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

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

c. Self Employed: 2 most recent tax returns and notarized statement of earnings for this year

d. Unemployment: Benefits History Report

e. Not Employed: Notarized Statement explaining financial situation

f. Retirement/State Benefit: Statement showing gross amount, current to the year applying

* 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)
- e. Title to mobile home
 - * Only One Proof of Ownership is required*
- 3. Rental Property Copy of Rental agreement & Landlord Proof of Ownership
- 4. Most recent Gas or Propane bill
- 5. Most recent Electric
- 6. Picture ID for everyone over 18 years of age
- 7. Date of Birth for all members of the household

INCOME GUIDELINES

Size of Family Unit	200% of Poverty	
1.	\$27,180	
2.	\$36,620	
3.	\$46,060	
4.	\$55,500	
5.	\$64,940	
6.	\$74,380	
7.	\$83,820	
8.	\$93,260	

For families with more than 8 persons, add \$4,020 for each additional person All completed applications with all Documentation should be mailed or faxed

WE MUST HAVE ALL OF THE ABOVE INFORMATION IN ORDER TO PROCESS YOUR APPLICATION. SEND COPIES ONLY, DO NOT SEND THE ORIGINALS

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

DOCUMENTOS NECESARIOS PARA OMPLETAR UNA SOLICITUD

favor de incluir completamete la siguiente information con su solicitud

1. Prueba de ingreso:

a. Trabajo

- 3 verificaciones más recientes

b. Seguridad Social

- Carta de adjudicación más reciente o declaración bancaria más reciente que muestre el depósito directo de seguridad social

c. Desempleo

- informe de historial de beneficios

d. Trabajadores por cuenta propia

- 2 declaraciones de impuestos más recientes y declaración notarizada de las ganancias de este año

e. No hay trabajo

- Carta notarizada explicando la situación financiera

f. Jubilación/Beneficio estatal

- Declaración que muestra el monto bruto, actual del año aplicable

Cualquier persona de 18 años o más debe proporcionar comprobante de ingresos si est empleado o un horario escolar, si no, una carta notarizada explicando la situación financiera.

2. Prueba de que es propietario de la vivenda:

- a. . impuesto a la propiedad
- b. estado hipotecario
- c. contrato inmobiliario registrado
- d. declaración de ocupación (solo pueblos)
- e. título de casa móvil

solo se requiere una prueba de propiedad

- 3. propiedad de alquiler-copia del contrato de alquiler y prueba de propiedad de lanlord
- 4. factura eléctrica más reciente
- 5. factura de gas o propano más reciente
- 6. id de foto para todos los mayores de 18

*DEBEMOS TENER TODA LA INFORMACIÓN ANTERIOR PARA PODER PROCESAR SU SOLICITUD. ENVIAR COPIAS ÚNICAMENTE, NO ENVIAR LOS ORIGINALES PORQUE NO SERÁN DEVUELTOS

Pautas e Ingresos				
Tamaño de la Familia	200% De Pobreza			
1.	\$27,180			
2.	\$36,620			
3.	\$46,060			
4.	\$55,000			
5.	\$64,940			
6.	\$74,380			
7.	\$83,820			
8.	\$93,260			

Para familias con más de 8 personas, agregue \$ 4,020 por cada persona adicional

Disabled Veteran: C	Check Yes		10 l	
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New Mexico Mortgage Finance Authority NM ENERGY\$MART APPLICATION FOR HOME WEATHERIZATION

Applicant's Name				elephon	e No	
Street Address						21 Our
City		Zip	County			RentOwn
Property Owner's Name				Telephor	ie No	
Owner's Address					_Zip	
Name and Phone No. of two f	riends o	r relatives	that we can cor	ntact if we are una	ible to reach yo	ou;
Name:					Telephone No	
Name:					_Telephone No).
Type of Heat: Natural Gas	L	.P Gas	Electric _	Wood	Kerosene	Other
Average Monthly Heating Bill				_ Utility Account I	No	
Is any member of the househo	old disa	bled? Yes	No	_ Type of Disabili	ty	
Has this dwelling received DC	E weat	herization	in the past? Ye	sNolfy	es, date	
Are you or any member of you					ter or child) an	employee of
Central New Mexico Housing	Corpora	ation or its	Board of Direct	S. 75.25		No
Number of elderly in family (A	ge 60 o	r over)				nold
Single-Family Home		Mobile Ho	me	_ Multi-Family	Oth	er
Nationality: American Indian		Black_	White _	Hispanic _	Asian _	Other
NAME OF EACH HOUSEHOLD MEMBER	D.O.B	SEX	SOCIAL SECURITY NUMBER	RELATION TO HEAD OF HOUSEHOLD		NAME,
TOTA	L GROS	S MONTH	LY INCOME			
*Employment, Social Security, Welfare, F				Income, Bund and Other	Securities Alimony,	Child Support, etc.
All information requested by Ce Mortgage Finance Authority's N understand this statement.	nteal No	CLIENT C	CONFIDENTIALIT ousing Corp. is fo atherization progr	TY STATEMENT	alifying clients fo onfidential, I have	r the New Mexico

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.

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.

Family Member Signature of Intake Person Directions to your home if you do not have a street address:	Family Member Date
Directions to your home if you do not have a street address:	
FOR OFFICE USE ONLY	
Method of Income Verification	
Applicant is: EligibleneligibleReason 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 Da	ate



CENTRAL NEW MEXICO HOUSING CORPORATION CERTIFICATION OF ZERO INCOME



(Each household member 18 and over must complete)

Name:			
Addres	ss:		
A.	Within the next 12 mon	ths, will you receive income from any of the fo	ollowing sources?
	You must sup	oly additional information to verify all 'yes' an	swers.
	Wages, bonuses, commi		
	Workers' compensation Disability payments		
	Alimony Child support Social security		
	Help pay bills or othere	kpenses or regular gifted of money from family des Uber, Lyft, online sales etc.)	or friends who do not live with you.
	Income from rental prop		
	_	uch as Mary Kay, Tupperware, etc. ng lawncare housekeeping, etc.) explain)	
_			
В.	Mark the one statemen	t that applies to you	
	•	any source of income in the next 12 months new or will be receiving another source of incon , looking for work	ne soon. I will give you more information
the bea	st of my knowledge. I fu ding, or incomplete inforr	ath, I clarify that the information presented in to rther understand that providing false represen mation may result in the termination of my wea is information as requested by this organization	tations constitutes an act of fraud. False, atherization application. I understand I ar
Signat	ure of applicant	Printed Name of Applicant	Date