

Unit Size Needed \_\_\_\_\_



Date \_\_\_\_\_ Time \_\_\_\_\_

NATIVE AMERICAN CONNECTIONS

**AFFORDABLE HOUSING PRE-QUALIFICATION FORM**

**A minimum income of 2.5 times the monthly rent is required/or an acceptable subsidy voucher – in order to qualify for all Affordable Housing communities. Without permanent income, applicants cannot be placed onto the Affordable Housing waitlist. Maximum over-income limits also apply.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell number: \_\_\_\_\_ Email address: \_\_\_\_\_

Where are you currently living (if in Shelter or details of location on the street):  
\_\_\_\_\_

Applicant agrees to update or confirm contact information once every 180 days (6-months) - or when information changes. We will attempt to contact all applicants 2x by phone and e-mail and if you are non-responsive or information is no longer valid, you will be placed in an **Inactive status** until your information is updated. If you update after you have been placed as Inactive, you will return to your previous position on the waitlist. We do fill all vacancies in the date and time order in which applicants have applied.

Initial \_\_\_\_\_ Date \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

	<u>Full Name</u>	<u>Date of Birth</u>	<u>Student Status</u> F/T = Full time P/T = Part time	<u>Last four digits of Social Security Number</u>	<u>Receiving any source of income?</u>
1			F/T ___ P/T ___ NA ___		Yes ___ No ___
2			F/T ___ P/T ___ NA ___		Yes ___ No ___
3			F/T ___ P/T ___ NA ___		Yes ___ No ___
4			F/T ___ P/T ___ NA ___		Yes ___ No ___
5			F/T ___ P/T ___ NA ___		Yes ___ No ___
6			F/T ___ P/T ___ NA ___		Yes ___ No ___
7			F/T ___ P/T ___ NA ___		Yes ___ No ___
8			F/T ___ P/T ___ NA ___		Yes ___ No ___
9			F/T ___ P/T ___ NA ___		Yes ___ No ___

- Is any person in your household currently a full time student or plan to be one in the coming year? Yes \_\_\_ No \_\_\_
- Is any person in your household receiving job training or assistance under the Job Training Program? Yes \_\_\_ No \_\_\_
- Is any person in your household a Native American? Yes \_\_\_ No \_\_\_ (If Yes) who: \_\_\_\_\_
- Is any person in your household not a US citizen? Yes \_\_\_ No \_\_\_ (If Yes) who \_\_\_\_\_
- Do you have the legal right to reside in the US? Yes \_\_\_ No \_\_\_
- Have you been referred to us by a specific agency? \_\_\_\_\_

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**Some housing units are specifically for people who have experienced one or more of the following.**

- Are you a victim of domestic violence? Yes \_\_\_ No \_\_\_
- Is your family currently homeless? Yes \_\_\_ No \_\_\_
- Do you have a history of substance abuse? Yes \_\_\_ No \_\_\_
- Are you a veteran? Yes \_\_\_ No \_\_\_ Branch: \_\_\_\_\_
- Do you have a disability? Yes \_\_\_ No \_\_\_

(If **YES**) do you have documentation from a medical provider of that disability? Yes \_\_\_ No \_\_\_

- Have you have a Section 8 voucher? Yes \_\_\_ No \_\_\_
- Have you ever been evicted: Yes \_\_\_ No \_\_\_ (If Yes) Reason/Date: \_\_\_\_\_
  - Distribution or sale of illegal drugs? Yes \_\_\_ No \_\_\_
  - Infestation of pests in your household? Yes \_\_\_ No \_\_\_
  - Non-Payment of rent? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony or any crime related to harm caused to a person or property?  
Yes \_\_\_ No \_\_\_ (If Yes) Explain: \_\_\_\_\_

- Are you a convicted sex offender? Yes \_\_\_ No \_\_\_
- Do you have any outstanding or open warrants for arrest? Yes \_\_\_ No \_\_\_
- Do you have any special needs, or are you handicapped and require a special accommodation? Yes \_\_\_ No \_\_\_  
(If **Yes**) please explain and can you provide medical certification of disability \_\_\_\_\_

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**INCOME SOURCES:**

Does any household member anticipate receiving income from any of the following sources during the next 12 months?

**(Please write "YES" or "NO" to every question. If Yes, please complete the blanks on the right)**

	YES	NO	Amount received (per time period)	Source of Income Name, Address and Phone Number
Employment (Earned Income)			\$ _____ per ____ Month ____ Year	
Employment (Earned Income) <u>Self-employment</u> (baby-sitting, house cleaning, car repairs, massage therapy, E-Bay sales & selling homemade food, etc.)			\$ _____ per ____ Week ____ Month  <u>If paid by the job – frequency of job and payment amount:</u>	
Child Support			\$ _____ per ____ Month	
Alimony			\$ _____ per Month	
Recurring Monetary Gifts or Money from Relatives			\$ _____ Per Month	
Pension or Retirement Benefits			\$ _____ Per Month	
School Grants or Scholarships			\$ _____ Per Semester	
Social Security / SSI			\$ _____ per Month/Year	
Unemployment Compensation			\$ _____ per ____ Week ____ Month	
Veterans Administration			\$ _____ per Month/Year	
Welfare (AFDC)			\$ _____ per Month	
Disability Benefits (Workman's Compensation)			\$ _____ per ____ Week ____ Month	
Tribal Per Cap			\$ _____ per ____ Month ____ Quarter ____ YR	

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**You must identify all bank accounts (Savings or Checking).**  
**MUST ANSWER "YES" OR "NO" Check marks cannot be accepted as answers.**

	YES	NO	Name on Account	Account #	Balance/ Value	Bank (Name and Address)
Checking Account						
Saving Account						
Debit Express						

**EMERGENCY CONTACT(S)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

This is a **Pre-Qualification Form** and does NOT guarantee availability of an apartment or that an Applicant meets Eligibility Requirements for this Property. Approval of this Pre- Qualification shall place the applicant onto the Waiting List NAC for Affordable Housing. All vacancies are filled from the Waiting List in date and time order in which they were received. Failure of applicant to provide all necessary information for staff to properly review the Pre-Qualification information for Rental Criteria, could result in Applicant failing to be placed onto the Wait List.

(Initial) \_\_\_\_\_ (Date) \_\_\_\_\_

**All information provided is true and complete to the best of my knowledge and belief.**

(Applicant Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

(Applicant Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

(Applicant Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

(Applicant Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Waitlist Approved Properties:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason for Non-Qualification:** \_\_\_\_\_ **Staff:** \_\_\_\_\_

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**HOUSEHOLD DEMOGRAPHICS**

HOUSEHOLD COMPOSITION										
Mbr #	FIRST NAME	LAST NAME	MI	RELATIONSHIP TO HEAD-OF-HOUSEHOLD						
				Head	Spouse	Adult Co-Resident	Child	Foster Child/Adult	Live-in Caretaker	Other
1				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check ALL that apply for each household member.

(A) RACIAL CATEGORIES*	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check one for each household member.

(B) ETHNIC CATEGORIES*	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(C) DISABILITY STATUS*	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Are any household members disabled according to the Fair Housing Act? If "Yes," check box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*Please refer to the attached page for definitions of race, ethnicity, and disability.**

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature and date, printed name, relationship and phone number to the bottom of this page.

\_\_\_\_\_  
Head of Household Signature                      Date                      Member #2 Signature                      Date

\_\_\_\_\_  
Member #3 Signature                      Date                      Member #4 Signature                      Date

Party Assisting to Complete Application: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Third Party Assistant \_\_\_\_\_

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You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

**The following racial and ethnic definitions are modeled after the OMB-approved form, "Race and Ethnic Data Reporting Form" (HUD-27061), used by the U.S. Department of Housing and Urban Development (HUD):**

**A. Household members can select one or more of the following applicable racial definitions:**

**White** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American** - A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

**American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**B. Household members can select one of the following applicable ethnic definitions:**

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

**Not Hispanic or Latino** - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**The following definition of "disabled" comes directly from the Fair Housing Act:**

**C. Per the Fair Housing Act, the definition of disabled is:**

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at: [http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201).
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

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