

NAMBE PUEBLO HOUSING ENTITY

Housing Waitlist Application

11 W. Gutierrez, Box 3456 • Santa Fe, NM 87506 • (505) 455-0158

APP # (OFFICE USE)

DATE RECEIVED

SECTION 1 — PROGRAM TYPE

I am applying for: (check all that apply)

☐  Home Ownership Purchase or lease-to-own on trust lands	☐  Rental Housing NAHASDA / Section 184 rental unit	☐  Both Programs First available unit in either program
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SECTION 2 — APPLICANT INFORMATION

Last Name *		First Name *	
Middle Name / Initial	Date of Birth *	Social Security # (last 4 only)	Gender (optional)
Tribal Enrollment # *	Phone Number *	Email Address	

Current Mailing Address * (Street, City, State, ZIP)

Current Housing Situation * (check one):

☐ Homeless ☐ Emergency Shelter ☐ Doubling Up ☐ Renting Off-Reservation ☐ Renting On-Reservation ☐ Own Home

SECTION 3 — HOUSEHOLD COMPOSITION

Total Household Size *	Children Under 18	Members Age 62+	Members with Disability
Bedrooms Needed * (1/2/3/4/5+)		Preferred Move-in Date	

List All Household Members:

Full Name	Date of Birth	Relationship	Tribal Enrollment #
		Self	

Attach additional sheet if household exceeds 5 members.

SECTION 4 — INCOME VERIFICATION

All income for every household member age 18+ must be disclosed. Income is verified against HUD Santa Fe County AMI limits. Providing false information may result in removal from the waitlist and federal penalties.

Total Annual Gross Household Income * (\$)

Number of Persons in Household (for AMI calculation)

Income Sources (check all that apply):

- ☐ Wages / Salary / Self-Employment
- ☐ Social Security / SSI / SSDI
- ☐ Tribal Per-Capita or Casino Distributions
- ☐ TANF / Public Assistance
- ☐ Child Support / Alimony
- ☐ Pension / Retirement / VA Benefits
- ☐ Rental or Investment Income
- ☐ No Income (attach zero-income certification)

2025–2026 INCOME LIMITS — SANTA FE COUNTY, NM

HH Size	Ext. Low (30%)	Very Low (50%)	Low (80%)	Moderate (120%)
1	\$18,350	\$30,600	\$48,950	\$73,440
2	\$20,950	\$34,950	\$55,950	\$83,930
3	\$23,550	\$39,300	\$62,950	\$94,420
4	\$26,150	\$43,650	\$69,900	\$104,850
5	\$28,250	\$47,150	\$75,500	\$113,250
6	\$30,350	\$50,650	\$81,050	\$121,570
7	\$32,400	\$54,100	\$86,600	\$129,900
8	\$34,500	\$57,550	\$92,100	\$138,150

SECTION 5 — HOUSING NEED & PRIORITY FACTORS

Check ALL factors that apply. Documentation is required for each checked item. Points are totaled by staff to determine your waitlist position. Refer to the Point System Summary on Page 1 of the posted information sheet.

✓	Priority Factor	Points
☐	Homeless / No Fixed Address Living outdoors, in a vehicle, shelter, or other non-standard location	+25 pts
☐	Fleeing Domestic Violence / Sexual Assault / Stalking Household is fleeing or attempting to flee DV, dating violence, or stalking	+22 pts
☐	Elderly Head of Household (Age 62+) Primary applicant is 62 years of age or older	+20 pts
☐	Person with Documented Disability Physical, developmental, or mental disability certified by physician or SSA	+20 pts
☐	Single Parent with Minor Children Sole parent or guardian of one or more children under age 18	+18 pts
☐	Veteran or Surviving Military Spouse Honorably discharged veteran or surviving spouse of a veteran	+15 pts
☐	Extremely Low Income (at or below 30% AMI) Gross income at or below 30% of Santa Fe County Area Median Income	+15 pts
☐	Severely Overcrowded Housing (more than 2 persons / bedroom) Current housing is occupied at more than 2 persons per bedroom	+15 pts
☐	Substandard or Unsafe Housing Current home lacks safe plumbing, heating, electrical, or is structurally unsafe	+15 pts
☐	Severe Cost Burden (paying more than 50% of income on housing) More than 50% of gross household income is spent on rent or mortgage payments	+12 pts

☐	Single Person Household Living alone with no dependents or additional household members	+12 pts
☐	Foster Youth / Aging Out of Foster Care (Ages 18–24) Transitioning out of the foster care system between the ages of 18 and 24	+12 pts
☐	Enrolled Nambe Pueblo Member Primary applicant is an officially enrolled member of Nambe Pueblo	+10 pts
☐	Medical Housing Necessity Documented medical need requiring accessible, adapted, or specialized housing	+10 pts
☐	Returning Tribal Member Enrolled member who has lived off-reservation and is returning to Pueblo lands	+8 pts

TOTAL SCORE 0 POINTS	Priority Tier (circle one): P1 — Critical (40+) P2 — High (25–39) P3 — Moderate (15–24) P4 — General (<15) Staff Use Only — Verified by: _____ Date: _____
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ADDITIONAL NOTES / SPECIAL CIRCUMSTANCES

Describe any other factors relevant to your housing need not listed above:

SECTION 6 — SUPPORTING DOCUMENTS CHECKLIST

Application status will be Pending Verification until all required documents are received. Deliver or mail documents within 30 days. Check each item you are submitting today.

REQUIRED FOR ALL APPLICANTS

- ☐ Government-issued photo ID (all adults 18+)
- ☐ Tribal enrollment card / Certificate of Indian Blood
- ☐ 3 recent pay stubs, award letters, or prior-year tax return
- ☐ Social Security cards (all household members)
- ☐ Birth certificates (all household members)

IF APPLICABLE

- ☐ Custody / guardianship documents
- ☐ Disability documentation (physician or SSA letter)
- ☐ DD-214 / VA award letter (veterans)
- ☐ DV certification, court order, or law enforcement report
- ☐ Homeless verification letter from shelter or agency
- ☐ Foster care exit letter or court records (foster youth)
- ☐ Medical housing necessity letter from physician

VERIFICATION NOTES (OFFICE USE ONLY)

SECTION 7 — APPLICANT CERTIFICATION & SIGNATURE

CERTIFICATION STATEMENT

I certify that all information provided on this application is true and complete to the best of my knowledge. I understand that providing false or misleading information will result in immediate removal from the waitlist and may result in civil or criminal penalties under applicable federal, tribal, or state law.

I authorize Nambe Pueblo Housing Entity to verify all information provided, including income, with employers, government agencies, tribal records offices, and other relevant sources.

I understand that I must re-certify my eligibility annually within 60 days of the anniversary of my application date. Failure to re-certify will result in removal from the waitlist.

Signature of Applicant *

Date *

Printed Full Legal Name of Applicant *

Signature of Co-Applicant / Spouse (if applicable)

Date

SECTION 8 — OFFICE USE ONLY

Application #	Date Received	Priority Score	Priority Tier
Docs Complete? Y / N	Income Verified? Y / N	Staff Reviewer Name / Initials	

Nambe Pueblo Housing Entity • 11 W. Gutierrez, Box 3456, Santa Fe, NM 87506 • (505) 455-0158
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