

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 every 120 days - or whenever information changes. If contact is attempted, and you are non-responsive or information is no longer valid, you will be placed in an **Inactive status** until the information is updated. 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? _____

Please answer Yes any of the following question that apply to your situation. 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 ___

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- Have you have a Section 8 voucher? Yes ____ No ____
- Have you ever been evicted - Yes ____ No ____ (If Yes) reason: _____
 - 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 _____

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 ____ Hour ____ Week ____ Month <u>If paid by the job – frequency of job and payment amount:</u>	
Child Support			\$ _____ per ____ Week ____ Month	
Alimony			\$ _____ per Month	
Recurring Monetary Gifts or Money from Relatives			\$ _____ per ____ Week ____ Month	
Pension or Retirement Benefits			\$ _____ per Month	
School Grants or Scholarships			\$ _____ per Month/Year	
Social Security / SSI			\$ _____ per Month/Year	
Unemployment Compensation			\$ _____ per ____ Week ____ Month	
Veterans Administration			\$ _____ per Month	
Welfare (AFDC)			\$ _____ per Month	

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Disability Benefits (Workman's Compensation)			\$ _____ per ____ Week ____ Month	
Tribal Per Cap			\$ _____ per ____ Month ____ Quarter ____ YR	

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. Failure of applicant to provide all information necessary for Management 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:** _____

Address of Third Party Assistant

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.
- "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.