



White Mountain Apache Housing Authority

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

LOW RENT 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)

McNary

East Fork

Whiteriver

Canyon Day

Cibecue

Bedroom Size:

1

2

3

4

5

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 Low Rent 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. 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 WMAT? YES/NO

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