

# City of Sunland Park Housing Authority

100 Villa Del Rio Loop \* Sunland Park NM 88063  
(575) 589-9414 Office • (575) 589-9407 Fax

## VILLA DEL RIO APARTMENTS

### OFFICIAL USE ONLY

ENTERED IN COMPUTER SYS. \_\_\_\_\_

**BEDROOM SIZE:** \_\_\_\_\_

**Application Date:** \_\_\_\_\_

### PLEASE PRINT

**I.** Name: \_\_\_\_\_  
FIRSTNAME MI. LASTNAME

Mailing Address: \_\_\_\_\_  
P.O. BOX/STREET CITY/STATE ZIP CODE

Telephone Numbers: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_ Years / \_\_\_\_\_ Months

Name of current or prior Landlord: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ Contact #: ( ) \_\_\_\_\_

**II.** List all household members who will be living with you if you receive housing assistance. Please include yourself.

NAME	RELATIONSHIP	AGE	SEX	GROSS INCOME
1	SELF			
2				
3				
4				
5				
6				
7				
8				

Do you, your spouse or any other household member over the age of 18 years old work?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If yes,

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

Employer: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Do you receive any federal or state assistance? Yes\_\_\_\_\_ NO\_\_\_\_\_

If yes, check all that apply and provide amount:

Social Security \$\_\_\_\_\_ Food Stamps \$\_\_\_\_\_ Welfare \$\_\_\_\_\_

Child Support \$\_\_\_\_\_ Supplemental Security Income \$\_\_\_\_\_

**III.** Provide the additional information for the household member listed on page 1.

DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NO.
1		
2		
3		
4		
5		
6		
7		
8		

**IV.** What type of work are you in? Check the one that applies to your household.

Farm Work:\_\_\_\_\_ Non-Farm Work:\_\_\_\_\_ Seasonal:\_\_\_\_\_  
Part Time:\_\_\_\_\_ Full Time:\_\_\_\_\_

**V.** Do you, your spouse, or any other household member have any of the following assets:

Stocks: \$\_\_\_\_\_ Bonds: \$\_\_\_\_\_ Inheritance: \$\_\_\_\_\_  
Property: \$\_\_\_\_\_ Checking Accounts: \$\_\_\_\_\_  
Savings Accounts: \$\_\_\_\_\_ OTHER: \$\_\_\_\_\_

**VI. Other information:**

In order to comply with the Federal and State equal housing Opportunity and Statistical Record Keeping Requirements, we are asking your help and cooperation in providing the information required below. This information will NOT be used to determine your eligibility.

**VII. RACE: (Check all that apply)**

1. White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_  
American Indian \_\_\_\_\_ Alaska Native \_\_\_\_\_  
Native Hawaiian/Pacific Islander \_\_\_\_\_
2. Are you being evicted from your house or apartment? \_\_\_\_\_
3. Is anyone in your household handicapped or disabled? \_\_\_\_\_
4. Are you a disabled veteran? \_\_\_\_\_
5. Are you a disabled ERA veteran? \_\_\_\_\_
6. Do you consider yourself handicapped? \_\_\_\_\_
7. Have you ever been assisted under any Federal or State funded housing program? \_\_\_\_\_  
STATE FUNDED HOUSING PROGRAM?  
If yes, when: \_\_\_\_\_ and where? \_\_\_\_\_

I understand that I am applying for admission to the HUD Housing Program and that the information provided in this application is true and correct. I also understand that to make false statements in order to receive federal housing assistance is a federal offense. I hereby give permission to the Housing Authority to contact any organization in reference to the information herein:

I also understand that it is my responsibility to report to the Housing Authority any changes in this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date: