

No 🗌

ALBUQUERQUE HOUSING AUTHORITY "Improving quality of life through housing opportunities"

PRE – APPLICATION FOR HOUSING ASSISTANCE WAITING LIST

Instructions: FILL OUT FRONT & BACK, PRINT all information as neatly and completely as possible. (INK ONLY)

SECTION I: CRIMINAL BACKGROUND SCREENING

Have you or any household member 18 years or older ever been ordered by a court of law to register as a sex offender?

Yes

(NOTE: AHA will <u>permanently deny</u> admission to the waiting list and/or terminate participation in the Public Housing and Section 8 HCV programs, if any member of the household is subject to registration requirements under a State Sex Offender Registration Program.)

Have you or any household member 18 years or older, **ever** been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00.)

Yes

No If "YES", use the "NOTES" section below to provide **the date**, and explanation of any violation(s), place(s) of occurrence, and the name and address of any police department or court involved.

Are you or any household member 18 years of age or older now under charges for any violation of law?

Yes No If "YES", use the "NOTES" section below to provide **the date**, and explanation of any violation(s), place(s) of occurrence, and the name and address of any police department or court involved.

(Note: All household members 18 years or older will be subject to a <u>criminal background check</u> prior to being admitted to AHA's housing assistance programs. Federal housing regulations prohibit a Public Housing Agency from providing "housing assistance" to anyone arrested, charged or convicted of drug related or violent criminal activity.)

ADDITIONAL NOTES REGARDING VIOLATIONS OF LAW:







"Improving quality of life through housing opportunities"

<u>NOTE:</u> All household members 18 years or older listed on this pre- application must read and complete the information below:

I/WE the undersigned give the representative(s) of Albuquerque Housing Authority (AHA) permission to review and/or obtain copies of all information filed with Law Enforcement Agencies on me/us.

I/WE agree to indemnify and hold harmless AHA, and any of its employees, or representatives against any liability as a result of my representative(s) reviewing information on file with Law Enforcement Agencies.

NAME	MAIDEN NAME	DATE OF BIRTH	SS#	SIGNATURE				
FOR OFFICIAL USE ONLY								
	TAR							
	B/R REVIEWED I	PREI 3Y	3					
Public Housing (AH	A owned rentals) 🗌 1	Housing Choic	e Voucher (HCV)	Both Public Housing and HCV				
SECTION II: HEAD OF H	OUSEHOLD INFO	RMATION						
Name:	Dat	e of Birth:	Social S	ecurity No:				
What is your Marital Status? (Check one box) Single (Never been Married) Married Divorced Widowed								
If you checked Married, what is your Spouse's full name?								
What is your Race? (Check box	below)							
White	Asian		🗌 Native H	awaiian or Other Pacific Islander				
🗌 Alaska Native		an Indian	Black or	African American				
Is your ethnicity? (Check one)	🗌 Hispani	ic	🗌 Non-Hisp	panic				



1840 University Boulevard SE / Albuquerque, NM 87106 Telephone (505) 764-3920 FAX (505) 764-3981 2



"Improving quality of life through housing opportunities"

Your Add	ress			City		State	Zip
Mailing A	ddress (if diffe	erent from above)			_ City	State	Zip
Phone:	Home ()	Work ()		Message ()

SECTION III: FAMILY HOUSEHOLD COMPOSITION

(See attached Sheet marked "A" for instructions and required documentation.)

Please list all Family Household Members who will be living with you if you receive housing assistance (**Include yourself and your spouse**):

	Name	Relationship	Sex	Date of Birth	Place of Birth	SS No.	Are yo U.S. Citize Yes	
1		Head of Household						
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								







SECTION IV: REASONABLE ACCOMODATION / ACCESSIBILITY								
Are you, your spouse, or any household member disabled/handicapped? (Optional)								
Yes No No								
Does any household member who is disabled/handicapped require reasonable accommodations? Yes No If yes, please ask AHA staff for a "Reasonable Accommodation Request Form".								
	Date RA Form provided to HOH							
			-					
Do you, your spouse, or any	household member require a un	nit that is w	heelchair accessible or ar	ny other ty	pes of accessible features?			
Yes No If yes, ple	ase identify accessible feature(s	s) required:						
Are you, your spouse, or any household member over the age of 18 a full time student(s) at an accredited institution of higher learning? (If yes, HUD Notice PIH 2005-16, Policy Guidance on College Student Admissions requirements may apply) Yes No If yes: Name(s)								
	-							
	College							
SECTION V: FAMILY	HOUSEHOLD INCOME	& BENE	FITS					
EMPLOYMENT: If you or any household member(s) are employed, please complete the field(s) below.								
EMPLOYMENT: If you of	r any household member(s) ar	re employe	ed, please complete the f	ield(s) bel	low.			
EMPLOYMENT: If you of EMPLOYED HOUSEHOI	-	re employo						
-	LD MEMBERS				old members are employed			
EMPLOYED HOUSEHOI	LD MEMBERS		☐ Please check box if r	10 househ	old members are employed			
EMPLOYED HOUSEHOI Name of Employed Housek	LD MEMBERS	Employn	Please check box if r nent Dates	io househ Pay Ra	old members are employed tes			
EMPLOYED HOUSEHOI Name of Employed Househ 1.	LD MEMBERS	Employn From:	Please check box if r nent Dates To:	no househ Pay Ra \$	tes Per			
EMPLOYED HOUSEHOI Name of Employed Househ 1. 2.	LD MEMBERS	Employn From: From:	Please check box if r nent Dates To: To:	no househ Pay Ra \$ \$	old members are employed tes Per Per			
EMPLOYED HOUSEHOI Name of Employed Househ 1. 2. 3. 4.	LD MEMBERS nold Member(s)	Employn From: From: From: From:	Please check box if r nent Dates To:	o househ Pay Ra \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	old members are employed tes Per Per Per Per Per			
EMPLOYED HOUSEHOI Name of Employed Househ 1. 2. 3. 4. BENEFITS: If you or any	LD MEMBERS nold Member(s)	Employn From: From: From: From:	Please check box if r nent Dates To:	oo househ Pay Ra \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	old members are employed tes Per Per Per Per Complete the fields below.			
EMPLOYED HOUSEHOI Name of Employed House 1. 2. 3. 4. BENEFITS: If you or any B HOUSEHOLD BENEFITS HOUSEHOLD BENEFITS Food Stamps Tribal Per Capita Payments	LD MEMBERS nold Member(s) household member(s) receive C Retirement/Pension Child Support GA	Employn From: From: From: benefits fr	Please check box if r nent Dates To: To: To: To: To: Som the following source Ple Social Security Supplemental Security Income (SSI) Student Financial Aid	no househ Pay Ra \$ \$ \$ \$ s, please of ase check	old members are employed tes Per Per Per Per Second the fields below. A Benefits Unemployment Compensation OTHER			
EMPLOYED HOUSEHOI Name of Employed House 1. 2. 3. 4. BENEFITS: If you or any HOUSEHOLD BENEFITS D TANF Food Stamps Tribal Per Capita	LD MEMBERS nold Member(s) household member(s) receive C Retirement/Pension Child Support GA	Employn From: From: From: benefits fr	Please check box if r nent Dates To: To: To: To: To: Com the following source Ple Social Security Supplemental Security Income (SSI)	no househ Pay Ra \$ \$ \$ \$ s, please of ase check	add members are employed tes Per Per Per Per Per Complete the fields below. Complete the fields below. VA Benefits Unemployment Compensation			
EMPLOYED HOUSEHOI Name of Employed House 1. 2. 3. 4. BENEFITS: If you or any HOUSEHOLD BENEFITS HOUSEHOLD BENEFITS Food Stamps Food Stamps Tribal Per Capita Payments Received by (Full Name) 1.	LD MEMBERS nold Member(s) household member(s) receive C Retirement/Pension Child Support GA	Employn From: From: From: benefits fr	Please check box if r nent Dates To: To: To: To: To: Som the following source Ple Social Security Supplemental Security Income (SSI) Student Financial Aid	no househ Pay Ra \$ \$ \$ \$ s, please of ase check ase check Benefit \$	aold members are employed tes Per Per Per Per Omplete the fields below. a box if no benefits received VA Benefits Unemployment Compensation OTHER			
EMPLOYED HOUSEHOI Name of Employed House 1. 2. 3. 4. BENEFITS: If you or any HOUSEHOLD BENEFITS HOUSEHOLD BENEFITS Food Stamps Tribal Per Capita Payments Received by (Full Name)	LD MEMBERS nold Member(s) household member(s) receive C Retirement/Pension Child Support GA	Employn From: From: From: benefits fr	Please check box if r nent Dates To: To: To: To: To: Som the following source Ple Social Security Supplemental Security Income (SSI) Student Financial Aid	no househ Pay Ra \$ \$ \$ \$ s, please of ase check	aold members are employed tes Per Per Per Per Complete the fields below. A box if no benefits received VA Benefits Unemployment Compensation OTHER Amount Per			



4



"Improving quality of life through housing opportunities"

SECTION VI: FAMILY ASSETS

ASSETS: Do you or any member of your household possess / own any of the following assets?

□ Please check this box if none apply

Checking Account	Savings Account		ocks, Bonds, CD's	Insurance Policy	Property
Asset / Account Holders N	ame	Asset Type	Last 4 of Acct.	Estimated Balance/Value	Interest Rate %
2.					
3.					
4.					

SECTION VII: AHA LOCAL PREFERENCE INFORMATION

- 1. Has the Head / Co-Head of Household, or Spouse been employed continuously for the past 12 months with a minimum of 20 hours per week? **YES NO** If yes, provide statement from employer to include date of hire, pay per hr, average hrs. worked per week, any overtime, tips, bonuses, & or commissions. Pay check stubs can also be submitted.
- 2. Has the Head / Co-Head of Household, or Spouse been attending an accredited educational institution for at least the past 12 months, and were taking at least 6 to 9 credit hours per semester?

YES NO If yes, provide a copy of your unofficial transcript and / or current class schedule.

- 3. Has the Head / Co-Head of Household, or Spouse been enrolled and actively participating in any economic self-sufficiency or job training program for a least 12 months? **YES NO** If yes, please provide written verification from your counselor, advocate, or submit copies of WPA's verifying twelve (12) months worth of activities.
- 4. Are you or any household member elderly (62+)?

5. Are you or any household member disabled and/or handicapped? YES NO If yes, provide a copy of Social Security, SSI, General Assistance or VA benefits for each household member who receives any of these disability benefits. If approval of benefits pending, AHA staff member will provide "Certification of Disability Form" to be completed by your medical provider.







"Improving quality of life through housing opportunities"

-----CERTIFICATION STATEMENT-----

Knowing the penalty for making a false statement under the United States Criminal Code, I hereby certify that the above information is a true and full statement.

Section 35 (a) of the U.S. Criminal Code makes it a criminal offense, punishable by a maximum of ten years imprisonment, \$10,000 fine or both, to make a false statement of representation to any department of the U.S. as to any matter within their jurisdiction. The information given above was requested by the Albuquerque Housing Authority in its capacity as a government agency.

NOTE: Acceptance of this pre-application does not guarantee that I will be offered housing assistance.

SIGNED: X		DATE:	
	Head of Household		
SIGNED: X		DATE:	
	Spouse/Co Habitant		

<u>NOTE:</u> It is your responsibility to report to our office in writing within 10 days, any changes in address, family size, displacement, or local preference.

PRE-APPLICATION NOT VALID WITHOUT REQUIRED SIGNATURES



