

From:
The Picuris Housing Department



Pueblo of Picuris
P. O. Box 127
Peñasco, New Mexico 87553
(575) 587-2519
Fax: (575) 587-1071

Application for Assistance During the COVID-19 Pandemic

Please fill out the entire form and return to the Housing Department

Please check the appropriate box(s) you are seeking assistance with:

Utility Assistance Rental Assistance Rehabilitation Assistance*

(*If applying for Rehabilitation assistance, you must have the deed to the home and it must be in your name. Applications are taken on a first-come-first-served basis and income limits apply. Approval is not guaranteed as funds are limited.)

Your Name: _____

Street Address or P.O. Box #: _____

City: _____ State: _____ Zip: _____

Phone # where you can be contacted: _____

1. Family Composition

A. List all persons who live in your home

Family Member Number	Name(s) of Your Family Members	Relationship To You	Date of Birth	Sex (M or F)	Social Security Number*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

*Social Security number is required for all family members who are 6 years of age or older

B. Are you an enrolled member of Picuris Pueblo? Yes No

- C. Are you or your spouse a person with a disability? Yes No
- D. Are any other members of your family who will live in your home persons with disabilities?
 Yes No If yes, which family members _____

2. **Estimated Family Income (for next 12 months)**

A. Income from employment

Family Member Number	Employer Name(s) & Address	Rate Per Hour	Rate Per Week	Total Per Year
1.		\$		
2.		\$		
3.		\$		
4.		\$		

B. Other income

Source	Rate Per Month	Total Per Year
TANF	\$	
Social Security	\$	
S.S.I.	\$	
Unemployment	\$	
Pensions	\$	
Leases	\$	
Own Business	\$	
Other*	\$	

*Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.

- C. Total family income for next 12 months \$ _____
- D. Please attach copies of the most recent pay stubs for all applicable members of the family as well as copies of any additional income.

3. **Describe Assistance Need(s):** Please attach a copy of the utility bill(s) and/or rental statement. For Rehabilitation assistance, please list the safety needs.

Type of Assistance/ Rehabilitation Request	Company Name	Amount Owed	Due Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. **Signature and consent to release information**

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Housing Department to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the Housing Department if there is any change in my family status along with reporting any changes in income, living conditions and change of address.

Signature

Date