

OHKAY OWINGEH HOUSING AUTHORITY

P.O. Box 1059
 Ohkay Owingeh, New Mexico 87566
 Telephone: (505) 852-0189 / FAX: (505) 852-9081

APPLICATION FOR REHABILITATION ASSISTANCE

_____ *WORK PHONE:* _____ *HOME PHONE:* _____
APPLICANT

_____ *MAILING ADDRESS*
 CITY _____ STATE _____ ZIP _____

_____ *PHYSICAL ADDRESS*
 ENROLLMENT #: _____

Household Information

	Name of Household Members	Date of Birth	Gender	Relationship to Applicant	Tribe/Roll Number
1				<i>APPLICANT</i>	
2					
3					
4					
5					
6					
7					
8					
9					
10					

Income Information

List below all sources of income for all household members. Include both earned income (from employment) and unearned income (social security, retirement, disability and unemployment benefits, child support, alimony, etc.)

	Name of Household Members	Annual Income	Source of Income
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

TOTAL COMBINED ANNUAL HOUSEHOLD INCOME (earned + unearned): \$ _____

IMPORTANT

Application is incomplete unless we have proof of income for each family member living in the household. Examples for proof of income are income tax return, check stubs, social security checks, retirement checks, etc.

1. Does anyone in your family, who is a permanent resident listed under this application have a handicap or permanent disability? Yes _____ No _____
If yes, provide name of the family member _____ and brief description of condition. Provide statement of condition from sources such as physicians' certification, social security, veterans' affairs determination or similar determination.
2. Is anyone in the household a veteran? Yes _____ No _____
3. Do you own your home? ____ Do you rent your home? ____ If yes, who is the owner? _____
4. Will you be renting out your home if it is rehabilitated? Yes _____ No _____
If yes, who will be the renter? _____ Amount of rent? \$ _____
5. Type of Sewer System: Community Sewer _____ Septic Tank _____
6. Water Source: Private Well _____ Community Water Tank _____
7. Number of Bedrooms _____ Number of Bathrooms _____ How old is the home? _____
8. Type of home: HUD home _____ Adobe built home _____ Manufactured home _____
9. Provide a brief description of where your home is located:

Please describe briefly the problem in the following areas. If none, leave blank or put "N/A".

(If you need additional space, you may attach another sheet to this application.)

Foundation: _____

Stucco or siding: _____

Roof: _____

Exterior doors or windows: _____

Electrical: _____

Plumbing: _____

Heating: _____

Describe in detail why you are requesting rehabilitation assistance:

Have you ever received assistance from OOHA for repairs or renovation to your home? Yes ____ No _____

If yes, please list on a separate sheet when that assistance was received and from which agency.

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false information or misleading statements may constitute a violation of 18 U.S.C. 1001. This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless request in writing, either by the applicant or an officer or employee of the housing program or other federal agency requiring it in the performance of their duties.

APPLICANT'S SIGNATURE

DATE