



SANTO DOMINGO TRIBAL HOUSING AUTHORITY

P.O. Box 10, Santo Domingo Pueblo, NM 87052

(505) 465-1003 / (505) 465-1012 (F)

NOTE TO TENANT: In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this application. This information is considered confidential and will only be used as necessary in determining your eligibility.

Providing false information may result in loss of your housing.

Please read each question carefully, answer each question completely and be prepared to verify item when necessary.

TENANT CERTIFICATION / RECERTIFICATION APPLICATION

Head of Household:		Home Telephone Number: ()
Mailing Address, City, Zip:		Cellular Telephone Number: ()
Physical Address, City, Zip:		Work/Message Number
Email:	Email:	

What is your family's current housing situation? <input type="checkbox"/> Own <input type="checkbox"/> Live w/ Family <input type="checkbox"/> Tribal Rental <input type="checkbox"/> Without Housing <input type="checkbox"/> Private Rental <input type="checkbox"/> About to be without Housing <input type="checkbox"/> Other _____
Are you living in substandard conditions? If yes check all that apply <input type="checkbox"/> Dwelling structurally unsafe <input type="checkbox"/> No potable running water in dwelling unit <input type="checkbox"/> No usable flush toilet in dwelling unit <input type="checkbox"/> No installed usable tub in dwelling unit <input type="checkbox"/> No operating sink or proper stove connections in kitchen <input type="checkbox"/> Single family home occupied by 2 or more families <input type="checkbox"/> Inadequate or no electrical wiring system in dwelling unit <input type="checkbox"/> Overcrowded: # of Bedrooms _____ # of persons _____
Have you ever been a participant in SDTHA housing or other HUD funded housing? NO <input type="checkbox"/> YES <input type="checkbox"/> IF yes, where?
What SDTHA program are you interested in? <input type="checkbox"/> Low Rent <input type="checkbox"/> Tax Credit <input type="checkbox"/> Homeownership

HOUSEHOLD COMPOSITION

List yourself and all household member that are applying to live in this home with you. Be sure to include members temporarily away from home, including but not limited to: dependents away at school, military persons stationed away from home who have a spouse or dependent in the home. Full time student is Kindergarten and beyond

First, Middle Initial, Last Name	Relationship to Head of Household	Full time student Yes/No	Date of Birth	Age	M/F	Social Security #	Tribal Affiliation	Tribal Enrollment #
	Head							

- 1.) Do you anticipate any changes in the size of your household *within the next 12 months*? Yes No
 (Examples: a future spouse, minor entering the home through adoption, children returning from foster care, etc.)
 If yes, please describe any changes here: _____
- 2.) Will anyone listed above under age 18 live in the unit *less than* 50% of the next 12 months? N/A Yes No
 If yes, please explain here: _____
- 3.) Do you have full custody of your child(ren)? N/A Yes No
 If no, obtain proof of amount of time child(ren) will be living in unit
- 4.) Does any member in your household require a live-in care attendant? Yes No
- 5.) Is any adult member of your household separated, but not divorced? Yes No

PLACE OF RESIDENCE

List the **past (5) five** years or residency if additional information is required use the back of this page.

Current Name	Landlord's Info	Your Address		Dates
_____	_____	_____	<input type="checkbox"/> Own	From _____
Address _____	_____	_____	<input type="checkbox"/> Rent	To _____
_____	_____	_____		
Phone _____		Monthly Payment \$ _____		
Name _____		_____	<input type="checkbox"/> Own	From _____
Address _____		_____	<input type="checkbox"/> Rent	To _____
_____		_____		
Phone _____		Monthly Payment \$ _____		
Name _____		_____	<input type="checkbox"/> Own	From _____
Address _____		_____	<input type="checkbox"/> Rent	To _____
_____		_____		
Phone _____		Monthly Payment \$ _____		
Name _____		_____	<input type="checkbox"/> Own	From _____
Address _____		_____	<input type="checkbox"/> Rent	To _____
_____		_____		
Phone _____		Monthly Payment \$ _____		

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

VEHICLE IDENTIFICATION

List vehicle information for ALL vehicles that are owned or operated by any household member

Vehicle #	Tag/License Plate number	State Issued	Make/Model/Year	Operable
Vehicle #1	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle #2	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle #3	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle #4	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT ELIGIBILITY QUESTIONS (Does Not Apply to All Programs)

1.) Are you or any other household members full-time students? (Including Minors) Yes No

Name and Level: _____

2.) Will **ALL** members of your household become full-time students during any 5 months of this year? Yes No

(Example: a student who goes to school full-time in January, February, April, October and November)

3.) Will **ALL** members of your household be full-time students during any 5 months of next year? Yes No

4.) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education? (S-V) Yes No

If yes, who is enrolled? _____ Which school are they enrolled in? _____

How do they pay for their education? _____ What is the cost of tuition per semester? \$ _____

5.) Does **ANY ADULT** member of your household intend to become a student *within the next 12 months*? Yes No

If yes, who will be enrolling in school? _____

If yes, will they be enrolling as a full-time or part-time student? _____

If yes, are they currently enrolled? _____

CHILD SUPPORT / ALIMONY INFORMATION

1.) Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if no child support or alimony is being received? (C-S) (Case ID #) _____ Yes No

IF NO, SKIP TO QUESTION 2

a.) Name of person with court order: _____ Payment Amount: \$ _____ per _____

b.) Name of person(s) paying support / alimony: _____

Are the **FULL** court-ordered amount(s) being received? Yes No

If **NO**, Are you making efforts to collect the amounts due? Yes No

If **YES**, please explain the efforts you're making here: _____

2.) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**? (This includes help from children's father or mother for clothes, groceries, etc) (SA) Yes No

IF NO, SKIP TO NEXT SECTION

a.) Payment Amount: \$ _____ per _____

b.) Name of person(s) paying support / alimony: _____

_____ Phone: _____ for child: _____

_____ Phone: _____ for child: _____

Please read each question carefully, answer each question completely and be prepared to verify items checked yes. The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

INCOME INFORMATION

		TYPE OF INCOME	INCOME AMOUNT
YES	NO	1.) Is any member of the household employed?	
(I-EV)		Job 1.) Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		Job 2.) Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		<input type="checkbox"/> Check if there are any additional jobs in the household (attach a separate sheet with contact information)	
YES	NO	2.) Are any household members self-employed?	
		Who is self-employed? _____ What type of work does this person do? _____	AMT \$ _____ PER _____
YES	NO	3.) Are any adult members of your household unemployed?	
(I-UV)		Which adult members are unemployed? _____	
YES	NO	4.) Does any household member receive pay from the military?	
(I-MV)		Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
YES	NO	5.) Does any household member receive any payments from the Social Security Administration? Which type: <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> Other	
(I-SS)		Who receives payments from the Social Security Office? _____	AMT \$ _____ PER _____
YES	NO	6.) Does any household member receive severance pay or worker's compensation?	
		Who is receiving severance pay or worker's compensation? _____ What company pays them? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
YES	NO	7.) Is any household member unemployed and receiving payments from an Unemployment Agency?	
(I-UV & I-UC)		Who is receiving unemployment benefits? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
YES	NO	8.) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)	
(I-BV)		Who is receiving TANF or AFDC benefits? _____ Caseworker: _____ Phone: _____	AMT \$ _____ PER _____

YES NO 9.) Does any household member receive periodic payments from a pension, annuity or retirement benefit account?

Please check one: Pension Annuity Other Retirement

Who receives these benefits? _____

What company pays this person? _____

Contact Person: _____ Phone: _____

AMT \$ _____
PER _____

YES NO 10.) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?
(I-OV)

What is the name of the person that pays you? _____

What is their address? _____

Phone number? _____

AMT \$ _____
PER _____

YES NO 11.) Is there any other source of income we haven't asked about above that you receive?

Please Describe: _____

AMT \$ _____
PER _____

YES NO 12.) Does your household expect any changes in their income within the next 12 months?

Please Describe: _____

AMT \$ _____
PER _____

YES NO 13.) Does your household receive long-term care insurance payments, in excess of \$180 per day, for a family member residing in a long-term care facility?

Which household member is in a long-term facility? _____

Which household member are the payments made to? _____

What company pays this person? _____

Contact Person: _____ Phone: _____

AMT \$ _____
PER _____

YES NO 14.) Do any adult members of your household have zero income?
(I-ZI) Which adult members? _____

Explanation? _____

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ASSET INFORMATION (Does not apply to all programs)

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

ACCOUNT INFORMATION

YES NO 1.) Does any household member have a Checking, Savings, CD or Money Market account?
(A-BV)

Bank 1.) Bank Name: _____ Name(s) on Account: _____

Account Type: Checking Savings CD Money Market

Bank 2.) Bank Name: _____ Name(s) on Account: _____

Account Type: Checking Savings CD Money Market

Check if there are additional accounts of these types belonging to the household. (attach a separate sheet with the bank name, account type and name(s) on the account)

YES NO 2.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance that you can make withdrawals from even if there isn't a death)?

Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: Stocks Bonds Mutual Funds Whole Life Insurance

- YES NO 3.) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?**
 Institution Name: _____ Name(s) on Account: _____
 Contact Phone: _____ Account Type: IRA Keogh 401K Other: _____
- YES NO 4.) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?**
 Institution Name: _____ Name(s) on Account: _____
 Contact/Phone: _____ Account Type: _____
- YES NO 5.) Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Contracts for Deed)**
 Property Owner(s): _____ Type of Property: _____
 What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc)
 Contact: _____ Phone: _____
- YES NO 6.) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc)**
 Property Type: _____ Estimated Cash Value: \$ _____
- YES NO 7.) Does any household member have a Trust Account?**
 Institution Name: _____ Name(s) on Account: _____
 Is this account a Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____
- YES NO 8.) Does any household member have any Treasury Bills or Government Bonds? (www.savingsbonds.gov)**
 Which household member: _____
 Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____
- YES NO 9.) Does any household member have cash on hand?**
 Which household member? _____ What amount is kept on hand? \$ _____
- YES NO 10.) Does any household member have any accounts or assets that were not described above? (Please DO NOT include personal use vehicles, furniture, clothing, etc.)**
 What type of account or asset is this? _____
 What is the estimated value of this asset if you were to sell it today? \$ _____
- YES NO 11.) In the past two years, has any household member given away any asset(s) for less than they were worth? (Examples include property, transferring an asset account into someone else's name, etc.)**
 What was the estimated value of this asset? \$ _____
- YES NO 12.) Are any assets held jointly with a person who does not reside with you?**
 Which assets? _____
 Held with whom? _____
 What portion of the assets do you have access to? _____
- YES NO 13.) Have you received any lump sum payments in the last 24 months?**
 Please explain: _____

BACKGROUND INFORMATION

- YES NO** 1.) **Have you ever been, or are you now being evicted, or a party to any dispute over rent, resident relations, or HUD subsidy?**
When: _____ Where: _____
Please explain: _____
- YES NO** 2.) **If you are receiving, or have received HUD rental assistance, has your assistance ever been terminated for fraud, non-payment of rent, failure to cooperate with the recertification process or any other reason?**
Please explain: _____
- YES NO** 3.) **Are you able to comply with the obligations of tenancy with, or without help, or other accommodations?**
Please explain: _____
- YES NO** 4.) **Have you or anyone else named on this application been arrested or convicted for the illegal manufacture, or distribution of a controlled substance, or convicted of illegal use of a controlled substance? (Note: A background check is required of all 18 years and older)**
Please explain: _____
- YES NO** 5.) **Have you or anyone else named on this application been arrested or convicted for domestic violence, or crime of a sexual nature? (Note: A background check is required of all 18 years and older)**
Please explain: _____
- YES NO** 6.) **Have you or any member of your household been convicted of a felony or a drug or violence misdemeanor? (Note: A background check is required of all 18 years and older)**
Please explain: _____
- YES NO** 7.) **Do you owe money to a utility company**
Please explain: _____
- YES NO** 8.) **Do you or anyone else named on this application owe money to SDTHA?**
Please explain: _____
- YES NO** 9.) **Have you or anyone else named on this application currently serving or have served in the military?**
Please explain: _____
- YES NO** 10.) **Is any member of your household disabled? (Disability must be verified)**
Please explain: _____
- YES NO** 11.) **Does your household pay for child care expenses for children under age 13 that enable a family member to work or go to school**
(CCV) Please explain: _____
- YES NO** 12.) **Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work or go to school?**
Please explain: _____

HOUSEHOLD CERTIFICATION

I understand that the Santo Domingo Tribal Housing Authority (SDTHA) is relying on this information to verify my household's eligibility for housing assistance. I certify that all information and answers to the questions contained in this application are true and complete to the best of my knowledge. I authorize/consent to have SDTHA verify the information contained in this application for purpose of proving my eligibility for occupancy and/or any other housing assistance provided by the SDTHA. I will provide all necessary information included source of all types of income, names, addresses, phone numbers, account numbers where applicable and any other information required for completing the application process. I hereby authorize and instruct the SDTHA to obtain and review my credit report for pre-qualifying purposes. I consent to the release of information needed to determine my eligibility, including minors who will reside in the home.

I understand that 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.

My signature below also authorizes the release of account information from and to other financial institutions that I have supplied to the SDTHA in connection with such evaluation. In other words, I understand that the processing of this application will require providing my information to an agency as well as an agency providing personal information to the SDTHA. I understand that acceptance for occupancy is contingent on all occupants meeting resident selection criteria and the applicable program requirements and policies as they now exist and may hereafter be amended.

CERTIFICATION: All household members who are 18 years of age and older, or will be 18 years of age within the upcoming 12 month period must sign below.

Head of Household Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date

MANAGEMENT SIGNATURE:
This application / questionnaire was accepted by:

SDTHA Staff Signature	Date
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NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.

SANTO DOMINGO TRIBAL HOUSING AUTHORITY
P.O. BOX 10
SANTO DOMINGO PUEBLO, NM 87052
(505) 465-1003

AUTHORIZATION FOR RELEASE OF INFORMATION

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993.

This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing the Santo Domingo Tribal Housing Authority to request income information from the sources listed on the form. SDTHA needs this information to verify your household's income, in order to ensure that you are eligible for services and that these services are set at the correct level. SDTHA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Use of Information to be Obtained: SDTHA is required to protect the income information it obtain in accordance with the Privacy Act of 1974, 5U.S.C. & 552a. SDTHA may disclose information (other than tax return information) for certain routine uses, such as other government agencies for law enforcement purposes. SDTHA is also required to protect the income information it obtains in accordance with any applicable state or tribal privacy law. SDTHA and its employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance from SDTHA must sign this consent form.

Failure to sign Consent Form: Any failure to sign the consent form may result in the denial of eligibility or termination of services, or both. Denial of eligibility or termination of benefits is subject to SDTHA's grievance procedures.

Sources of Information To Be Obtained:

Information may be obtained directly from:
(a) current and former employers concerning salary wages; (b) financial institutions, credit providers, and credit bureaus; (c) previous landlords, including Public Housing Agencies; (d) court and post offices; (e) schools and colleges; (f) law enforcement agencies; (g) support and alimony providers; (h) welfare agencies; (i) state wage information collection agencies; (j) state unemployment agencies; (k) Social Security Administration; (l) medical and child care providers; (m) Veterans Administration; (n) retirement systems; and (o) utility companies.

I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for SDTHA's services and the level of benefits. Therefore, this consent form only authorized receipt of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow SDTHA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under SDTHA's programs. I understand that SDTHA cannot use information received pursuant to this consent form to deny, reduce, or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds, and when the funds were received. In addition, I must be given an opportunity to consent those determinations pursuant to the terms of the SDTHA grievance procedures.

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for 15 months from date signed.

Signatures:

Head of Household Date

Social Security Number (if any) of Head of Household

Other Family Member age 18 and over Date

Spouse Date

Other Family Member age 18 and over Date

Other Family Member age 18 and over Date

Other Family Member age 18 and over Date

Other Family Member age 18 and over Date

Other Family Member age 18 and over Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

SDTHA and its officers and employees may be subject to penalties for unauthorized disclosures or improper uses of information collected pursuant to this consent form.

Use of the information collected pursuant to this form is restricted to the purposes cited on the form. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning any applicant or participant may be subject to penalties under applicable federal and tribal laws.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization.

UNDER \$5,000 ASSET CERTIFICATION/DISPOSED OF ASSETS

For households whose combined net assets do not exceed \$5,000.

Complete only one form per household; include assets of children.

Household Name: _____ Unit No: _____

Development Name: _____ City: _____

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money Market Funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in Real Estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital Investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above: _____				
\$ _____	_____	\$ _____	Personal property held as an investment**:				
\$ _____	_____	\$ _____	Other (list): _____				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____ . This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

All adult members 18 years and older must sign.

Applicant/Tenant	Date	Applicant/Tenant	Date
Applicant/Tenant	Date	Applicant/Tenant	Date
Applicant/Tenant	Date	Applicant/Tenant	Date



SANTO DOMINGO TRIBAL HOUSING AUTHORITY

P.O. Box 10, Santo Domingo Pueblo, NM 87052

(505) 465-1003 / (505) 465-1012 (F)

ANNUAL STUDENT CERTIFICATION

Head of Household Name: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked no further information is needed.
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part time student status is require for at least one member of the household.
- C. _____ Household contains all full time student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

1.	Is at least one student receiving assistance under Title IV of the Social Security Act?	YES	NO
2.	Was at least one student previously under the care and placement of responsibility of the state agency responsible for administering foster care? (provide documentation of participation)	YES	NO
3.	Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws? (attach documentation of participation)	YES	NO
4.	Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent?	YES	NO
5.	Are the students married and entitled to file a joint tax return?	YES	NO

Households composed entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree the notify management immediatly of any changes in this household’s student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

Signature & Date

Signature & Date

Signature & Date

Signature & Date

Signature & Date

Signature & Date