



Tamaya Housing Inc.

37B Day School Rd.
 Santa Ana Pueblo, NM 87004
 Phone (505) 771-2060
 Fax (505) 771-2090

Applicant Name

Mailing Address

City State Zip

Home Phone Work Phone

A. List all household members living in unit:

Do you have a land assignment?(circle one) Yes No

Name of Family Member(s)	Social Security Number	Date of Birth	Relationship to Head of Household	Age	Sex	Occupation
1			<i>Head of Household</i>			
2						
3						
4						
5						
6						
7						
8						
9						
10						

B. Anticipated changes in family composition: _____

C. INCOME: _____ A.) Weekly _____ B.) Bi-Weekly _____ C.) Semi-Montly _____ D.) Monthly

Name of Family Member	Rate of Pay	Source of Income or Employer's Name & Address	Estimated Income
	A B C D		
	A B C D		
	A B C D		

Child Care Expenses \$ _____ Per _____ *(Submit attached form/letter of verification)*

Name of Baby-sitter: _____ Phone #: _____

D. PRESENT HOUSING CONDITIONS AND NEED:

1. Without Housing? _____ Yes _____ No

A. Present living arrangements: _____

B. Monthly Rent Charge: _____

2. About to be without housing? _____ Yes _____ No

A. Reason: _____

B. Type of Notice & Effective Date: _____

3. Living under substandard housing conditions? Explain: _____

4. Other conditions and factors of housing need? Specify: _____

E. CURRENT RESIDENCE

County: _____ Lifetime Resident _____ Yes _____ No Pueblo of: _____

If "No", indicate length of residency in locality: _____

F. DISABLED OR HANDICAP

1. Disabled family member(s): _____
Nature and extent of disability: _____

2. Physically handicapped family member(s): _____
Nature and extent of disability: _____

G. MILITARY SERVICE OR VETERAN DATA

1. Family member(s) previously or presently enlisted in service: _____

2. Relationship to Head of Household: _____

3. Discharged: _____ Yes _____ No If "Yes", type of discharge: _____

4. Disabled: _____ Yes _____ No If "Yes", % _____ Service Related? _____ Yes _____ No

5. Deceased: _____ Yes _____ No If "Yes", Date _____ Service Related? _____ Yes _____ No

6. If presently in service: Rank: _____ Service No.: _____ Branch: _____
Mailing Address of Company: _____

H. Have you or a family member ever been convicted of a felony, or crimes against children and families?

_____ Yes _____ No If "Yes", explain: _____

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 not object to inquiries made for the purpose of verifying the statements made herein. I hereby agree to participate in and cooperate fully in the THI Housing Program and I understand that failure to participate without good cause may result in revocation of the Notice of Selection or Termination of any further housing.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Date Received by THI: _____
Date Time

By: _____