

**Santa Fe County Housing Authority**  
**52 Camino de Jacobo**  
**Santa Fe, New Mexico 87507**  
**Phone: (505) 992-3060**

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The Santa Fe County Housing Authority (SFCHA) has adopted a preference for working families on the waiting list. The working family preference will be given to families whose head of household, spouse or other adult member has been employed for six months or longer working a minimum of 24 hours per week. This will include families whose head of household, spouse, or other adult member is participating in full-time job training, is a full-time student (12 credit hours per semester), or is otherwise in compliance with economic self-sufficiency requirements imposed by the welfare agency.

The SFCHA has also adopted a preference for elderly and disabled persons. The elderly/disabled preference will be given to families whose head of household, or spouse or whose sole member is at least 62 years of age or a person with disabilities.

A person who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or in Section 42 U.S.C. 6001(7) 1937 Housing Act) will be considered a disabled person.

The adoption of preferences will result in the reconstruction on the waiting list. The applicant's placement on the waiting list will be determined by the following hierarchical order:

- 1) Unit Size
- 2) Preference
- 3) Date and time of application

**In order to claim a preference, the following information must be submitted to the Housing Authority:**

- Dated verification of income stating start date, number of hours worked per week, and hourly wage
- Verification of participation in a training program
- Verification of full time attendance at an accredited institution
- Birth certificate(s) for those that are elderly only as proof of age
- Verification of income received from Social Security (SS), Social Security Insurance (SSI), and/or Social Security Disability Insurance (SSDI)
- General Assistance (for individuals awaiting approval of SS, SSI or SSDI)

**Hours of operation:**

Monday, Tuesday, Thursday, and Friday 8:00 a.m.-5:00 p.m.

Closed 12:00 p.m.-1 :00 p.m. (lunch hour)

Wednesday 8:00 a.m.-12:00p.m.

**SANTA FE COUNTY HOUSING AUTHORITY**  
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**505-992-3060**

### **Violence Against Women Act of 2013**

As President Obama signed legislation that reauthorized the Violence Against Women Act (VAWA), now is a good time to review the VAWA protections available to residents of public housing and participants of the Housing Choice Voucher Program.

Domestic violence is a serious issue, with victims at every level of society. For those in public housing, this violence presents the additional threat of losing their housing assistance. Since 2005, the Violence against Women Act (VAWA) has protected victims against this secondary threat. The rules protecting victims of domestic violence, dating violence, and stalking, established after the 2006 renewal, protect victims of this form of violence.

VAWA covers three forms of violence: domestic violence, dating violence and stalking. It should be noted that protections for VAWA-covered violence cover women or men, as well as people in same-sex relationships.

- Domestic violence is felony or misdemeanor violence committed by the victim's current or former spouse; someone in the role of a spouse according to local law; the victim's live-in romantic partner; someone the victim shares a child with; or, anyone an adult or youth victim would be protected from under local domestic or family violence laws.
- Dating violence is defined as violence committed by someone who is or has been in a romantic or intimate relationship with the victim.
- Stalking is to follow, pursue, place under surveillance or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person. It is defined as placing a person in reasonable fear of death, serious bodily injury, or substantial emotional harm. This definition covers the victim, the victim's immediate family or the victim's spouse or intimate partner.

#### **Protections for Residents**

Victims have a right to privacy when dealing with PHAs regarding domestic violence, dating violence, or stalking. All information provided by resident must be kept confidential.

Incidents or threats of domestic violence, dating violence, or stalking will not be considered a "serious or repeated lease violation" by the victim, or "good cause" to terminate the tenancy rights of the victim.

**SANTA FE COUNTY HOUSING AUTHORITY  
APPLICATION FOR ADMISSION**

Please read carefully. Incomplete applications will *not* be processed.

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Please select by checking appropriate box:     Public Housing     Housing Choice Voucher (Section 8)  
     Mainstream Voucher (Under 62 and Disabled)     VASH Voucher (Veteran)     FYI (Youth)

<b>For Statistical Purposes Only</b>			
Race of Head of Household:	<input type="checkbox"/> African American / Black	<input type="checkbox"/> Asian or Pacific Islander	
	<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Caucasian/White	
Ethnicity of Head of Household:	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Non-Hispanic / Non-Latino	

Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Present Landlord: \_\_\_\_\_  
 Landlord's Phone # \_\_\_\_\_ Present Rent \$ \_\_\_\_\_

Previous Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Name of Previous Landlord: \_\_\_\_\_  
 Landlord's Phone # \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Friend/Relative to contact if we are unable to reach you:  
 Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Required Modification of unit: \_\_\_\_\_  
 Mobility: \_\_\_\_\_ Sight: \_\_\_\_\_ Hearing: \_\_\_\_\_ Other: \_\_\_\_\_

**Household Composition:**  
 List the head of household and all other persons who will live in the rental unit. Indicate if any member is a full time student.

Last Name, First, Initial	Relationship to Head	Birth Date	Age/Sex	Social Security #	Student Y/No If yes, Where
1)	<b>Head</b>				
2)					
3)					
4)					
5)					
6)					
7)					

**Homeless Status:** Are you currently homeless?     Yes     No

**SANTA FE COUNTY HOUSING AUTHORITY  
APPLICATION FOR ADMISSION**

**Income:**

List all income for household members. Include full and part-time employment, self employment, welfare, social security, S.S.I., pensions, disability compensation, interest, childcare earnings, alimony, child support, annuities, dividends, income from rental properties, Armed Forces Reserves, scholarships, and/or grants, net income from operation of a business, etc.

Household Member# (from above) & Name	Source of Income	Gross Income
		\$
		\$
		\$
		\$

**Assets:**

Check "YES" or "NO" on all of the following lines. If "YES" enter the amount or value of the asset and the current income from the asset.

	Yes	No	Account#	Bank Name & Address	Balance/Value
Cash on hand over \$100.00					\$
Checking Account					\$
Cash Management Account					\$
Savings Account					\$
Certificate of Deposit					\$
Annuities					\$
Money Market Funds					\$
IRA Account					\$
Stocks/Bonds/Mutual Funds					\$
U.S. Savings Bonds					\$
Contract for Deed					\$
Real Estate					\$
Business Asset					\$
Other					\$
					\$

Have you ever disposed of any assets for less than Fair Market Value in the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes complete the following information:

Please describe: -----

Date of disposal: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

Market value at time of disposal: \$ \_\_\_\_\_

**Medical Expense:**

Complete this section **only** if head of household or spouse is *elderly or disabled*.

Do you or your spouse receive Medicare benefits?  Yes  No

Do you receive Medicaid?  Yes  No

Do you pay additional medical insurance? (Blue Cross, AARP, etc.)  Yes  No

Are all of your Medical Expenses covered by insurance or outside source?  Yes  No

If NO, indicate expenses paid by you:

Prescription Drugs \_\_\_\_\_

Are you making monthly payments on Outstanding Medical Bills? \_\_\_\_\_

**SANTA FE COUNT HOUSING AUTHORITY  
APPLICATION FOR ADMISSION**

Do you have any expenses for attendant care or special apparatus for a disabled or handicapped member that is necessary for a household member to be employed? (Do not consider expenses paid to a family member or reimbursement by outside sources)       Yes       No

If yes, please describe: \_\_\_\_\_

Other expenses: \_\_\_\_\_

**Childcare Expense:**

Do you pay for childcare for children 12 years or younger while a family member is employed or going to school?       Yes       No

If yes, amount paid to childcare provider: \$ \_\_\_\_\_

**Please answer each question carefully. The information you provide is subject to verification by a third party and will be used to determine housing assistance to you and/or your family.**

What is the amount of your monthly rent? \$ \_\_\_\_\_

What is the amount of your monthly utilities? \$ \_\_\_\_\_

Are you receiving energy assistance?       Yes       No      If yes, how much? \$ \_\_\_\_\_

Are you now being evicted?       Yes       No      If yes, Why? \_\_\_\_\_

Have you and/or a family member ever been evicted from assisted housing in the last 3 years because of drug related activity?       Yes       No

Have you ever lived in assisted housing?       Yes       No

If yes, where? \_\_\_\_\_

Are you purchasing a mobile home and renting the space on which it is located?       Yes       No

**Applicant(s) Tenant(s) Statement:**

I/We certify that the information given to the Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements of information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head of Household

\_\_\_\_\_  
Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll free hotline at 1-800-424-8590.

\*\*After verification by the Housing Authority the information will be submitted to the Department of Housing and Urban Development. See the Federal Privacy Act Statement for more Information about its use.

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To remain on the waiting list, an applicant must contact the management office in person at least every six months. Accepting an application and placing an applicant's name on the waiting list does not mean an applicant will be offered housing.

Any changes pertaining to the application must be made in writing and delivered to the management office. Such changes include mailing address information, household composition, employment status, etc. Changes to application information will not be accepted over the phone.

Only qualified applicants are offered housing by the date and time order the applicant applied for housing.

The Housing Authority by ADA (American with Disabilities Act) standards is required to provide units that have structural features that make the unit accessible to a person with physical disabilities. When a unit becomes available, it will be offered first to otherwise qualified individual(s) who need a unit with accessible features. Interested applicants may ask for a list of accessible units.

An applicant who is determined "not qualified" for housing assistance must be notified in writing. An applicant has a right to appeal the decision. You are requested to notify the office in writing within 10 days of receipt of the letter in order to schedule an appeal hearing.

The Housing Authority maintains a transfer waiting list for residents who are over housed or under housed or who may need a medical transfer. Available units are filled first from the tenant list and then from the applicant waiting list.

**Please note, in the event that the Santa Fe County Housing Authority does not have all current requested/required documentation (including current/active phone number and address) your name will be removed from the waitlist in which your name was selected. We currently have wait lists for our Public Housing Program, Housing Choice Voucher Program, and our Mainstream Voucher Program.**

I have read and fully understand the above procedures.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Santa Fe County Housing Authority Representative

\_\_\_\_\_  
Date

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # \_\_\_\_\_ Date \_\_\_\_\_

**Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.**

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

**Eligible immigration status and 62 years of age or older:** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

**Immigrant status under 101(a)(15) or 101(a)(20) of INA:** A noncitizen lawfully admitted for permanent residence, as defined by 101 (a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

**Permanent residence under 249 of INA:** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

**Refugee, asylum or conditional entry status under 207, 208 or 203 of INA:** A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

**Parole status under 212(d)(5) of INA:** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

**Threat to life or freedom under 245(a) of INA:** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

**Amnesty under 245(a) of the INA:** A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.



# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart 8. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAS for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. {This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.}

U.S. Social Security Administration (HUD only) {This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.}

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

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**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

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**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**SANTA FE COUNTY HOUSING AUTHORITY  
52 CAMINO DE JACOBO  
SANTA FE, NEW MEXICO 87507  
505-992-3060**

**Waiting List**

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**EMPLOYMENT VERIFICATION FORM**

*To be completed by EMPLOYER ONLY*

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

**Social Security Number:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Last Date of Employment:** \_\_\_\_\_  
(If Applicable)

**Position / Title:** \_\_\_\_\_

**Hours Per Week:** \_\_\_\_\_

**Hourly Wage:**  
\_\_\_\_\_

**Other pay such as tips, bonus, or commissions?**  Yes  No

**If yes, what type and how much:** \_\_\_\_\_

**How often is employee paid?**  Weekly  Bi-weekly  Monthly

\_\_\_\_\_  
**Employer's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Phone Number**

**PHA Notes:**