

**New Mexico Mortgage Finance Authority  
 NM ENERGY\$MART  
 APPLICATION FOR HOME WEATHERIZATION**

Applicant's Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Owner's Address \_\_\_\_\_ Zip \_\_\_\_\_

Name and Phone No. of two friends or relatives that we can contact if we are unable to reach you:

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Type of Heat: Natural Gas \_\_\_\_\_ LP Gas \_\_\_\_\_ Electric \_\_\_\_\_ Wood \_\_\_\_\_ Kerosene \_\_\_\_\_ Other \_\_\_\_\_

Average Monthly Heating Bill \_\_\_\_\_ Utility Account No. \_\_\_\_\_

Is any member of the household disabled? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of Disability \_\_\_\_\_

Has this dwelling received DOE weatherization in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date \_\_\_\_\_

Are you or any member of your household related to (father, mother, brother, sister or child) an employee of Central New Mexico Housing Corporation or its Board of Directors? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of elderly in family (Age 60 or over) \_\_\_\_\_ Number of people in household \_\_\_\_\_

Single-Family Home \_\_\_\_\_ Mobile Home \_\_\_\_\_ Multi-Family \_\_\_\_\_ Other \_\_\_\_\_

Nationality: American Indian \_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

NAME OF EACH HOUSEHOLD MEMBER	AGE	SEX	SOCIAL SECURITY NUMBER	RELATION TO HEAD OF HOUSEHOLD	GROSS MONTHLY INCOME*	NAME, ADDRESS, PHONE OF EMPLOYER OR OTHER SOURCE OF INCOME
<b>TOTAL GROSS MONTHLY INCOME</b>						

\*Employment, Social Security, Welfare, Retirement, Veteran's Benefits, Rental Property Income, Bond and Other Securities, Alimony, Child Support, etc.

**CLIENT CONFIDENTIALITY STATEMENT**

All information requested by Central New Mexico Housing Corp. is for the purpose of qualifying clients for the New Mexico Mortgage Finance Authority's NM Energy\$mart weatherization program, and is strictly confidential. I have read and understand this statement.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_ Intake Personnel \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION RELEASE TO OBTAIN VERIFICATION OF INCOME AND FUEL CONSUMPTION**

I authorize the NM Energy\$mart weatherization staff to verify and examine the fuel consumption records of my house, available from the utility companies, in order to determine the impact of energy conservation services rendered to my house.

As an applicant for NM Energy\$mart weatherization program, I do hereby give my permission to the program's staff administering the program to verify all household income prior to the starting date of the work to be done. (Each household member over 18 years old must sign below for verification of income.)

I understand that services cannot be provided if health and safety problems are beyond the scope of this program. It is the responsibility of the applicant to correct unsafe conditions or to contact alternative funding sources for assistance.

I grant permission to the NM Energy\$mart staff, or its designee, to enter my property and to make applicable repairs for the weatherization of my home. I also release and pledge to hold harmless NM Energy\$mart staff and volunteer assistants from any liability resulting from these repairs.

I certify that the home for which I am requesting weatherization assistance is not designated for acquisition or clearance by federal, state, or local programs within twelve (12) months from the scheduled completion date.

WARNING! Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____	_____
Signature of Applicant	Date
_____	_____
Family Member	Family Member
_____	_____
Signature of Intake Person	Date

Directions to your home if you do not have a street address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Method of Income Verification \_\_\_\_\_

Applicant is: Eligible \_\_\_\_\_ Ineligible \_\_\_\_\_ Reason for ineligibility \_\_\_\_\_

Source of Income Documentation \_\_\_\_\_

I certify and I have verified and found accurate the income of the applicant.

_____	_____
Signature of NM Energy\$mart Staff Member	Date