

D. Current Residence

HUD Home Traditional Home

Year Built _____

E. Disabled or Handicapped

- 1. Are there any disabled family member(s) in the Household YES NO
Name and nature of disability _____
- 2. Physically handicapped family member(s) _____
Name and nature of disability _____

F. Tribal Standing

To receive PdCHA services you must be in good standing with the Pueblo de Cochiti and Pueblo de Cochiti Housing Authority which would include Tribal Council and Tribal Accounts.

The PdCHA has the right to terminate or limit the amount of assistance based on eligibility, income or funding availability with or without notice to the participant.

Are you in good standing with Pueblo de Cochiti and/or PdCHA? YES NO

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 inquiries made for the purpose of verifying the statements made herein.

I hereby agree to participate in and cooperate fully in the PdCHA Rehabilitation Program and I understand that failure to cooperatively participate without good cause may result in revocation of the notice of selection.

Signature

Date

PdCHA: _____ DATE: _____ TIME: _____