

Santa Clara Pueblo Housing Authority

Homeowner Assistance Fund (HAF) Program Application

APPLICANT CHECKLIST

Thank you for your interest in the Santa Clara Pueblo Housing Authority (SCPHA) Homeowner Assistance Fund (HAF) Program. To complete the SCPHA HAF Program application, the following documentation is required for all individuals 18 years of age or older that will be listed on the Application, if applicable:

- Copy of SCP Enrollment Card or Non-Member Residency Card
- Copy of Social Security Card
- Copy of Deed/ Land Transfer of home
- Income Documentation (*such as monthly wage statements, monthly interest statements, monthly unemployment compensation statements, SSI, or copy of IRS Form 1040 filed for the household in 2021 with the Internal Revenue Service*)
- Personal Affidavit (*for all household occupants over 18 y/o*)

If requesting Utilities Assistance,

- Bill(s), Invoice(s), Receipt(s) and/ or written attestation

If requesting Other Energy Cost Assistance,

- Bill(s), Invoice(s), Receipt(s) and/ or written attestation

Should you have any questions, please contact our office at (505) 753-6170 during our office hours from Monday through Friday, 8:00 am to 4:30 pm or email angelang@scphousing.org.

**SANTA CLARA PUEBLO HOUSING AUTHORITY
HOMEOWNER ASSISTANCE FUND (HAF) PROGRAM APPLICATION**

Name: _____ Date: _____

Primary Applicant Only:

Race : American Indian/Alaskan Indian Black/African American Asian Native Hawaiian
 White Pacific Islander _____

Physical Address: _____

Mailing Address: _____

Tribal ID # _____ Phone No.: _____ E-Mail Address: _____

List yourself and all household members:

Name	D.O.B	Tribal Affiliation	M/F	Social Security No.	Monthly Income

Total Household Monthly Income: \$ _____ Total Household Annual Income: \$ _____

Please attach income documentation (such as monthly wage statements, monthly interest statements, monthly unemployment compensation statements, SSI, or copy of IRS Form 1040 filed for the household in 2021 with the Internal Revenue Service)

1. The financial assistance for which the household wishes to obtain is the payment of:

- Home Energy Upgrade (Displacement)
- Mortgage arrears (Amount: \$ _____, from _____ (date) to _____ (date))
- Utilities and home energy costs arrears (Amount: \$ _____, from _____ (date) to _____ (date))

2. A household must be determined to be eligible to receive homeowner assistance. An “eligible household” is defined as a **Homeowner household** which meets each of the following three criteria:

One or more individuals within the household has:

- Qualified for unemployment benefits; or
- Experienced a reduction in household income, incurred significant costs
- experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

If any box is checked, please explain (and attach supportive documentation such as paperwork showing individual(s) have qualified for unemployment benefits): _____

- 3. Has the household received any other federally funded assistance for COVID-19 response purposes?
Yes No
- 4. Is one or more individuals within the household unemployed as of the date of this application, or have any such individuals been unemployed for the 90-day period immediately preceding the date of this application?
Yes No

By signing this application, I attest that the information provided is complete and true to my knowledge. I understand that any false information will void my application.

Additional attestations are attached to this application.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY:	
Does the household have a household income that is not more than 100 percent of the area median income?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the household have a household income that is not more than 150 percent of the area median income?	Yes <input type="checkbox"/> No <input type="checkbox"/>
The household is: eligible <input type="checkbox"/> ineligible <input type="checkbox"/>	
_____ INTAKE OFFICER	_____ DATE
APPROVED:	_____ EXECUTIVE DIRECTOR

PERSONAL AFFIDAVIT FOR HAF PROGRAM

I, _____ (Print Name), of legal age (18 years of age or older) do hereby affirm and declare that

1. I am a(n) _____ (Artist/Unemployed)
2. I currently work at _____, work _____ hour(s) per week at the rate of \$ _____.

And I have been financially impacted during COVID-19 by the following:

- Laid off from work
- Hours worked were reduced
- Sales of traditional artwork have decreased
- Childcare has increased
- Price of necessities have increased
- Loss of income due to family loss from COVID-19
- Decrease in income due to being quarantined from contracting or being exposed to COVID-19
- Elderly or disabled: Poor circulations of air (HVAC) and lack of heating demonstrating Unsafe or Unhealthy Living Conditions
- Other: *(Please explain and if needed attach additional statement)*

I certify that the information presented in this affidavit is true and correct to the best of my knowledge and belief.

Signature _____ Date _____

STATE OF NEW MEXICO)
)ss.:
COUNTY OF RIO ARRIBA)

On this _____ day of _____, 20____, before me appeared _____, to me personally known, who, being by me duly sworn, did sign and affirm that all the facts alleged in this Affidavit are within Affiant's personal knowledge and are true and correct

NOTARY PUBLIC
My Commission Expires: _____