



FOR OFFICIAL USE ONLY	
DAR _____	
TAR _____	
B/R _____	PREF _____
REVIEWED BY _____	

PRE – APPLICATION FOR HOUSING ASSISTANCE WAITING LIST

Instructions: Complete front and back, please print all information as neatly as possible. (Use ink only)
 (pick one or more programs)

- Public Housing (AHA owned low rent apartments)
 Section 8 Housing Choice Voucher (HCV for privately owned houses and apartments for rent)
 Public Housing – ADA/Section 504 compliant (Reasonable Accommodation of Disability - Wheelchair, Visual, Hearing, etc.)

SECTION I: CRIMINAL BACKGROUND SCREENING

All household members age 18 years or older will be subject to a **criminal background check** prior to being admitted to AHA’s housing assistance programs. The AHA Admissions and Continued Occupancy Policy (ACOP) generally prohibits providing Housing Assistance to anyone arrested, charged or convicted of a drug related or violent crime, in the last 3 years.

Have you or any household member age 18 years or older ever been ordered to register as a **sex offender**?

Yes No **If yes, who?** _____ (please explain below in notes)

(NOTE: AHA must deny admission to our programs to any single member of the household that is currently required register as a sex offender under a Federal or State or local Sex Offender Registration Program.)

Have you, or any household member age 18 years or older, ever been arrested for, charged with, convicted of, or been in jail or prison, been on probation, or been on parole, or Community Custody Program (CCP), for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Please leave out any traffic offenses with 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, name of the person, and the name and address of any police department or court involved.*

Are you or any household member age 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, name of the person, and the name and address of any police/sheriff department or court involved.*

NOTES REGARDING VIOLATIONS OF LAW: (please attach additional pages, if you need more space to write)

SECTION II: HEAD OF HOUSEHOLD INFORMATION

Full Legal Name: _____ **Date of Birth:** _____ **Social Security No:** _____

Marital Status: (Check one box) Single (Never been Married) Married Divorced Widowed

If you checked Married, what is your Spouse’s full legal name? _____

Race: (Check box below) (optional) – AHA supports the Fair Housing Act, as amended.

- | | | |
|--|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> American Indian | <input type="checkbox"/> Black or African American |

Ethnicity: (Check one) (optional) Hispanic origin **or** Non-Hispanic origin

Your Home Address _____ **City** _____ **State** _____ **Zip Code** _____

Mailing Address (if different from above) _____ **City** _____ **State** _____ **Zip** _____

Phone: Home () _____ Cell () _____ Message () _____ Work () _____

Email: _____



SECTION III: FAMILY HOUSEHOLD COMPOSITION

(See attached Form "A" - Minimum Verification Requirements - 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 or co-habitant, and any children, and/or other relatives and/or adults that would live with you):

	Full Legal Name	Relationship (spouse, son, etc.)	Sex	Date of Birth	Place of Birth	Social Security Number	Are you a U.S. Citizen?	
							Yes	No
1		Head of Household						
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Full-Time Adult College Student Status:

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 IV: REASONABLE ACCOMODATION OF DISABILITY / ACCESSIBILITY

Are you, your spouse, or any household member disabled or handicapped? If yes, then you might need or want to request a reasonable accommodation of your disability. You may file a written request now, or you may file a request later on, at any time you are on the waiting list, or after being admitted to a program, or living a rental unit. And you may file an update request as things change.

Does any household member who is disabled or handicapped want to request a reasonable accommodation of their disability?

Yes No If yes, please ask AHA staff for a "Reasonable Accommodation of Disability Request Form".

The date that a Reasonable Accommodation Form was provided by AHA staff to Head of Household: _____

Do you, your spouse, or any household member require a unit that is wheelchair accessible, or do you require any other types of accessible building features (i.e. for hearing or visual impairment)?

Yes No If yes, please identify accessible feature(s) required: _____

An applicant household that has a member with a disability must still be able to meet the essential obligations of tenancy. They must be able and willing to: pay an income level based rent, to care for their apartment, to report information to AHA, to follow the lease, etc. However, there is no requirement that they be able to do all of these things without any form of outside assistance or support.

SECTION V: FAMILY HOUSEHOLD INCOME & BENEFITS

EMPLOYMENT: If you or any household member(s) are employed, please complete the field(s) below.

And please check here ____ if no household members are currently employed.

Employed Household Member(s) / Name of Employer	Employment Dates	Pay Rates (include tips)
1.	From: To:	\$ Per
2.	From: To:	\$ Per
3.	From: To:	\$ Per
4.	From: To:	\$ Per

BENEFITS and Other Income: If you or any household member receive any benefits or income from the following sources, please complete the fields below.

And please check here : if no benefits or other income at all, are received by any member of the household.

<input type="checkbox"/> TANF (AFDC)	<input type="checkbox"/> Retirement/Pension	<input type="checkbox"/> Social Security/SSDI	<input type="checkbox"/> Veterans Benefits (VA)
<input type="checkbox"/> Food Stamps/SNAP	<input type="checkbox"/> Child Support	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Unemployment Insurance (UI) Compensation
<input type="checkbox"/> Tribal Per Capita Payments	<input type="checkbox"/> General Assistance (GA)	<input type="checkbox"/> Student Financial Aid	<input type="checkbox"/> Other sources of income (trust fund payments, etc.)
	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Mineral Rights	

Received by (Full Legal Name)	Received From (Source)	Benefit Amount
1.		\$ _____ Per _____
2.		\$ _____ Per _____
3.		\$ _____ Per _____
4.		\$ _____ Per _____

SECTION VI: FAMILY ASSETS

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

And please check here: if your entire household has no financial assets at all.

<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Stocks, Bonds, Certificates of Deposit	<input type="checkbox"/> Life Insurance Policy (cash value)	<input type="checkbox"/> Property, Trust Fund
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Asset / Account Holders Name	Asset Type	Last 4 of Acct.	Estimated Balance/Value	Interest Rate %
1.				
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 of paid work per week?** YES NO

If yes, provide 60-day current statement from employer to include date of hire, pay per hour, average hours worked per week, any overtime, tips, bonuses, & or commissions. Yes, 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 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 on a continuous basis?** YES NO

If yes, please provide 60-day current written verification from your counselor, advocate, or submit a copy of a TANF Work Participation Agreement (WPA), to verify twelve (12) continuous months worth of activities.

4. **Are you or any household member elderly (age 62 or older)?** YES NO

5. **Are you or any household member disabled and/or handicapped?** YES NO

If yes, provide a 60-day current copy of Social Security, Supplement Security Income (SSI), General Assistance (GA) or Veterans Administration (VA) disability benefits statement for each household member who receives any of these disability benefits. If approval of benefits pending, AHA staff member will provide to applicant a "Certification of Disability Form" to be completed by your medical provider.

6. **Are you or any household member a current member of U.S. Military?** YES NO (if yes, attach copy of Military I.D.)

-----**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 (10) years imprisonment, \$10,000 fine, or both, to make a false statement of representation to any department of the United States of America as to any matter within their jurisdiction. The information given above was requested by the Albuquerque Housing Authority (AHA) in its capacity as a government agency.

I also acknowledge that it is my responsibility to report to our office in writing within 10 days, any changes in address, family size, involuntary displacement status, or local preference, and acceptance of this pre-application does not guarantee that I will be approved for admission to a program or offered housing assistance by AHA.

SIGNED: X _____ DATE: _____
Head of Household

SIGNED: X _____ DATE: _____
Spouse/Co-Habitant

PRE-APPLICATION NOT VALID WITHOUT REQUIRED SIGNATURES