKAY OWINGEH HOUSING AUTHORITY (“OOHA”)
 PO Box 1059, Ohkay Owingeh, NM 87566 (505) 852-0189 Phone (505) 852-9081 Fax

APPLICATION FOR OOHA MORTGAGE AND MORTGAGE ASSISTANCE PROGRAMS

All blanks and spaces must be completed! Answer “Yes” or “No” as requested and if a question is not applicable to your financial or housing situation that you are applying for, insert “N/A”.

1. Name (s), Address (es) Contact (s) and Demographics

Applicant/Borrower /Head of Household			Co-Applicant/Borrower		
First	MI	Last	First	MI	Last
Date of Birth		Social Security Number	Date of Birth		Social Security Number
Tribal Affiliation		Census/Enrollment #	Tribal Affiliation		Census/Enrollment #
Email			Email		
Mailing Address		County	Mailing Address		County
City	State	Zip	City	State	Zip
How long at this address? _____ Yrs. _____ Mos.			How long at this residence? _____ Yrs. _____ Mos.		
Physical Address			Physical Address		
City	State	Zip	City	State	Zip
Previous Physical Address (if less than 2 years)			Previous Physical Address (if less than 2 years)		
City	State	Zip	City	State	Zip
Home Phone			Home Phone		
Cell Phone			Cell Phone		
Work Phone			Work Phone		
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Disabled? Yes _____ No _____			Disabled? Yes _____ No _____		

2. Employment and Income Information

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

Applicant/Borrower /Head of Household		Co-Applicant/Borrower	
Name & Address of Employer <input type="checkbox"/> Self Employed	Yrs/Mos. on this job	Name & Address of Employer <input type="checkbox"/> Self Employed	Yrs./Mos 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)
Gross Monthly Income From Employment:	\$	Gross Monthly Income From Employment	\$
Net Monthly Income From Employment:	\$	Net Monthly From Employment Income	\$
Monthly Income From Alimony, Child Support	\$	Monthly From Alimony/Child Support	\$
Monthly Income From Disability, SSI, etc.	\$	Monthly Income From Disability, SSI, etc.	\$
Monthly Income From Retirement, Social Security, etc.	\$	Monthly Income From Retirement, Social Security, etc.	\$
Monthly Income From Other Sources, Specify	\$	Monthly Income From Other Sources, Specify	\$
Do you expect your income to change in the next 12 months? __ Yes ____ No		Do you expect your income to change in the next 12 months: __ Yes ____ No	
Please explain if you answer "Yes" to above question.		Please explain if you answer "Yes" to above question.	

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

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

Assets: Applicant/Borrower /Head of Household			Assets: Co-Applicant/Borrower	
Type of Asset	Where Held	Current Amount	Where Held	Current Amount
Checking		\$		\$
Checking		\$		\$
Savings		\$		\$
Savings		\$		\$
Cash		\$		\$
Cash		\$		\$
Certificates of Deposits (CD's)		\$		\$
Stocks		\$		\$
Bonds		\$		\$
Retirement		\$		\$
Other <small>(before completing, see the notice in "describe other income," above)</small>		\$		\$
		\$		\$
	Total	\$	Total	\$

ASSETS INCLUDE: Stocks, bonds, Treasury Bills, Certificates of Deposit, Money Market Accounts, Individual Retirement Accounts, Retirement & Pension Funds, Cash held in Savings & Checking Accounts, Safe Deposit Boxes, Cash value of Whole Life Insurance policies available to the individual before death, Equity in rental property & other Capital investments, Personal Property held as an investment, Lump sum receipts/one-time receipts, Mortgage or deed of trust held by an applicant, Assets disposed of for less than fair market value.

3. Household Information: Persons Who Will Reside in the Home/Unit (List all Household Members)

How many individuals will live in your household including yourself & co-applicant? _____

Please list names, birth dates, social security and census numbers for household members other than applicant & co-applicant.

1. Name _____ Birth Date ____/____/____ Social Security # ____-____-____ Census # _____
2. Name _____ Birth Date ____/____/____ Social Security # ____-____-____ Census # _____
3. Name _____ Birth Date ____/____/____ Social Security # ____-____-____ Census # _____
4. Name _____ Birth Date ____/____/____ Social Security # ____-____-____ Census # _____
5. Name _____ Birth Date ____/____/____ Social Security # ____-____-____ Census # _____
6. Name _____ Birth Date ____/____/____ Social Security # ____-____-____ Census # _____

Does anyone plan to live with you in the next 12 months who is not listed above? Yes _____ No _____

4. For each household member listed in 3., above that are 18 years of age or older, complete the information below, adding additional seat as needed:

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

1. Household Member 18 Years or Older		2. Household Member 18 Years or Older	
Name & Address of Employer <input type="checkbox"/> Self Employed	Yrs/Mos. on this job	Name & Address of Employer <input type="checkbox"/> Self Employed	Yrs./Mos 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)
Gross Monthly Income	\$	Gross Monthly Income	\$
Net Monthly Income	\$	Net Monthly Income	\$
Do you expect your income to change in the next 12 months? __ Yes ____ No		Do you expect your income to change in the next 12 months: __ Yes ____ No	
Please explain if you answer "Yes" to above question		Please explain if you answer "Yes" to question	

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

1. Household Member 18 Years or Older		2. Household Member 18 Years or Older	
Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from – to)	Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from – to)
	Annual Income \$		Annual 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)
	Annual Income \$		Annual Income \$
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)

1.Assets: Applicant/Borrower /Head of Household			2.Assets: Co-Applicant/Borrower	
Type of Asset	Where Held	Current Amount	Where Held	Current Amount
Checking		\$		\$
Checking		\$		\$
Savings		\$		\$
Savings		\$		\$
Cash		\$		\$
Cash		\$		\$
Certificates of Deposits (CD's)		\$		\$
Stocks		\$		\$
Bonds		\$		\$
Retirement		\$		\$
Other <small>(before completing, see the notice in "describe other income;" above)</small>		\$		\$
		\$		\$
	Total	\$	Total	\$

ASSETS INCLUDE: Stocks, bonds, Treasury Bills, Certificates of Deposit, Money Market Accounts, Individual Retirement Accounts, Retirement & Pension Funds, Cash held in Savings & Checking Accounts, Safe Deposit Boxes, Cash value of Whole Life Insurance policies available to the individual before death, Equity in rental property & other Capital investments, Personal Property held as an investment, Lump sum receipts/one-time receipts, Mortgage or deed of trust held by an applicant, Assets disposed of for less than fair market value.

6. Current Housing Conditions and Need

- a. Current Housing Status Own Rent No rent Paid Live with family Without Housing.
- b. How much is your Current Monthly Rent/Mortgage Payment \$_____
- c. How many individuals live in the home you currently reside in? _____
- d. How much is your Current Monthly Utilities? (Gas, electric, etc.,) \$_____
- e. Do you own a mobile home? Yes No Do you own any real estate? Yes No
- f. Have you owned a home in the past 3 years? Yes No
- g. If yes to any of the above questions, please answer: Estimated value \$_____ Balance Owed \$_____
- h. Have you ever had a foreclosure on a home or property? Yes No
- i. Are you living under substandard housing conditions:
- j. Overcrowded Yes No
- k. Health Hazards, if known Yes No
- Specify: _____
- l. Other Conditions: _____

Signature Clause

By signing below, I/we certify All information and answers to the questions contained in this application are true and complete to the best of my knowledge information is and provide consent to obtain information for the purposes of qualifying for my/our mortgage loan or mortgage assistance,

By signing below, I/we acknowledge/understand that:

- Ohkay Owingeh Housing Authority (OOHA) is relying on this information to verify my household’s eligibility for OOHA and other housing assistance programs and OOHA Assistance is contingent on all household occupants meeting the applicable program requirements and policies as they now exist or as they may hereafter be amended as well as the availability of OOHA funds.
- providing false information or making false statements is grounds for denial of my application. I also understand that such action may result in criminal penalties.
- for purposes of qualifying for mortgage and mortgage assistance programs, all credit bureau reports, income and employment verification information **expires 90 days** after a full application package is submitted to OOHA and that OOHA will request the updated information **within 30 days** of approval, if applicable. Failure to provide that information may result in delaying review and approvals of or denying OOHA assistance. **A full application includes the documents listed in the Appendix.**
- OOHA mortgage loans and mortgage assistance is conditioned upon funding availability in addition to eligibility and credit qualifying factors.
- OOHA will verify the information contained in this application for purpose of proving my eligibility for occupancy and/or any other housing assistance provided by the OOHA, including copies of pertinent information from any agencies or Tribal Departments.
- other requirements apply to complete the mortgage review, approval and closing process, including completing the OOHA Homebuyer Education Class as required for participation in the OOHA Mortgage and Mortgage Assistance Program.

By signing below, I/we authorize and consent and agree:

- to provide any necessary information including source(s) of all types of income, names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting the application process.
- the release of account information from and to other financial institutions that I have supplied to the OOHA in connection with such evaluation. This includes obtaining my/our Credit Reports for the purposes of assessing credit and debt for any of OOHA mortgage assistance programs and this information will be used by OOHA staff or OOHA consultants. In other words, I understand that the processing of this application will require providing my/our information to an agency as well as an agency providing personal information to OOHA.
- pay Credit Report fees and that OOHA will advise me of the fee before pulling the credit report.

Applicant/Borrower/Head of Household Signature

Date

Co-Applicant/Borrower Signature

Date

Household Member over 18 Years

Date

Household Member over 18 Years

Date

Household Member over 18 Years

Date

Application For OOHA Mortgage And Mortgage Assistance Programs

Appendix

List of Application Documents

1. OOHA Application
2. Identification Documents (Driver's License, Social Security Card, CIB)
3. Employment Verifications for Applicant, Co-Applicant and HH Members 18 Years of Age or Older
4. Student Affidavits, if applicable
5. Pay Stubs for last four (4) pay periods (additional pay periods may be required)
6. Tax Returns and W-2 for Past 2 Years
7. Self Employed Household Members 18 years and older
 - 1.1. Tax Returns for past two years
 - 1.2. Self Employment Affidavit
2. Social Security or SSI Benefits Letter
3. Current Retirement Statement
4. Last 6 months of Checking Account Statements (must be statements not activity reports from website)
5. Current Month Savings Account
6. Current Stock/Investments Statements
7. Alimony & Child Support Affidavit or other Documents