Documents Needed to Process an Application

1. **Proof of Income:**
   a. Employed: 3 most recent Pay Check Stubs
   b. Social Security: Most Recent Award Letter or Most recent Bank Statement showing Direct Deposit of Social Security check.
   c. Self Employed: Most recent tax returns and notarized statement of earnings
   d. Unemployment: Benefits History Report
   e. Not Employed: Notarized Statement explaining financial situation

   * Any one 18 years of age or older must provide proof of income if employed OR a school schedule OR a notarized statement explaining financial situation.

2. **Proof of Ownership:**
   a. Property Tax Statement
   b. Mortgage Statement
   c. Recorded Real Estate Contract
   d. Statement of Occupancy (Pueblos Only)

   * One Proof of Ownership is required

3. Rental Property — Copy of Rental agreement & Landlord Proof of ownership

4. Most recent Electric & Gas or Propane Bill

5. Picture ID for everyone over 18 years of age

6. Date of Birth for all members of the household

All completed applications with all Documentation should be mailed or faxed to:

Central New Mexico Housing Corporation
703 Osuna Rd. NE Suite 2
Albuquerque, New Mexico 87113
Fax # 505-344-4245

Serving the Families of New Mexico www.centralnmhousing.org
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 | AGE | SEX | SOCIAL SECURITY NUMBER | RELATION TO HEAD OF HOUSEHOLD | GROSS MONTHLY INCOME* | NAME, ADDRESS, PHONE OF EMPLOYER OR OTHER SOURCE OF INCOME |
| HOUSEHOLD MEMBER | | | | | |
|---------------------------------|-----|-----|------------------------|-----------------------|--------------------|-------------------------------------------------|
| Name 1 | Age 1 | Sex 1 | SSN 1 | Relation 1 | Income 1 | Details 1 |
| Name 2 | Age 2 | Sex 2 | SSN 2 | Relation 2 | Income 2 | Details 2 |
| Name 3 | Age 3 | Sex 3 | SSN 3 | Relation 3 | Income 3 | Details 3 |
| Name 4 | Age 4 | Sex 4 | SSN 4 | Relation 4 | Income 4 | Details 4 |
| Name 5 | Age 5 | Sex 5 | SSN 5 | Relation 5 | Income 5 | Details 5 |

TOTAL GROSS MONTHLY INCOME

*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