



Sandstone Housing

8500 Menaul Blvd NE

Suite A420

Albuquerque, NM 87112

Phone: 505-821-019



RENTAL APPLICATION

Shiprock Estates

71 Candle Light ♦ P.O. Box 4180

Phone: (505) 368-5676 ♦ Fax: (505) 368-4412

Unit Size Requested: _____

Move-In Date: _____

OFFICIAL USE ONLY

Date/Time Received

Date/Time Updated

Instructions for completing this application:

1. Please complete all sections by printing in ink. Please do not leave any sections blank, if the section does not apply to you write "NONE" or "N/A" (not applicable). If you need to make a correction, please draw one line through the error and write the correct information above and initial the change.
2. Please make sure that anyone who will be residing in the unit that is emancipated or over the age of 18 signs this application.
3. Please make sure all information on this form is complete and correct. False, incomplete or misleading information will cause your application to be denied.
4. While your application is on file with us, you must contact us whenever you have a change in income, address, phone number or if you need to add or change the number of household members on your application. It is your responsibility to make sure we have current information.
5. Your application must be returned to this office in person. Please make sure you have at least 30 minutes available to meet with our staff when returning your application. We will have a short interview and review of your application in order to make a preliminary determination of eligibility.
6. If your household appears to be eligible for housing, your household will be placed on our Wait List. This does not mean that your household will be offered housing. If further processing establishes that your household is not eligible or does not qualify for housing, your application will be declined. We will process your application according to standard procedures which are summarized in the Resident Selection Criteria section of this application.
7. **There is a NON REFUNDABLE Screening Fee of \$25.00 for each adult individual (18 years & older).**

GENERAL INFORMATION:

Applicant(s) Name: _____

Head of Household (HOH): _____

Current Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Pager #: _____

Please list an emergency contact and/or person we can reach if we are unable to reach you:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Does the Head of Household, Spouse or Co-Head Elderly (62+) require any special accommodations? unit for mobility impaired, visually impaired, or hearing impaired, grab bars, live in aide, etc? Yes No

List special accommodations required: _____

Have any adult member of your household been convicted of a crime? Yes No

If yes, please explain: _____

Are you or any member of your household subject to registration requirements under the state Sex Offender registration program? Yes No

If yes, please explain: _____

Household Members: List all persons, including you, who will reside in the unit.

Full Name	Relationship to HOH	Sex	Age	Date of Birth	Birth Place	Occupation	SSN / Alien Registration #
1.	Head of Household						
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

Will any of the above household members live anywhere besides the apartment? Yes No

Are there any other persons that will live in the apartment on a part-time basis? Yes No

If you answered "Yes" to either of the above questions, please explain below:

Rental History: This must include all places where you and/or any adult household members lived in the past ten years. Include places where you or their name did not appear on the lease and places where you or they used a different name. Adult members include any household member who are 18 years of age or older.

Family Member Name	Street Address	City, State, Zip	Dates of Residency	Landlord Name & Phone #

INCOME

Employment Income: List all full-time, part-time and seasonal employment for all household members including self-employed earnings. If you have income from other sources list in the "Income from Other Sources" section of the application:

Family Member Name	Place of Employment	Address & Phone #	Contact Person	Annual Income

Income from Other Sources: List all income from sources other than employment for all household members. This includes but is not limited to: Public Assistance, Social Security, SSI Disability, Unemployment, Alimony, Child Support, Veterans Benefits, Pensions, etc.

Family Member Name	Source of Income	Address & Phone #	Contact Person	Annual Income

Full or Part Time Student: Are you or anyone in your household a full or part time student at an Institute of Higher Education? Yes No

If yes, each individual must complete a Student Certification form and provide information for all Grants, Scholarships and/or Student Financial Assistance.

Family Member	Age	Does this family member have a dependent?	Grant, Scholarship, and/or Financial Assistance	Annual Amount Received
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

ASSETS

Checking Accounts: List all checking accounts for all household members.

Family Member Name	Account Number	Bank Name	Average 6 mo. Balance	Current Rate of

Savings Accounts: List all savings accounts for all household members.

Family Member Name	Account Number	Bank Name	Average 6 mo. Balance	Current Rate of

Other Asset Information: Please list other asset information. This includes but is not limited to Stocks, Bonds, Credit Union Shares, CD's, Life Insurance Policy Sender Values, etc

Family Member Name	Description and/or Account Number	Current Value of Asset	Annual Income from Asset

Real Estate: Please answer the following questions regarding Real Estate.

Do you currently own any Real Estate? Yes No If yes, are you receiving any income from this property?
 Yes No If yes, list the address of all property and the annual income you receive from these properties.

DISPOSED/SOLD ASSETS

Have you disposed of any property in the last two years? Yes No
 If yes, please list below:

Type of Property	Market Value Disposed	Amount Disposed for	Date of Transaction

Have you disposed of any other Assets in the last 2 years? Yes No
 Example: lump sum cash given away, cash value of whole life insurance, set-up Irrevocable Trust Accounts, etc.

If yes, please list below:

Describe Asset	Amount Disposed for	Date of Transaction

EXPENSES

Medical and Other Misc. Expenses: List payments made to Child Care Provider (only children 12 and under), Adult Care costs, payments on outstanding medical bills, medical insurance premiums, medical and dental costs not covered by Insurance, Medical travel costs, anticipated out-of-pocket prescribed medication costs, etc. **Medical expenses apply where the Head of Household, spouse or co-head is 62 years of age or older or disabled.**

Family Member Name	Description of Expense	Paid To	Address/Phone Number	Unpaid Balance	Monthly Cost

Travel Expense: Do you incur excessive travel expense for employment or educational related travel?

Yes No If yes, where and how many miles to and from location: _____

VEHICLE INFORMATION

Automobiles and Other Vehicles: List all motor vehicles registered to household members, including motorcycles.

Family Member Name	Make and Model of Vehicle	Year	Color	License Tag Number and State Registered

HOUSEHOLD INFORMATION

1. Are you displaced? Yes No

If yes, list Displacement Agency _____

2. Have you ever been evicted from any Public or Federal Housing Program? Yes No

3. Have you ever been evicted from any other housing? Yes No

4. Have you or any member of your household ever committed fraud in a Federal Assistance Housing Program or been requested to re-pay money for knowingly Misrepresenting information for such housing programs? Yes No

If yes, please explain: _____

5. Are you or any member of your household currently living in affordable housing and receiving HUD or USDA housing assistance? Yes No

If yes, please explain where: _____

6. Are you are any member of your household currently using an illegal controlled Substance? Yes No

7. Do you own a pet? Yes No

Please note this property may have a "No Pet Policy" otherwise only assistive animals are allowed. If pet's are allowed you will be provided with Pet Policy Information.

8. Have you or any adult members of your household ever used any name or Social Security number other than the one provided on this application? Yes No

If yes, please explain: _____

9. How did you hear about our community?

Newspaper Shelter Friend/Family Other _____

Ethnic Origin: Please check one box that best describes your ethnic origin. This question is optional and your response will have no bearing on your eligibility for housing.

- | | | |
|----------------------------------------------|----------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> White, Hispanic | <input type="checkbox"/> Black, Hispanic | <input type="checkbox"/> Asian or Pacific Islander |

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

1. We certify that all information given in this application and any addendum thereto are true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline your application or if move-in has occurred your Rental agreement will be terminated.
2. We authorize management to make any and all inquiries to verify this information either directly or through information exchanged now and later with rental, credit and third party verifications. They may contact previous and current landlords or other sources for credit and verification confirmation, which may be released to appropriate Federal, State or local agencies.
3. If your application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the unit, that they will maintain no other place of residence and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
4. We understand that if this application is placed on the waiting list, we may request sample copies of the Rental Agreement and the House Rules. If this application is approved and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damage and Security Deposits, etc.
5. We have read and understand this application.

FAIR CREDIT REPORTING ACT:

WE AUTHORIZE MANAGEMENT TO OBTAIN ONE OR MORE CONSUMER REPORTS AS DEFINED IN THE FAIR CREDIT REPORTING ACT, 15 U.S. SECTION 1681A (D), SEEKING INFORMATION ON OUR CREDIT WORTHINESS.

THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURES FOR PROCESSING YOUR APPLICATION, AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES, SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING, INCOME AND CREDIT BACKGROUND AS WELL AS POLICE RECORDS. ALL INFORMATION YOU OR OTHER PROVIDE WILL BE HELD IN THE STRICTEST OF CONFIDENCE.

Applicant Signature: _____	Date: _____
Applicant Signature: _____	Date: _____
Applicant Signature: _____	Date: _____
Applicant Signature: _____	Date: _____

Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance. "We are an equal opportunity provider, employer and lender." To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue S.W., Washington, DC 20250-9410 or call 1-800-795-3272 (voice) or 1-202-720-3682 (TDD)." We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, disability, or familial status.