



Pueblo de Cochiti Housing Authority  
 PO Box 98  
 Cochiti, NM 87072

**APPLICATION FOR ADMISSION  
 HOMEOWNERSHIP/LOW RENT PROGRAM**

Prospective Participant		
Mailing Address		
City	St	Zip
Work Phone	Home Phone	

A. Persons who will live in unit:

	Name of Family Member	Social Security Number	Relation to Head	Birthdate	Age	Sex	Occupation
1.			HEAD				
2.							
3.							
4.							
5.							
6.							

B. 1. Anticipated changes in family composition: \_\_\_\_\_  
 \_\_\_\_\_

2. List Parents and Grandparents: Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
 Cochiti Grandparents: \_\_\_\_\_

C. Income: (\*Indicate below: a. Weekly b. Bi-weekly c. Semi-Monthly d. Monthly)

Name of Family Member	*Rate of Pay	Source of Income/ Employer's Name	Estimated Income

Child Care Expense (for employed applicants only) \$\_\_\_\_\_ per \_\_\_\_\_ *Submit letter of verification*  
 Name of Babysitter: \_\_\_\_\_ Phone number: \_\_\_\_\_

D. Present Housing Conditions and Need: Housing Preference: Homeownership \_\_\_\_\_ Rental \_\_\_\_\_

1. My current housing condition is:
- a. Without Housing: \_\_\_\_\_ YES \_\_\_\_\_ NO

- b. Present Living Arrangements: \_\_\_\_\_
- c. Monthly Rent Charge: \_\_\_\_\_
- d. About to be without Housing: \_\_\_\_\_ YES \_\_\_\_\_ NO
- e. Reason: \_\_\_\_\_
- f. Type of Notice and Effective Date: \_\_\_\_\_

- 2. Living under substandard housing conditions: \_\_\_\_\_
- 3. Other conditions and factor of housing need: \_\_\_\_\_

**E. Residence (Local)**

County \_\_\_\_\_ Lifetime resident: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If "NO", indicate length of residence in locality: \_\_\_\_\_

**F. Disabled or Handicapped**

- 1. Are any of the family member(s) disabled? \_\_\_\_\_  
 Nature and extent of disability: \_\_\_\_\_  
 Any Special Needs requirements? \_\_\_\_\_

**G. Military Service or Veteran Data**

- 1. Family member(s) previously or presently enlisted in service \_\_\_\_\_
- 2. Relationship to Head of Household \_\_\_\_\_
- 3. Discharged: \_\_\_\_\_ YES \_\_\_\_\_ NO If "Yes", type of discharge \_\_\_\_\_ Length of service: \_\_\_\_\_
- 4. Disabled: \_\_\_\_\_ YES \_\_\_\_\_ NO If "Yes", % \_\_\_\_\_ Service related \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5. Deceased: \_\_\_\_\_ YES \_\_\_\_\_ NO If "Yes", Date \_\_\_\_\_ Service related \_\_\_\_\_ Yes \_\_\_\_\_ No
- 6. If presently in the military service: Rank \_\_\_\_\_ Service # \_\_\_\_\_ Branch \_\_\_\_\_  
 Title and address of Company: \_\_\_\_\_

I understand that this is **not a contract** and does not bind either party. The above information is true and complete to the best of my knowledge. I do not object to inquires made for the purpose of verifying the statements made herein.

I hereby agree to participate in and cooperate fully in the PdCHA Homebuyer Counseling Program and I understand that failure to participate without good cause may result in revocation of the notice of selection or termination of the Mutual Help and Occupancy Agreement.

\_\_\_\_\_  
 Signature Date

HOC: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_