



Northern Regional Housing Authority

525 Ranchitos Road Unit #962
Taos, NM 87571
Telephone: (575) 758-2460

2400 Sagebrush
Las Vegas, NM 87701
Telephone: (505) 425-9463

309 Parsons Ave
Raton, NM 87740
Telephone: (575) 445-8021

Application for Public Housing

This is not a Section 8 Application and cannot be used for the Housing Choice Voucher program.

Instructions: Please read carefully. Incomplete applications will not be processed.

If any lines do not apply to your situation, please write "Does not apply."

1. This application is valid for all public housing properties operated by the Northern Regional Housing Authority.
2. To qualify for admission to public housing an applicant must:
 - a) Be a family as defined in PHA's Admission and Continued occupancy policy;
 - b) Meet the HUD requirements on citizenship or immigration status;
 - c) Have an annual income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA offices;
 - d) Provide documentation of Social Security numbers for all family members, or certify that they do not have Social Security numbers;
 - e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session, if requested to do so;
 - f) Pay any money owed to PHA or any other housing authority;
 - g) Not have had a lease terminated by PHA in the past 12 months;
 - h) Be able and willing to comply with the Housing Authority lease; and
 - i) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related activity.
3. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size.
4. Each applicant who meets the above qualifications will be offered one unit of the size and type needed when their name comes up on the waiting list. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will need to reapply.
5. Applicants with disabilities may seek assistance with the completion of the application of PHA's Admissions and Occupancy Department, at the address above.
6. PHA will conduct a criminal record check on all applicants age 18 years and older.



The Northern Regional Housing Authority is an Equal Housing Provider.

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APPLICATION FOR PUBLIC HOUSING



**Program Information – To be filled out by
PHA:**

Bedroom size ____ Received by ____



Name: _____ Email Address: _____

Mailing Address: _____ Telephone: Home: _____

City, State, Zip: _____ Work: _____

Resident History: _____ Cell: _____

Present Landlord: _____ How long at this address? _____

Address _____ City _____ State _____ Zip _____

Previous Landlord _____ How long at this address? _____

Address _____ City _____ State _____ Zip _____

Monthly rent: _____ Number of Bedrooms: _____ Number of persons in household: _____

If you do not have a Current Landlord or a Previous Landlord or have never rented, please write in two (2) individuals who will give us personal verification about you, (no relatives).

Name: _____ Name: _____

Mailing Address: _____ Mailing Address: _____

City: _____ State _____ Zip _____ City: _____ State _____ Zip _____

Relationship: _____ Relationship: _____

LIST ALL PERSONS WHO WILL LIVE IN THE RENTAL UNIT WHILE YOU ARE ON THE PROGRAM:

IST HEAD OF HOUSEHOLD FIRST

FULL LEGAL NAME:	Relationship	Birth Date	Birthplace City/State	Sex	Social Security #:	Ethnicity	Elderly (E)/ Disabled (D)
(1)	(self)						
(2)							
(3)							
(4)							
(5)							
(6)							

Do you own a pet/pets? (Y)(N) If yes, please list type(s): _____ Number of Animals: _____

Ethnicity Key: W = White H = Hispanic B = Black I = Indian A = Asian

Have you ever applied for or participated in a HUD funded rental assistance program? YES _____ NO _____

If yes, where & when: _____

Have you or anyone in your household ever committed any fraud in any federally assisted housing or other federally funded program or been requested to repay money for knowingly misrepresenting information for such housing programs? YES / NO

YES _____ NO _____ If yes, who? _____

Please explain: _____

Northern Regional Housing Authority has a policy of doing criminal background inquiries with law enforcement agencies for all adult household members. Have you or anyone in your household ever been arrested for drug related or violent criminal activity within the last 3 years from the date of this application?

YES _____ NO _____ If yes, who? _____

Please explain (include when arrested, where arrested, and reason for arrest): _____

Is there anyone living in the home that is subject to a lifetime sex offender registration?

YES _____ NO _____ If yes, who? _____ What state? _____

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

Signature: _____ Date _____

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

RE-CERTIFICATIONS

- You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you re-certify. You must report on re-certification forms:
- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.
- Any family/household member who has moved in or out,
- All assets that you or your family/household members own and any asset that was sold in the last two years for less than its' full value.

BEWARE OF FRAUD: You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

REPORTING ABUSE: If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager or your local project or PHA. If you cannot report to the manager, call the local HUD Office or the HUD Hotline at (800) 347-3735. This is not a toll free number. You can also write to the HUD HOTLINE at 451 Seventh Street, S.W., Washington, DC 20410.

Signature: _____ Date: _____

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under 101 (a) (15) or 101 (a) (20) of the INA/3; or
 - Permanent residence under 249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 - Parole status under 212(d)(5) of the INA /6; or
 - Threat to life or freedom under 243(h) of the INA /7; or
 - Amnesty under 245A of the INA 8/.

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

INSTRUCTIONS: All household members 18 years or older must sign below.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and to verify my application for participation, and/or maintain my continued assistance under the Public Housing Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This included records on my payment history, and any violation of my lease of PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, included but are not limited to:

Identify and Marital Status
Credit History

Employment, Income and Assets
Residences and Rental Activity

Medical or Child Care Allowances
Criminal Activity

GROUP OR INDIVIDUAL(S) THAT MAY BE ASKED

Previous Landlords (Including Public Housing)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Medical and Child Care Providers
Retirement System
Utility Companies
Credit Providers and Credit Bureaus

Past and Present Employers
Income Support Agencies
State Unemployment Agencies
Social Security Administration
Support and Alimony Providers
Veterans Administration
Banks and other Financial Institutions

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand I have a right to notification of any adverse information found and a chance to disprove any incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; US Postal Service; Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove incorrect. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

_____ HEAD OF HOUSEHOLD SIGNATURE	_____ PRINT NAME	_____ DATE
_____ SPOUSE SIGNATURE	_____ PRINT NAME	_____ DATE
_____ ADULT MEMBER SIGNATURE	_____ PRINT NAME	_____ DATE

Consent for Release of Information

You must complete all required fields. We will not honor your request unless all required fields are completed. (*Signifies a required field. **Please complete these fields in case we need to contact you about the consent form).

TO: Social Security Administration

*My Full Name

*My Date of Birth
(MM/DD/YYYY)

*My Social Security Number

I authorize the Social Security Administration to release information or records about me to:

*NAME OF PERSON OR ORGANIZATION:

*ADDRESS OF PERSON OR ORGANIZATION:

*I want this information released because:

We may charge a fee to release information for non-program purposes.

*Please release the following information selected from the list below:

Check at least one box. We will not disclose records unless you include date ranges where applicable.

- 1. Verification of Social Security Number
- 2. Current monthly Social Security benefit amount
- 3. Current monthly Supplemental Security Income payment amount
- 4. My benefit or payment amounts from date _____ to date _____
- 5. My Medicare entitlement from date _____ to date _____
- 6. Medical records from my claims folder(s) from date _____ to date _____
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
- 7. Complete medical records from my claims folder(s)
- 8. Other record(s) from my file (We will not honor a request for "any and all records" or "the entire file." You must specify other records; e.g., consultative exams, award/denial notices, benefit applications, appeals, questionnaires, doctor reports, determinations.)

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004) that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

*Signature: _____ *Date: _____

**Address: _____ **Daytime Phone: _____

Relationship (if not the subject of the record): _____ **Daytime Phone: _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness

2. Signature of witness

Address(Number and street, City, State, and Zip Code)

Address(Number and street, City, State, and Zip Code)



**New Mexico Human Services Department
REQUEST FOR ACCESS TO CASE RECORD INFORMATION**

Case Name:	Case Number :	County Office :
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A. Authorization:

I authorize the release of case record information:

Name of Client/Representative: _____

Mailing Address: _____ **Telephone Number :** _____

City, State, ZIP Code: _____ **Fax Number:** _____

Release Information to: Check here if same as above

Name: _____

Mailing Address: _____ **Telephone Number :** _____

City, State, ZIP Code: _____ **Fax Number:** _____

B. The purpose of the authorization is: (Place an "X" in the box(es) that apply.)

Medical Care Personal Legal Investigation or Action Program Eligibility Determination

Other: _____

C. I authorize the release of the following information:

(Place an "X" in the box(es) that apply to the information you want released or you want to obtain.)

Entire Record Medical History, Examination, Reports Treatment Plan

Records related to the following specific condition(s), test(s), treatment(s):

Medical Information

Financial assistance application and eligibility redetermination forms

Medical assistance application and eligibility redetermination forms

SNAP (Supplemental Nutrition Assistance Program) application and eligibility recertification forms

Correspondence and memoranda

Type and amount of assistance received: _____

Other: _____

Non-Medical Information

D. Expiration of Request:

Records are requested from: (Date) _____ to (Date) _____

This authorization shall expire: (date or event) _____

I understand that this authorization will expire on the date/event above or six months from the date on which it was signed; whichever is earlier. I understand if I do not specify an expiration date this authorization will expire six months from the date on which it was signed. I understand that I may revoke this authorization at any time in writing.

E. Statement of Understanding and Agreement:

- I understand that the case record is the property of the State of New Mexico and that I may not alter, remove, or destroy the record or any of its contents. I understand that to do so would constitute the destruction of State property, the penalty for which upon conviction could be up to 5 years imprisonment, \$5,000 fine, or both.
- I understand that if I disagree with any of the contents of the case record that I have the right to make a written statement of the facts as I see them and that the statement will be made a part of the record for so long as the information with which I disagree is retained in the record.
- I understand that the case record must be reviewed in the presence of a Division employee in a Division office.
- I understand that I may not review any narrative dated prior to 02/01/77 or any medical reports, unless the information is related to a Hearing.
- I have read the above, I understand the conditions under which I may have access to the record and I agree to abide by them. I furthermore agree to abide by any other reasonable requirements which may be made by the Division as the result of local administrative conditions.
- If you agree to sign this authorization to release or obtain information, you may receive a signed copy of the form.
- Although you have a right to revoke an authorization in writing at any time, HSD cannot take back any uses or disclosures already made before an authorization is cancelled.
- Information used or disclosed by this authorization might be re-disclosed by the receiver and will no longer be protected by HSD privacy policies.

Printed Name of Applicant/Recipient	Signature of Applicant/Recipient	Date
Printed Name of Applicant/Recipient Authorized Representative	Signature of Applicant/Recipient s Authorized Representative	Relationship to Applicant/Recipient
		Date



**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.