



SAN ILDEFONSO HOUSING AUTHORITY

02 Tunyo Po
 Santa Fe, New Mexico 87506
 Telephone: (505) 455-4170

APPLICATION FOR EMERGENCY REPAIR ASSISTANCE

_____ *WORK PHONE:* _____ *HOME PHONE:* _____ *EMAIL:* _____
APPLICANT

MAILING ADDRESS
 CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS
 ENROLLMENT #: _____

Household Information

	Name of Household Members	Date of Birth	Gender	Relationship to Applicant	Tribe/Roll Number
1				<i>APPLICANT</i>	
2					
3					
4					
5					
6					
7					
8					
9					
10					

Income Information

List below all sources of income for all household members. Include both earned income (from business or employment) and unearned income (alimony, social security, retirement, disability and unemployment benefits, lease rental payments, child support, alimony)

	Name of Household Members	Annual Income	Source(s) of Income
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

TOTAL COMBINED ANNUAL HOUSEHOLD INCOME (earned + unearned): \$ _____

Application is incomplete unless we have proof of income for each family member living in the household. Examples for proof of income are 1040 income tax return, W-2 statement from employer, check stubs, social security letters or checks, retirement pension letters or checks, etc.

Is this home your primary residence?

Yes ___ No _____

Please submit documentation such as a bank statement or utility billing at the address.

Are you currently in a lease-purchase agreement with SIHA?

Yes ___ No _____

If yes, you must be current in your payments to be eligible to receive rehabilitation assistance.

If yes, you are NOT eligible to receive further assistance until three years has passed since you received services.

What is your emergency?

Certifications and Signature

I understand that this application is not a contract and is not binding in any manner. I hereby authorize SIHA to obtain any and all information necessary to verify the statements made above.

I understand that emergency assistance is awarded, I will not be eligible for assistance from the Emergency Repair Program for three years.

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false information or misleading statements may constitute a violation of 18 U.S.C. 1001. This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless request in writing, either by the applicant or an officer or employee of the housing program or other federal agency requiring it in the performance of their duties.

APPLICANT'S SIGNATURE

DATE

RECEIVED BY

DATE RECEIVED

INSPECTED BY

DATE INSPECTED

DETERMINATION OF ELIGIBILITY: ___ Eligible ___ Ineligible

If ineligible, explain here: _____

