



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 If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will need to reapply.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.

NRHA DOCUMENTS ARE REQUIRED FOR ALL HOUSEHOLD MEMBERS

- 2 LANDLORD(S) NAME ADDRESS & PHONE NUMBERS
- CURRENT DRIVER'S LICENSE OR PHOTO ID (ADULT)
- ORIGINAL SOCIAL SECURITY CARDS
- ORIGINAL BIRTH CERTIFICATES
- PROOF OF SOURCE OF INCOME

The Northern Regional Housing Authority is an Equal Housing Provider.





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**THANK YOU FOR YOUR INTEREST IN HOUSING ASSISTANCE WITH THE
NORTHERN REGIONAL HOUSING AUTHORITY**

**WE WILL NOT BE ACCEPTING INCOMPLETE APPLICATIONS.
ALL BELOW INFORMATION MUST BE RETURNED WITH THIS APPLICATION.**

Once you have filed your application, it will be reviewed for determining eligibility to be placed on the waiting list. You will be notified by letter, so it is very important that we have your current mailing address and a telephone number, so that we can contact you.

If your application is determined eligible and is placed on the "Waiting List," the application will be logged into the appropriate dwelling size list and will be listed according to date, time, and site.

Prorated rent is required at the time you move into housing. At the time you file an application for housing assistance, HUD requires the following:

1. 2 Landlord reference letters from your present and former landlords. We ask that the letters are signed and dated with address and phone numbers.
2. Current Driver's License or Photo ID for household members over 18 years old and older.
3. Social Security number for all family members, or any other HUD approved documentation.
4. Original Birth certificates for all family members, or any other HUD approved documentation.
5. Proof of source of income: Employment, Unemployment, Worker's Compensation, SSI/SSDI, Social Security, Veteran's Benefits, SNAP, TANF, Family Contributions, Class Schedule for full time students. If you are elderly, include Medical Expenses paid out of pocket for prior year and Medicare & Supplemental Health Insurance.



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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

Select the following site(s) you would like to apply for:

	Taos	0-4 Bedrooms
	Peñasco	1-5 Bedrooms
	Questa	0-5 Bedrooms
	Cimarron	1-4 Bedrooms
	Grants	3-4 Bedrooms
	Las Vegas	0-5 Bedrooms
	Raton	0-4 Bedrooms
	Maxwell	1-3 Bedrooms

Income: List all full and/or part time employment for all members (other than minor children)

Household member	Employer's Name/Address	Gross Earnings	Per:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other sources of income: (Welfare (Food Stamps, TANF), Social Security, SSI, SSDI, Unemployment, Child Support, Alimony, Pension, Annuity, Regular Contributions from people not residing with you, etc.)

Household Member:	Source:	Amount:	Per:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Assets:

Do you now own a home or real estate: (Y) (N) If yes, what is the value \$ _____

Have you ever owned real estate: (Y) (N) If yes, when: _____

Medical and unusual expenses:

Do you pay for babysitting while a family member is employed: (Y) (N)

Child Care provider's Name: _____ Address: _____ Phone: _____

Cost per week: \$ _____ or per month: \$ _____

Is the head of household or spouse age 62 or a person with a disability? (Y) (N) If yes, please answer the following questions. If no skip to the next question.

Does your household have any medical expenses (include insurance, Medicare deductions, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? (Y) (N) If yes, please describe the type of expense (not your medical condition) and the un-reimbursed amount you spend per month on all medical expenses.

Type of expense: _____

Monthly medical expense: \$ _____ Please give us the name, address & phone number of someone who can verify the expense:

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 _____

THINGS YOU SHOULD KNOW

Don't risk your chances of federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

PURPOSE: This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

PENALTIES FOR COMMITTING FRAUD: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or re-certification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house,
- Required to repay all overpaid rental assistance you received,
- Fined up to \$10,000,
- Imprisoned for up to 5 years, and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

ASKING QUESTIONS: When you meet with the Housing Staff Member after filling out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

COMPLETING THE APPLICATION: When you give your answers to application questions, you must include the following information:

INCOME

- All sources of money you and any member of your family received (wages, self-employment, welfare payments, alimony, social security, pension, family contributions, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stocks, etc.);
- Earnings from second job or part-time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

ASSETS

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.

FAMILY/HOUSEHOLD MEMBERS

- The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you.

SIGNING THE APPLICATION

- 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: _____

New Admission Costs

IT IS VERY IMPORTANT THAT YOU HAVE THE MONEY TO CONNECT THE UTILITIES AND PAY THE SECURITY DEPOSIT WHEN YOU ARE OFFERED A UNIT (SECURITY DEPOSIT MUST BE PAID BY MONEY ORDER OR CHECK ONLY. Utility deposits must be made in the person's name listed on the application as Head of Household. You must have your prorated rent at the time you are going to move in.

The Security Deposit must be paid to the Northern Regional Housing Authority. All utilities must be connected, and the receipts brought into our office. After this is complete, we will make an appointment with you to come in and sign the Lease Agreement and all necessary paperwork.

FAILURE TO PAY THE DEPOSITS AND FIRST MONTHS RENT WILL RESULT IN YOUR APPLICATION BEING BOTTOM LISTED AND THE UNIT WILL BE OFFERED TO THE NEXT QUALIFYING APPLICANT.

NRHA would like to inform all applicants of the initial cost at the time a unit is offered. The following is a schedule of the initial charges per bedroom size and the utilities for each of our sites that must be switched to the tenant's name before moving in. Each utility company has their own required deposit to switch service to your name. The deposits may be based on your previous accounts with the company as well as your credit score.

# of Bedrooms	Deposit
0	\$ 100.00
1	\$ 125.00
2	\$ 200.00
3	\$ 250.00
4	\$ 300.00
5	\$ 350.00

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.**

¹Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- ² **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214-covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- ³ **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively *[immigrant status]*. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), *[special agricultural worker status]*, who has been granted lawful temporary resident status.
- ⁴ **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) *[amnesty granted under INA 249]*.
- ⁵ **Refugee, asylum, or conditional entry status under §§207, 208, or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) *[refugee status]*; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity *[conditional entry status]*.
- ⁶ **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) *[parole status]*.
- ⁷ **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) *[threat to life or freedom]*.
- ⁸ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) *[amnesty granted under INA 245A]*.

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Social Security Administration
Consent for Release of Information

Form Approved
OMB No. 0960-0566

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)

Instructions for Using this Form

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child, you may complete this form to release only the minor's non-medical records. We may charge a fee for providing information unrelated to the administration of a program under the Social Security Act.

NOTE: Do not use this form to:

- Request the release of medical records on behalf of a minor child. Instead, visit your local Social Security office or call our toll-free number, 1-800-772-1213 (TTY-1-800-325-0778), or
- Request detailed information about your earnings or employment history. Instead, complete and mail form SSA-7050-F4. You can obtain form SSA-7050-F4 from your local Social Security office or online at www.ssa.gov/online/ssa-7050.pdf.

How to Complete this Form

We will not honor this form unless all required fields are completed. An asterisk (*) indicates a required field. Also, we will not honor blanket requests for "any and all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form. We may charge a fee to release information for non-program purposes.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the requested information pertains.
- Fill in the name and address of the person or organization where you want us to send the requested information.
- Specify the reason you want us to release the information.
- Check the box next to the type(s) of information you want us to release including the date ranges, where applicable.
- For non-medical information, you, the parent or the legal guardian acting on behalf of a minor child or legally incompetent adult, must sign and date this form and provide a daytime phone number.
- If you are not the individual to whom the requested information pertains, state your relationship to that person. We may require proof of relationship.

PRIVACY ACT STATEMENT

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. We will use the information you provide to respond to your request for access to the records we maintain about you or to process your request to release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent. We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, the Privacy Act (5 U.S.C. § 552a(b)) permits us to disclose the information you provide on this form in accordance with approved routine uses, which include but are not limited to the following:

1. To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and or coverage;
2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;
3. To comply with Federal laws requiring the disclosure of the information from our records; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. We use information from these matching programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or overpayments under these programs. Additional information regarding this form, routine uses of information, and other Social Security programs is available on our Internet website, www.socialsecurity.gov, or at your local Social Security office.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. *Send only comments relating to our time estimate to this address, not the completed form.*

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.)

<div style="border: 1px solid black; padding: 2px; font-size: small;">Medical Information</div>	<input type="checkbox"/> Entire Record <input type="checkbox"/> Medical History, Examination, Reports <input type="checkbox"/> Treatment Plan <input type="checkbox"/> Records related to the following specific condition(s), test(s), treatment(s): _____
<div style="border: 1px solid black; padding: 2px; font-size: small;">Non-Medical Information</div>	<input type="checkbox"/> Financial assistance application and eligibility redetermination forms <input type="checkbox"/> Medical assistance application and eligibility redetermination forms <input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program) application and eligibility recertification forms <input type="checkbox"/> Correspondence and memoranda <input type="checkbox"/> Type and amount of assistance received: _____ <input type="checkbox"/> Other: _____

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

Important Information about Authorization

The New Mexico Human Services Department's (HSD's) policies and your rights are more fully described in HSD's Notice of Privacy Practices, available by writing to the address at the bottom of this page.

Your right to file a privacy complaint and to revoke an authorization

You may contact the Privacy Office listed below if you want to file a complaint or to report a problem about how HSD has used or disclosed information about you. Your benefits will not be affected by any complaints you make. If you file a complaint, cooperate in any investigation, or refuse to agree to something that you believe to be unlawful, it will not be held against you.

You may also write to this address to revoke an authorization you gave to HSD.

**New Mexico Human Services Department
HIPAA Privacy Officer
P.O. Box 2348
Santa Fe, NM 87504-2348
Phone: 1-888-997-2583**



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.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Northern Regional Housing Authority
2400 Sagebrush
Las Vegas, NM 87701
(505)-425-9463

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name