

City of Sunland Park Housing Authority

100 Concepcion Lane * Sunland Park NM 88063
(575) 589-9414 Office

VILLA DEL RIO APARTMENTS

PLEASE PRINT

OFFICIAL USE ONLY

ENTERED IN SYSTEM _____

BEDROOM SIZE: _____

Application Date: _____

Preference Points _____

I. Name: _____
FIRSTNAME M.I. 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, Co-head or any other household member over the age of 18 years old work?
Yes _____ No _____ If yes how many hours _____.

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 \$ _____

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: _____

Part Time: _____

Full Time: _____ Seasonal: _____

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

Stocks: \$ _____

Bonds: \$ _____

Inheritance: \$ _____

Property: \$ _____

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. Ethnicity: Hispanic or Latinin _____ Not Hispanic or Latino _____
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. Currently a victim of VAWA? _____
8. 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: