



NATIVE AMERICAN CONNECTIONS

**PERMANENT SUPPORTIVE HOUSING PRE-QUALIFICATION FORM**

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 If contact is attempted and you are non-responsive or information is no longer valid, you will be placed in an inactive status until the information is updated.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**

| Full Name | Date of Birth | Student Status<br>F/T = Full time<br>P/T = Part time | Last <u>four</u> digits of Social Security Number | Receiving any source of income? |
|-----------|---------------|--|---|---------------------------------|
|           |               | F/T ___ P/T ___ N/A ___                              |   | Yes ___ No ___                  |

- Are you currently a full-time student or plan to be one in the coming year? Yes \_\_\_ No \_\_\_
- Are you receiving job training or assistance under the Job Training Program? Yes \_\_\_ No \_\_\_
- Are you a member of a Native American Tribe? Yes \_\_\_ No \_\_\_ (If yes) which one: \_\_\_\_\_
- Are you currently homeless? Yes \_\_\_ No \_\_\_
- Are you a US citizen? Yes \_\_\_ No \_\_\_
- Do you have the legal right to reside in the US? Yes \_\_\_ No \_\_\_
- Have you been referred to us by a specific agency? \_\_\_\_\_
- Have you ever lost a Section-8 voucher due to eviction? Yes \_\_\_ No \_\_\_
- Do you have any special needs or are you handicap and require a special accommodation? Yes \_\_\_ No \_\_\_  
 (If YES – please explain and provide medical certification of disability) \_\_\_\_\_
- Have you even been evicted due to:
  - Distribution or sale of illegal drugs? Yes \_\_\_ No \_\_\_
  - Infestation in your Household? Yes \_\_\_ No \_\_\_
- Have you ever been convicted of a Felony or any crime related to causing harm to a person or property?  
 Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_
- Are you a convicted sex offender? Yes \_\_\_ No \_\_\_
- Do you have any open warrants for your arrest? Yes \_\_\_ No \_\_\_

**Some housing units are specifically for people who have experienced any of the following. Please answer any of the following questions that pertain to you.**

- Are you a victim of domestic violence? Yes \_\_\_ No \_\_\_
- Do you have a history of substance abuse? Yes \_\_\_ No \_\_\_
- Are you a veteran? Yes \_\_\_ No \_\_\_
- Do you have a disability? Yes \_\_\_ No \_\_\_  
 (If YES) Do you have documentation from a medical provider of that disability? Yes \_\_\_ No \_\_\_

**INCOME SOURCES**

Do you 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<br>(per time period)   | Source of Income<br>Name, Address and Phone Number |
|--|-----|----|--|--|
| <b>Employment<br/>(Earned Income)</b>  |     |    | \$ _____ per<br>___hour ___week ___Month   |  |
| <b>Employment<br/>(Earned Income)<br/><u>Self-employment</u><br/>(baby-sitting, house cleaning, car<br/>repairs, massage therapy,<br/>E-Bay sales &amp; selling homemade<br/>food, etc.)</b> |     |    | \$ _____ per<br>___hour ___week ___Month<br><br>If paid by the job – frequency of<br>job and payment amount: |  |
| <b>Child Support</b>   |     |    | \$ _____ per<br>___hour ___week ___Month   |  |
| <b>Alimony</b>   |     |    | \$ _____ per<br>___hour ___week ___Month   |  |
| <b>Recurring Monetary Gifts or<br/>Money from Relatives</b>  |     |    | \$ _____ per<br>___hour ___week ___Month   |  |
| <b>Pension or Retirement Benefits</b>  |     |    | \$ _____ per<br>___hour ___week ___Month   |  |
| <b>School Grants or Scholarships</b>   |     |    | \$ _____ per<br>___hour ___week ___Month   |  |
| <b>Social Security / SSI</b>   |     |    | \$ _____ per<br>___hour ___week ___Month   |  |
| <b>Unemployment Compensation</b>   |     |    | \$ _____ per<br>___hour ___week ___Month   |  |
| <b>Veterans Administration</b>   |     |    | \$ _____ per<br>___hour ___week ___Month   |  |
| <b>Welfare (AFDC)</b>  |     |    | \$ _____ per<br>___hour ___week ___Month   |  |
| <b>Disability Benefits<br/>(Workman's Compensation)</b>  |     |    | \$ _____ per<br>___hour ___week ___Month   |  |
| <b>Tribal Per- Cap</b>   |     |    | \$ _____ per<br>___Month___ Quarter ___YR.   |  |

VI-SPADT Score \_\_\_\_\_

**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/<br>Value | Bank<br>(Name and Address) |
|------------------|-----|----|-----------------|-----------|-------------------|----------------------------|
| Checking Account |     |    |                 |           |                   |                            |
| Saving Account   |     |    |                 |           |                   |                            |
| Debit Express    |     |    |                 |           |                   |                            |

**EMERGENCY CONTACT PERSON(S)**

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

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

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

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

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**I am in receipt of the Notice of Occupancy Rights under the Violence against Women Act and Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation provided by the US Department of Housing and Urban Development. (Initial) \_\_\_\_\_ (Date) \_\_\_\_\_**

This is a **Pre-Qualification Form** and does not guarantee availability of an apartment or that an Applicant meets Eligibility Requirements for any Properties. Approval of this Pre- Qualification Form shall place the applicant onto the Waiting List for NAC Permanent Supportive 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) \_\_\_\_\_

|   |
|---|
| <p><b>FOR OFFICE USE ONLY</b></p> <p><b>Date Reviewed and Approved for placement onto Wait List _____ By: _____</b></p> |
|---|

## HOUSEHOLD DEMOGRAPHICS

| HOUSEHOLD COMPOSITION |            |           |    |
|-----------------------|------------|-----------|----|
| Mbr #                 | FIRST NAME | LAST NAME | MI |
| 1                     |            |           |    |

**RACIAL CATEGORIES - Check all that apply**

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

| (B) ETHNIC CATEGORIES* | HOH Member #1            |
|------------------------|--------------------------|
| Hispanic or Latino     | <input type="checkbox"/> |
| Not Hispanic or Latino | <input type="checkbox"/> |
| Choose Not to Disclose | <input type="checkbox"/> |

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

\_\_\_\_\_  
Third Party Assisting to Complete Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
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](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.