

**Instructions: Print all information as neatly and completely as possible.**

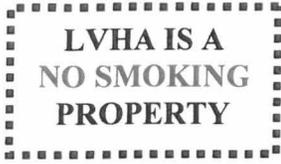
\_\_\_FOR OFFICE ONLY\_\_\_

**\*Applications will not be accepted if incomplete, including all original documents!**

APPLICATION# \_\_\_\_\_

BDRM SIZE \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_



**CITY OF LAS VEGAS HOUSING AUTHORITY  
APPLICATION FOR HOUSING  
(Please Print)**

**PART I:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

What is your status? (Check one)

\_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed

If you checked Married, what is your spouse's name? \_\_\_\_\_

What is your race? (Check below)

\_\_\_ White \_\_\_ Hispanic \_\_\_ Black \_\_\_ Native American \_\_\_ Asian \_\_\_ Other

Your Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address(if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Message \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Current Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

How long were you at this address? \_\_\_\_\_

**PART II: (See Page 3 for required documentation)** List all household members who will be living with you if you receive housing assistance **(Include yourself and your spouse):**

	First Name	Last Name	Relationship	Sex (M/F)	Date of Birth	Social Security #	US Citizen? Y/N
1	(Self)						
2							
3							
4							
5							
6							
7							
8							

## APPLICATION FOR HOUSING

IF YOU NEED ASSISTANCE TO COMPLETE THIS APPLICATION, PLEASE NOTIFY HOUSING STAFF WHO WILL PROVIDE INTERPRETATION SERVICES.

SOLICITUD DE VIVIENDA SI NECESITA AYUDA PARA COMPLETAR ESTA SOLICITUD, NOTIFIQUE AL PERSONAL DE VIVIENDA QUE PROPORCIONARÁ SERVICIOS DE INTERPRETACIÓN.

Áp dụng cho nhà ở

NẾU BẠN CẦN HỖ TRỢ CHO COMPLETE ÁP DỤNG NÀY, XIN THÔNG BÁO CHO NHÂN VIÊN NHÀ Ở WHO SẼ CUNG CẤP DỊCH VỤ GIẢI THÍCH.

**Instructions: We require the following information on all household members listed on Part II of application.**

## **IDENTIFICATION VERIFICATION BRING ORIGINALS – COPIES WILL BE MADE**

### **PROOF OF BIRTH**

Birth Certificates or Baptismal Certificates are required. Certificates must include date of birth and place of birth.

We will accept a copy of both sides of official documents such as Resident Alien Cards, Temporary Form I-551, Visas and Passports for proof of birth if they state date and place of birth.

If you do not currently have a birth certificate and are unable to get a baptismal certificate, contact the Vital Statistics Bureau from the state in which you were born in. If you were born in New Mexico, you can request a copy of your birth certificate from the Vital Statistic Bureau by calling (505) 425-9368 or (505) 827-0121. A fee is required.

### **SOCIAL SECURITY NUMBERS**

Social Security Cards are required for all household members. If this is not available a document with the number printed on it is acceptable. (i.e. Medicaid card, printout from social security, etc.)

### **MARRIAGE LICENSE/DIVORCE PAPERS**

If you are married or divorced please provide us with copies of these documents.

**INSTRUCTIONS:** The following documentation is required for any sources of income your household receives as listed in Part IV and Part V of your application.

## **VERIFICATION OF INCOME**

**(Must be dated within the last 60 days)**

If any household members over the age of 18 are working we require a statement from your employer to include your DATE OF HIRE, PAY PER HOUR, AVERAGE HOURS WORKED PER WEEK, overtime, if any, commissions and tips. (NO CHECK STUBS)

If any of your household members receive TANF (welfare), or General Assistance we need a computer printout from your caseworker.

If any of your members receive Child Support, we need a copy of your divorce papers stating the amount of child support that is received. If this is handled by the Child Support Enforcement Bureau we need a computer printout from your caseworker.

If any of your household members receive Social Security, SSI, VA Pension, or retirement pension we need a statement from the agency from whom you receive this income.

If any of your members receive any education grants or loans, we need a statement from the financial counselor to include the amount of the grant/loan and any expenses (i.e. tuition, books/supplies, transportation etc.) If you do work study, we need a statement to include pay and hours.

If any of your household members are self employed, we need copies of Income Tax Records.

If any of your household members receive unemployment compensation or workman's compensation, we need a statement from the agency from whom you receive this income.

If any of your household members receive tribal per capita payments, we need a copy of the Annual Declaration of Per Capita Distributions provided to you by your tribal council.

## **ASSET INCOME**

If any of your household members have a savings account, checking account, Certificate of Deposit (CD), bonds, etc., we need a statement from the financial institution including the amount you have in any accounts(s) and the amount of interest accrued on any account(s).

If any of your household members own or are buying property, we will need a current appraisal and any liability you have on this property at time of assistance/certification. If you receive rent for this property, we need a copy of the lease, or a notarized statement stating how much you receive monthly.

If you have sold property in the last two years, we need copies of all transactions regarding the sale.

**PART II CONTINUED**

Are you, your spouse, or any household members disabled/handicapped?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Name(s) \_\_\_\_\_

Do you, your spouse, or any household member require a service animal? Tenants have the right to have a service animal due to disability.

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, Please request a Reasonable Accommodations (RA) Packet from Housing).

Do you have a pet or plan on obtaining a pet in Public Housing? Yes \_\_\_\_\_ No \_\_\_\_\_

There are limits to the size and number of pets allowed in public Housing, as well as a deposit and monthly pet fee required (See page 11 to fill out Pet Application)

Do you, your spouse, or any household member require a unit that is wheelchair accessible?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, Please request a Reasonable Accommodations (RA) Packet from Housing).

Are you, your spouse, or any household member over the age of 18 full time students?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Name(s) \_\_\_\_\_  
School \_\_\_\_\_

**PART III:**

How much do you pay per month for each of the following:

Rent \_\_\_\_\_ Gas \_\_\_\_\_ Electric \_\_\_\_\_ Water \_\_\_\_\_ Phone \_\_\_\_\_ Childcare \_\_\_\_\_

Auto \_\_\_\_\_ Auto Insurance \_\_\_\_\_ Health Insurance \_\_\_\_\_ Life Insurance \_\_\_\_\_

Medical (include prescriptions) \_\_\_\_\_ Loans \_\_\_\_\_

**PART IV: (See Page 4 for required documentation – VERIFICATION OF INCOME)**

Income:

Do you, your spouse, or any household member over the age of 18 work?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Name \_\_\_\_\_

Employer \_\_\_\_\_

Pay per Hour \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Name \_\_\_\_\_

Employer \_\_\_\_\_

Pay per Hour \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Do you, your spouse, or any household member over the age of 18 receive any type of welfare assistance (this includes General Assistance)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Name \_\_\_\_\_

Monthly Amount \_\_\_\_\_

Caseworker \_\_\_\_\_

Name \_\_\_\_\_

Monthly Amount \_\_\_\_\_

Caseworker \_\_\_\_\_

Do you, your spouse, or any household member over the age of 18 receive Child Support?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Name of Payee \_\_\_\_\_  
Monthly Amount \_\_\_\_\_

Do you, your spouse or any household member receive Social Security, SSI, VA Pension, or any other type of retirement pension?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Name \_\_\_\_\_  
Monthly Amount \_\_\_\_\_  
What Type: \_\_\_\_\_ Social Security \_\_\_\_\_ SSI  
\_\_\_\_\_ VA Pension \_\_\_\_\_ Retirement Pension

If you, your spouse, or any household members over the age of 18 are students, do you receive any type of grants/loans?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Name \_\_\_\_\_  
Type of Grant/Loan \_\_\_\_\_

Are you, your spouse, or any household member over the age of 18 self-employed?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Name \_\_\_\_\_  
Name of Business \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Monthly Income after Expenses \_\_\_\_\_

Do you, your spouse, or any household member receive unemployment compensation or workman's compensation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Name \_\_\_\_\_ Monthly Amount \_\_\_\_\_  
Name \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Do you or any household members receive tribal per capita payments?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Name \_\_\_\_\_ Monthly Amount \_\_\_\_\_  
Name \_\_\_\_\_ Monthly Amount \_\_\_\_\_

**PART V: (See page 4 for required documentation – ASSET INCOME)**

Assets:

Do you, your spouse, or any household members have any savings accounts, bonds, or Certificates of Deposits (CD's)?

Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes: Please provide copies of all bank statements for the past 12 months.**

Do you, your spouse, or any household members have a checking account?

Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes: Please provide copies of all bank statements for the past 12 months.**

Have you, your spouse, or any household member sold any property in the last two (2) years? If yes:

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you, your spouse or any household member currently undergoing foreclosure on a home? If yes:

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART VI:**  
**General Information:**

Have you, your spouse or any household member over the age of 18 ever lived in Public Housing?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes: Name of Head of Household\_\_\_\_\_ Name of Agency\_\_\_\_\_ How long ago \_\_\_\_\_

Have you, your spouse or any household member over the age of 18 ever been evicted or refused housing here or elsewhere?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes: Name\_\_\_\_\_ Name of Agency\_\_\_\_\_ Date of Eviction\_\_\_\_\_

Have you, your spouse or any household member over the age 18 ever been convicted of a crime?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes: Name\_\_\_\_\_ Date of Conviction:\_\_\_\_\_ State where conviction occurred:\_\_\_\_\_ Name\_\_\_\_\_ Date of Conviction:\_\_\_\_\_ State where conviction occurred:\_\_\_\_\_

Have you, your spouse or any household member over the age of 18 been charged with a sex crime?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes: Name\_\_\_\_\_ Date of Arrest:\_\_\_\_\_ State where arrest occurred:\_\_\_\_\_

Are you, your spouse or any household member over the age of 18 a **Registered Sex Offender**?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes: Name\_\_\_\_\_ Date of Conviction:\_\_\_\_\_ State where conviction occurred:\_\_\_\_\_

- Have you, your spouse or any household member over the age of 18, engaged in the use of illegal drugs?  
Drug means a controlled substance as defined in section 102 of the Controlled Substances Act [21 U.S.C. 802]. Currently engaged in the illegal use of a drug means a person has engaged in the behavior recently enough to justify a reasonable belief that there is continuing illegal drug use by a household member. [24 CFR 960.205(B)(1). Yes \_\_\_\_\_ No \_\_\_\_\_

Have you, your spouse or any household member over the age of 18 ever lived in another state other than New Mexico please indicate:  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes: Name the State(s) lived in: \_\_\_\_\_

**\*\*\*\*\*CERTIFIED STATEMENT\*\*\*\*\***

**Knowing the penalty for making a false statement under the United States Criminal Code, I hereby certify that the above information is a true and full statement.**

Section 35 (a) of the U.S. Criminal Code makes it a criminal offense, punishable by a maximum of ten years imprisonment, \$10,000 fine or both, to make a false statement of representation to any department of the U.S. as to any matter within their jurisdiction. The information given above was requested by the Housing Authority of this City in its capacity as a government agency.

I understand that filing this application does not guarantee that I will be offered housing assistance.

SIGNED: **X** \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: **X** \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICATION NOT VALID WITHOUT SIGNATURES!**

**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

# LANDLORD QUESTIONNAIRE

Name of Applicant: \_\_\_\_\_

Address Listed for Applicant: \_\_\_\_\_

Name of Landlord \_\_\_\_\_

Are you a relative or friend of the applicant? If so, please describe relationship: \_\_\_\_\_

Current Landlord \_\_\_\_\_ Previous Landlord \_\_\_\_\_ Other \_\_\_\_\_

Dates of Applicant's Tenancy: From: \_\_\_\_\_ To: \_\_\_\_\_

Does (did) the Applicant have a Lease? Yes \_\_\_\_\_ No \_\_\_\_\_

## 1. RENT PAYMENT

A. Amount of monthly rent: \$ \_\_\_\_\_

B. Does (did) applicant pay rent on time? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

C. Has (had) he/she ever paid late? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

How late? \_\_\_\_\_ How often? \_\_\_\_\_

D. Have (had) you ever begun/completed eviction proceedings for non-payment? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

E. Was a Court Judgment rendered in your favor for eviction for non-payment? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

F. Do (did) you provide any of the utilities for the unit? Yes \_\_\_\_\_ No \_\_\_\_\_

G. Have (had) tenant-paid utilities ever been disconnected? Yes \_\_\_\_\_ No \_\_\_\_\_

## 2. CARING FOR THE UNIT

A. Does (did) the applicant keep the unit clean, safe, and sanitary? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Had (had) the applicant caused damage to the unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe \_\_\_\_\_

Cost to Repair? \$ \_\_\_\_\_ How often? \_\_\_\_\_

C. Has (had) the applicant paid for the damages? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

D. Will (did) you keep any of the security deposit? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

E. Does (did) the applicant currently owe any money for unpaid rent or other charges? Yes \_\_\_\_\_ No \_\_\_\_\_  
Amount Owed if any: \$ \_\_\_\_\_ .

E. Does (did) the applicant have problems with insect/rodent infestation? Yes \_\_\_\_\_ No \_\_\_\_\_

F. Does (did) the applicant's housekeeping contribute to infestation? Yes \_\_\_\_\_ No \_\_\_\_\_

G. Did the applicant make any alterations to the unit without your permission? Yes \_\_\_\_\_ No \_\_\_\_\_

**3. GENERAL**

A. Is (was) the applicant listed on the lease for the unit? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

C. Has (had) the applicant, family members or guests damaged or vandalized the common areas? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Describe \_\_\_\_\_

D. Does (did) the applicant, family, members or guests create any physical hazards to the project or other residents? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, Describe: \_\_\_\_\_

E. Does (did) the applicants, family members or guests interfere with the rights and quiet enjoyment of other Tenants? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Describe: \_\_\_\_\_

F. Have (has) the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Describe: \_\_\_\_\_

G. Has (had) the applicant given you any false information? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Describe: \_\_\_\_\_

H. Has (had) the applicant, family members or guess acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff? Yes \_\_\_\_\_ No \_\_\_\_\_

I. Would you rent to this applicant again? Yes \_\_\_\_\_ No \_\_\_\_\_

If Not, why? \_\_\_\_\_

\_\_\_\_\_  
**Signature of Landlord/Person Currently Living with**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

***The bottom of this form needs to be signed in order for the application to be accepted.***

**CITY OF LAS VEGAS HOUSING AUTHORITY  
PET APPLICATION/REGISTRATION**

DATE: \_\_\_\_\_

TENANT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PET NAME: \_\_\_\_\_ TYPE OF PET: \_\_\_\_\_ BREED: \_\_\_\_\_

COLOR \_\_\_\_\_ WEIGHT \_\_\_\_\_ SPAYED/NEUTERED \_\_\_\_\_ YES \_\_\_\_\_ NO

VETINARIAN NAME, ADDRESS AND PHONE NUMBER: \_\_\_\_\_

VERTINARIAN CERTIFICATION OF PET HEALTH: \_\_\_\_\_  
(Copy of certification along with a picture must be kept on file) DATE

**NAME ADDRESS AND PHONE NUMBER OF PERSON WHO WILL PROVIDE  
TEMPORARY CARE FOR PETS IN CASE OF EMERGENCY:** \_\_\_\_\_

**FOR CATS AND DOGS**

RABIES SHOT: YES \_\_\_\_\_ NO \_\_\_\_\_ TAG EXPIRATION DATE: \_\_\_\_\_

DATE SPAYED OR NEUTERED \_\_\_\_\_

**THIS ATTACHED REGISTRATION SHALL SERVE AS OFFICIAL REGISTRATION OF ALL  
PETS AND BECOME PART OF THE TENANT'S FILE.**

I, \_\_\_\_\_, HAVE READ AND UNDERSTAND ALL THE PROVISIONS  
OF THE LAS VEGAS HOUSING AUTHORITY'S PET POLICY. IT HAS BEEN EXPLAINED  
TO ME AND I AM IN COMPLETE AGREEMENT THAT I AM PERSONALLY LIABLE FOR  
THE ACTIONS OF MY PET. FURTHERMORE, I AGREE TO INCORPORATE THIS  
DOCUMENT AND THE PROVISIONS OF THE PET POLICY AS AN AMENDMENT TO MY  
CURRENT DWELLING LEASE AGREEMENT.

REQUEST APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

EXECUTED THIS \_\_\_\_\_ DATE OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Manager Signature

\_\_\_\_\_  
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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

## 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.**

<sup>1</sup>**Warning:** 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:

- <sup>2</sup> **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.
- <sup>3</sup> **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.
- <sup>4</sup> **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*].
- <sup>5</sup> **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*].
- <sup>6</sup> **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*].
- <sup>7</sup> **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*].
- <sup>8</sup> **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 12555a) [*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.

**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)

### **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](http://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](http://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](http://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**

<b>Case Name:</b>	<b>Case Number :</b>	<b>County Office :</b>
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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.)*

<b>Medical Information</b>	<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): _____
<b>Non-Medical Information</b>	<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:**

City of Las Vegas 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**