



## **HUALAPAI HOUSING**

Hwal'bay Ba:j Wayo:wo'jo

600 Highview Street ♦ P.O. Box 130 ♦ Peach Springs, Arizona  
Phone (928) 769-2274 Fax (928) 769-2703



### **Application for Housing Assistance**

PLEASE READ CAREFULLY

Thank you for your interest in applying for Housing Assistance through our Low Rent Program or our Homebuyer program.

To be placed on the waiting list, your application for housing assistance must be in compliance with HUD/NAHASDA requirements, therefore, the following documents must be submitted along with your application. (**INCOMPLETE** applications will not be considered.)

Copies of the following:

- State Certified Birth Certificates for EVERYONE listed on the application
- Social Security Cards for EVERYONE listed on the application
- Certificate of Indian Blood/Tribal Identification for EVERYONE who is an enrolled member of a Federally recognized tribe
- Marriage License/Divorce Decree

Income Verification includes but is not limited to:

- Income Verification for EVERYONE 18 years of age or older
- Employment Personnel Action Notice (P.A) or copies of 2 recent check stubs
- Cash Assistance from D.E.S
- General Assistance
- Social Security Benefits (retirement, disability, survivor's benefits, annuities, etc...)
- Unemployment Benefits
- Child Support Payments
- Self Employment
- Federal Tax Return

If you or anyone else listed on your applications has an outstanding debt with this department, you will need to make arrangements with the compliance officer in order for your application to be considered.

It is your responsibility to keep this department informed of any changes on your application. You will be notified by mail so make sure you are updating periodically.

A background check will be conducted for all applicants 18 years of age and older.

Please contact a Hualapai Housing Resident Specialist if you have questions or concerns regarding the application process.



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## Application

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### Homeownership Program

Prospective Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tribe \_\_\_\_\_ Enrollment Number \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Home Number Work Other

Email Address \_\_\_\_\_

Received Date Stamp  
 Office use only

Person(s) who will reside in the unit

**Name/Gender of Other Occupants: (please include yourself)**

1.	<input type="checkbox"/> Male <input type="checkbox"/> Female	6.	<input type="checkbox"/> Male <input type="checkbox"/> Female
2.	<input type="checkbox"/> Male <input type="checkbox"/> Female	7.	<input type="checkbox"/> Male <input type="checkbox"/> Female
3.	<input type="checkbox"/> Male <input type="checkbox"/> Female	8.	<input type="checkbox"/> Male <input type="checkbox"/> Female
4.	<input type="checkbox"/> Male <input type="checkbox"/> Female	9.	<input type="checkbox"/> Male <input type="checkbox"/> Female
5.	<input type="checkbox"/> Male <input type="checkbox"/> Female	10.	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Date of Birth:**

**Social Security No.:**

1.	6.	1.	6.
2.	7.	2.	7.
3.	8.	3.	8.
4.	9.	4.	9.
5.	10.	5.	10.

**Relationship to Head of Household:**

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Anticipated changes in the family composition: No Yes

**INCOME:** Indicate below in "Per" section: A-Hourly B-Weekly C-Bi-Weekly

All members of the family listed on the application **who are of 18 years and older**, and are employed, must submit an Income Verification Form to be completed by employer.

**Monthly:**

Name:	Rate of Pay: \$	Per:
Source of Income:	Estimated Annual Income:\$	
Employer(name & address):		

Name:	Rate of Pay: \$	Per:
Source of Income:	Estimated Annual Income:\$	
Employer(name & address):		

Name:	Rate of Pay: \$	Per:
Source of Income:	Estimated Annual Income:\$	
Employer(name & address):		

**REFERENCES:**

**Last 2 Places You Lived**

Landlord:
Phone No.:
Address:
Reason you moved:

Landlord:
Phone No.:
Address:
Reason you moved:

**Please list 3 relatives**

Name:	Phone No.:
Mailing Address:	
Relationship to the head of household:	

Name:	Phone No.:
Mailing Address:	
Relationship to the head of household:	

Name:	Phone No.:
Mailing Address:	
Relationship to the head of household:	

I understand that this is not a contract and does not bind either party. The above information is true and complete to the best of my knowledge. I do object to inquires made for the purpose of verifying the statements made herein. My application will be on file for (1) year, if I wish to remain on the waiting list after (1) year period, I will respond in writing regarding my interest. When the application is complete and ready to be added to the waiting list, will be added on the date the application was completed and not by the received date, if application was submitted incomplete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date submitted application:	Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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Signature of Housing Representative: \_\_\_\_\_

Reviewed By:	Review Date:
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Total Estimated Income: \$	Number of Occupants:
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Program guidance median income limit: \$ \_\_\_\_\_

Application Complete:  Yes  No (see notes below)

Notes:

\_\_\_\_\_  
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## Income Verification

Name of Tenant/Applicant: \_\_\_\_\_ S.S #: XXX-XX-\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize release of information relating to my income to the Hualapai Housing. This includes submitting a copy of my most recent Personnel Action Notice which can be requested from Hualapai Housing at any time while I am on the waiting list or a tenant of the low rent or homebuyer program.

\_\_\_\_\_  
Tenant/Applicant Signature

\_\_\_\_\_  
Date

### Payroll Department:

Federal Regulations made to mandate that income for all Hualapai Housing residents/ applications be verified annually and during the application and annual recertification process. The information received is held in strict confidence for use in establishing monthly rent charges and to determine if the tenant/applicant(s) meet the national median income guideline. Please include the total annual income including the estimated overtime earnings, if applicable.

Thank you,

*Mariesa Sullivan*

Mariesa Sullivan, Resident Specialist II  
Homebuyer/Homeowner Program

### FOR ACCOUNTING USE ONLY!

Department Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Employer Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Days Worked: \_\_\_\_\_ Days Off: \_\_\_\_\_

Total anticipated earnings for the next twelve (12) months: \$ \_\_\_\_\_

\_\_\_\_\_  
Payroll Clerk

\_\_\_\_\_  
Date

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Phone NO.

### HOUSING STAFF ONLY!

Date Sent Over: \_\_\_\_\_  Inter-Office Dept.: \_\_\_\_\_

Faxed To: \_\_\_\_\_ No.: \_\_\_\_\_  Other: \_\_\_\_\_

Sent Over By: Mariesa Sullivan  Waiting List: \_\_\_\_\_  Project/Unit No.: \_\_\_\_\_

Received (stamp) here:

## Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

Hualapai Housing Department  
600 Highview Street  
P.O. Box 130  
Peach Springs, AZ 86434  
Mariesa Sullivan

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

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

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.  
**Private owners may not request or receive information authorized by this form.**

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

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].) Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

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

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**Penalties for Misusing this Consent:**

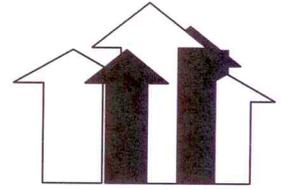
HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

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



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## Authorization for Release of Information

I authorize the release of information requested by Hualapai Housing to verify my financial information, where I currently live, where I have lived previously, and/or members of my household. Hualapai Housing will not release this information to any other person or agency outside the department. This release of information remains in effect while I am an applicant or tenant of Hualapai Housing and for any investigations of my eligibility for low rent housing.

Persons or organizations that may be contacted include, but are not limited to: local governments, public assistance program contractors and grantees, health care providers, financial institutions, Tribal/Judicial entities, landlords, employers, school authorities, and private individuals.

**A copy of this release is as valid as the original**

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Signature of Other Adult Member

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

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Phone Number

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Phone Number

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Date

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Date