



City of Sunland Park Housing Authority

100 Concepcion Lane, Sunland Park NM 88063

Office (575) 589-9414

OFFICIAL USE ONLY

Date Entered in System: _____

Bedroom Size: _____

Application Date: _____

Preference Points: _____

Received by: _____

I. Contact Information: (please print)

FIRST NAME

MI

LAST NAME

Mailing Address:

P.O. BOX/STREET

CITY

STATE

ZIP CODE

Telephone Number: _____ Cell Phone: _____

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	SEX	AGE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Do you, your spouse, Co-head, or any other household member over the age of 18 work?
(mark your answer)

YES _____ NO _____ If yes, how many hours per week: _____

If yes,

Name: _____ Employer: _____

Name: _____ Employer: _____

Do you receive any federal or state assistance? YES: _____ NO: _____

If yes, check all that apply and provide the 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 NUMBER
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 for 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)*

White: _____ Black/African American: _____ Asian: _____ American Indian: _____

Alaska Native: _____ Native Hawaiian/Pacific Islander: _____

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino: _____

Is anyone in your household handicapped or disabled? Yes _____ No _____

Are you a disabled veteran? Yes _____ No _____

Are you a disabled ERA veteran? Yes _____ No _____

Do you consider yourself handicapped? Yes _____ No _____

Currently a victim of VAWA? Yes _____ No _____

Have you ever been assisted under any Federal or State-funded housing program? Yes _____ No _____

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 making false statements 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 any changes to this application to the Housing Authority.

Signature of Applicant: _____ Date: _____