



White Mountain Apache Housing Authority

P.O. BOX 1270 ~ WHITERIVER, AZ 85941 ~ PHONE 928.338.4831 ~ FAX 928.338.9479

APACHE DAWN APPLICATION

Confidential

In Accordance with the Admission and Occupancy Policy, the White Mountain Apache Housing Authority requires review on all applications received during initial intake and re-examination. Pursuant to this requirement, we are requesting that you provide the following information and documents.

Name Last: _____ First: _____ Mi: _____

Spouse Last: _____ First: _____ Mi: _____

Address: _____

Phone Numbers:

State: _____ Zip: _____

Work: _____

Physical Address: _____

Home/Cell: _____

Community: _____

Msg# & Name: _____

Area of Interest: (circle all areas you are interested in)

Turkey Creek

7-Up

Canyon Day

Cedar Creek

McNary

Hondah

Cibecue

Chinatown

Bedroom Size:

3

4

Required Documents:

YOU MUST RETURN THESE DOCUMENTS WITH YOUR APPLICATION

- 1.) Social Security Card(s) for each family member(s)
- 2.) Marriage License or Certificate
- 3.) Proof of Income for each family member (if applicable) Award Letter, Check Stubs.. etc..
- 4.) Tribal Affidavit(s) for each family member (if applicable)
- 5.) Legal Document (if applicable) such as: Custody, Restraining Order, divorce... etc.

After all information has been submitted, IHA will review your application to determine your eligibility status for the Apache Dawn Program. If you need assistance in completing this application, do not hesitate to ask for help, we will be happy to assist you.



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1. Family Composition:

No.	Name of Member	Relation	D.O.B	SSN	Occupation	
1		Head				
2						
3						
4						
5						
6						
7						
8						
9						

2. Family Income:

No.	Source of Income (Name)	Rate of Pay Hourly, Monthly	Anticipated income for the next 12 months

3. Deductions:

No.	Type and Amount
Total Deductions per Month:	
	\$
Total Family income after Deduction:	
	\$

4. Local Preference

- a. Elderly Family or Disabled Family YES/NO
- b. Medical Condition requiring standard unit YES/NO
- c. Veteran (Head of Household or Spouse) YES/NO
- d. Are you an enrolled member of the WMAT? YES/NO



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If the WMAHA Housing Authority is unable to contact you, whom may we contact?

Name: _____ Name: _____

Phone: _____ Phone: _____

Physical Address: _____ Physical Address: _____

I understand that this is not a contact and does not bind either party. That the above information given is Full, True and Complete to the best of my knowledge. I have no objections in the White Mountain Apache Housing Authority to verify the above statement made herein.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____



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TO BE COMPLETED BY WMAHA PERSONNEL

Applicant's Name: _____ Date: _____

Applicant	Complete	Incomplete	Comments
Name & Address			
Phone Number			
Family Members			
Birth Dates			
Social Security Numbers			
Location Preference			
Bedroom Size			
Address of Nearest Relative			
COPIES OF SS CARDS			
COPIES OF TRIBAL AFFIDAVITS			
PROOF OF INCOME (CHECK STUBS, AWARD LETTERS, ETC)			
Prior Termination by Housing			
Vacated Account (Verified by TA Mgmt)			
Applicant Signature & Date			
Housing Management Staff (Signature)			

Statement of Understanding: The need for the verification of the items checked above has been explained to me. I understand my obligation to provide this verification. I also understand that if I am unable to provide the information by _____, that I will contact Housing Authority.

Applicant Signature

Date

Application Screened by:

Counselor

Date

Collection Officers Signature

Date