



Bernalillo County Housing Department

1900 Bridge Blvd., SW
Albuquerque, New Mexico 87105
(505) 314-0200
Fax (505) 842-8149



TO: All Applicants

FROM: Richard G. Chavez

DATE: January 27, 2006

RE: WAITING LIST APPLICATION INSTRUCTIONS

ENCLOSED YOU WILL FIND DIRECTIONS FOR COMPLETING THE APPLICATION FOR OUR HOUSING PROGRAMS.

1. Completed Application and Submission:

Please be advised:

If your application packet is incomplete or does not have all the required documentation, your name will not be added to the waiting list. Therefore, I encourage you to make sure you have all the required documentation at the time you turn in your application.

Completed applications will be accepted Monday thru Friday between the hours of 8:00 a.m. to 5:00 p.m.

2. Waiting List Status Checks:

Once your application is accepted and added to the computer database, you can expect to receive a letter from us within 10 business days. If you do not get this letter, I suggest you contact our office immediately. This could indicate a problem with your application.

When you get your letter stating you've been added to the waiting list, we suggest you contact our office every 3 – 6 months to check your position on the waiting list. If you call sooner than the 3 – 6 months, you may not get an accurate listing. Please call 314-0200

3. Keeping Your Application Current:

As you spend time on our waiting list, your circumstances may change. If you start working, going to school, please report the change as soon as possible. If you move or have a new phone #, please report the change as soon as possible. Please remember that not reporting these changes could affect the amount of time you spend on the waiting list.

IT IS YOUR RESPONSIBILITY TO MAKE SURE YOUR APPLICATION IS CURRENT.



Equal Housing Opportunity

OFFICE USE ONLY: ___ PP ___ DESC. ___ Entry Initial ___ Date of Entry

**Bernalillo County Housing Department
Section 8 and Public Housing Application**

A. Head of Household Information:

Legal Name	Sex M/F	Birth Date	Age	Social Security #	Legal Resident Or Citizen Y/N	Veteran Y/N	Student Y/N

What is your status? (Circle one)

- a. Married
(Name of Spouse: _____)
- b. Never Married
- c. Divorced
- d. Separated
- e. Widowed

****Voluntary****

- What is your race?**
- a. White
 - b. Black
 - c. Native American
 - d. Asian

****Voluntary****

- What is your ethnicity?**
- a. Hispanic
 - b. Non-Hispanic

What is your mailing address? (if different from above)

Street #	Street Name	Apt #	City	State	Zip

What is your physical address?

Street #	Street Name	Apt #	City	State	Zip

What is your phone #?

Home #	Work #	Message #	Cell #

Emergency contact information:

Name	Phone #	Name	Phone #

B. Household Members: List all household members who will be living with you if you receive housing assistance

Legal Name	Relationship	Sex M/F	Birth Date	Age	Social Security #	Legal Citizen Y/N	Student Y/N

C. Household Income:

1. Employment

Name of Household Members who are Working	Monthly Income	Employer Name	Employment Start Date

2. Self-Employment

Name of Household Members who are Self Employed	Monthly Gross Income	Name/Address of Company	Type of Business

3. Unemployment/Workman's Compensation

Name of Household Members who are receiving Unemployment/Workman's Comp	Unemployment Amt. Per Month	Workman's Compensation Amt. Per Month

4. Social Security

Name of Household Members who receive Social Security	Soc.Sec. Amt. Per Month	SSI Amt. Per Month	SSDI Amt. Per Month

3. Public Assistance

Name of Household Members who receive Public Assistance	TANF Amt. Per Month	General Assistance Amt. Per Month	Food Stamps Amt. Per Month

4. Pension/Retirement/VA Benefits

Name of Household Members who receive Pension/Retirement	Pension Amt. Per Month	Retirement Amt. Per Month	VA Benefits Amt Per Month

5. Child Support/Alimony

Name of Household Members who are receiving Child Support/Alimony	Child Support Amt. Per Month	Alimony Amt. Per Month

6. Higher Education/College

Name of Household Members who are attending a College	Name of School	Tuition Amt.	Grants/Scholarships Amts.	Student Loan Amts.

D. Assets:

1. Checking Accounts/Savings Accounts/Bonds/Certificates of Deposit (CDs)

Name of Household Members on Accounts	Checking Account Balance	Savings Account Balance	Bond Amt.	CD Amt.

2. Property Ownership

Name of Household Members who own OR sold Property in the last 2 years	Address of Property	Value of Property	Amt. Owed on Property

E. Miscellaneous items:

1. Have you, your spouse, or any other household member over the age of 18, ever received any type of rental assistance from us or any other housing agency? NO _____ YES _____ If yes,

Name/Location of Agency _____
When: _____

2. Have you, or any household members ever been involved in any alleged Criminal or Drug related incidents within the past 5 years? NO _____ YES _____ If yes,

Name of Family Member involved: _____
When: _____ Location: _____
Brief Description of what happened: _____

F. Disability Declaration:

*****THIS IS STRICTLY VOLUNTARY*****

A person with a disability, as defined under federal civil rights laws (24 CFR Parts 8.2, 25.104, and 100.201), is any person who:

- Has a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or
- Has a record of such impairment, or
- Is regarded as having such impairment

The phrase “physical or mental impairment” includes:

- Any physiological disorder or condition, cosmetic or disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitor-urinary; hemic and lymphatic; skin; and endocrine; or
- Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to: such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

“Major life activities” includes, but is not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, breathing, learning, and/or working.

“Has a record of such impairment” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major live activities.

“Is regarded as having an impairment” is defined as having a physical or mental impairment that does not substantially limit one or more major life activities but is treated by a public entity (such as a PHA) as constituting such a limitation; has none of the impairments defined in this section but is treated by a public entity as having such an impairment; or has a physical or mental impairment that substantially limits one or more major life activities, only as a result of the attitudes of others toward that impairment.

Does the aforementioned definition of a “disability” describe the situation for your family? YES____ NO____;

If yes, does that member of your household require a handicap accessible unit or any other reasonable accommodations?

YES____ NO____; If yes, please explain_____

****ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER, MUST COMPLETE FILL OUT THE REQUESTED INFORMATION & SIGN THE FORM BELOW****

AUTHORIZATION TO REVIEW RECORDS
(PRIOR CONVICTIONS, ARRESTS OR PENDING CASES)

TO: All District Attorney's Offices
Attention Records Division

FROM: Bernalillo County Housing Department
1900 Bridge Blvd. SW
Albuquerque, NM 87105
Office (505) 314-0200; Fax (505) 842-8149

I / We, the undersigned, give the representative of the Bernalillo County Housing Department permission to review & obtain copies of all above referenced information files with the District Attorney's Office on Me / Us.

I / We agree to indemnify & hold harmless Bernalillo County Housing Department, and any of its employees, against any liability as a result of my representative(s) reviewing information on file with the District Attorney's Office.

The Bernalillo County Housing Department request this date pursuant to the Public Records Act.

PRINTED NAME	MAIDEN NAME	DATE OF BIRTH	SOCIAL SECURITY #	SIGNATURE

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT:

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to and verify my application for participation, and to maintain my continued assistance under the Section8 Rental Assistance Program and Public Housing Program. I understand and agree that this authorization of 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 and about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records of my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED:

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

Identity & Marital Status
Credit & Criminal Activity

Employment, Income & Assets
Residences & Rental Activity

Medical & Child Care Allowances

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

Previous Landlords
Court/Post Offices
Veteran's Administration
Medical/Child Care Providers

Past/Present Employers
Schools/Colleges
Support/Alimony Providers
Banks/Other Financial Inst.

Public Housing Agencies
Retirement Systems
Soc. Security Administration
Law Enforcement Agencies

Welfare Agencies
Utility Companies
State Unemployment Agencies
Credit Providers/Bureaus

COMPUTER MATCHING NOTICE AND CONSENT:

I understand & 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 that I have a right to notification of any adverse information found and a chance to disprove 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; the U.S. Postal Service; the Social Security Administration; 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 is incorrect.

SIGNATURES:

Head of Household (PRINT NAME)

Signature

Date

Spouse (PRINT NAME)

Signature

Date

Adult Member (PRINT NAME)

Signature

Date

Adult Member (PRINT NAME)

Signature

Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.