ALBUQUERQUE HOUSING AUTHORITY

"Improving quality of life through housing opportunities"

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

PRE – APPLICATION FOR HOUSING ASSISTANCE WAITING LIST

Instructions: Complete front and back all information as neatly and completely as possible. (INK ONLY)

☐ **Public Housing (AHA owned rentals)** ☐ **Housing Choice Voucher (HCV)** ☐ **Both Public Housing and HCV**

SECTION I: CRIMINAL BACKGROUND SCREENING

All household members 18 years or older will be subject to a criminal background check 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.

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 ☐ No ☐

(NOTE: AHA will permanently deny admission to our 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, convicted of, or 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.*

NOTES REGARDING VIOLATIONS OF LAW:

_____
_____
_____
_____
_____
_____
_____
_____

SECTION II: HEAD OF HOUSEHOLD INFORMATION

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 name? _____

Race: (Check box below)

☐ White ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

☐ Alaska Native ☐ American Indian ☐ Black or African American

Ethnicity: (Check one) ☐ Hispanic ☐ Non-Hispanic

Your Address _____ **City** _____ **State** _____ **Zip** _____

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

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

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):

	Name	Relationship	Sex	Date of Birth	Place of Birth	SS No.	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 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 / ACCESSIBILITY

Are you, your spouse, or any household member disabled/handicapped? (Optional)

Yes ☐ 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 unit that is wheelchair accessible or any other types of accessible features?

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

SECTION V: FAMILY HOUSEHOLD INCOME & BENEFITS

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

☐ **Please check box if no household members are employed**

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

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

☐ **Please check box if no benefits received**

❑ TANF ❑ Food Stamps ❑ Tribal Per Capita Payments	❑ Retirement/Pension ❑ Child Support ❑ General Assistance ❑ Rental Income	❑ Social Security ❑ Supplemental Security Income (SSI) ❑ Student Financial Aid	❑ VA Benefits ❑ Unemployment Compensation ❑ OTHER

Received by (Full 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?
☐ Please check this box if none apply

❑ Checking Account	❑ Savings Account	❑ Stocks, Bonds, CD's	❑ Insurance Policy	❑ Property

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 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. 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?** ☐ **YES** ☐ **NO**

   If yes, please provide 60-day current 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+)?** ☐ **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, 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.

----------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.

I also acknowledge that it is my responsibility to report to our office in writing within 10 days, any changes in address, family size, displacement, or local preference, and 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

PRE-APPLICATION NOT VALID WITHOUT REQUIRED SIGNATURES