

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.	\$30,120
2.	\$40,880
3.	\$51,640
4.	\$62,400
5.	\$73,160
6.	\$83,920
7.	\$94,680
8.	\$105,440

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

**THE HOME CANNOT BE SOLD FOR ONE YEAR AFTER THE WEATHERIZATION IS COMPLETE**

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**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 notariada de las ganancias de este año
- e. No hay trabajo - Carta notariada 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 notariada explicando la situación financiera.**

**2. Prueba de que es propietario de la vivienda:**

- 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

**LA CASA NO SE PUEDE VENDER DURANTE UN AÑO DESPUÉS DE QUE SE COMPLETE LA CLIMATIZACIÓN**

Tamaño de la Familia	Pautas e Ingresos	200% De Pobreza
1.		\$30,120
2.		\$40,880
3.		\$51,640
4.		\$62,400
5.		\$73,160
6.		\$83,920
7.		\$94,680
8.		\$105,440

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

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

Applicants Name \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Street Address \_\_\_\_\_ Home phone No. \_\_\_\_\_

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

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

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

Name and 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 (father, mother, sister, brother, child) related to an employee of Central New Mexico Housing Corporation or its Board of Directors? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of elderly in family (Age 60 and 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	D.O.B	SOCIAL SECURITY NUMBER	RELATION TO HEAD OF HOUSEHOLD	GROSS MONTHLY INCOME	NAME, ADDRESS, PHONE OF EMPLOYER OR OTHER SOURCE OF INCOME
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 TO RELEASE TO OBTAIN VERIFICATION OF INCOME AND FUEL CONSUMPTION

I authorize the NM EnergySmart weatherization staff to verify and examine the fuel consumption records of my house, available from the utility companies, to determine the impact of energy conservation services rendered to my house

As an applicant for the NM EnergySmart 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 the unsafe conditions or to contact alternative funding sources for assistance.

I grant permissions the the NM EnergySmart staff, or its designee, to enter my property and to make applicable repairs for the weatherization of my home. I also release the pledge to hold harmless NM EnergySmart staff and volunteer assistants from and ability 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 criminal offense to make willful 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 have verified and found accurate the income of the applicant.

\_\_\_\_\_  
Signature of NM EnergySmart Staff Member

\_\_\_\_\_  
Date





**CENTRAL NEW MEXICO HOUSING CORPORATION CERTIFICATION  
OF ZERO INCOME**

(Each household member 18 and over must complete if no income)

**\*MUST BE NOTARIZED**



Name: \_\_\_\_\_

Address: \_\_\_\_\_

**A. Within the next 12 months, will you receive income from any of the following sources?**

*You must supply additional information to verify all 'yes' answers.*

- ☐ Wages, bonuses, commissions, tips, etc.
  - ☐ Unemployment benefits
  - ☐ Workers' compensation
  - ☐ Disability payments
  - ☐ Alimony
  - ☐ Child support
  - ☐ Social security
  - ☐ Help pay bills or other expenses or regular gifted of money from family or friends who do not live with you.
  - ☐ Self-employment (includes Uber, Lyft, online sales etc.)
  - ☐ Pensions, IRA, 401K, Annuities (monthly reimbursements)
  - ☐ Income from rental property
  - ☐ Direct sales consulting such as Mary Kay, Tupperware, etc.
  - ☐ Work for cash (babysitting lawncare housekeeping, etc.)
  - ☐ Any other source (if yes, explain)
- \_\_\_\_\_

**B. Mark the one statement that applies to you**

- ☐ I do not expect to have any source of income in the next 12 months
- ☐ I have been hired for a new or will be receiving another source of income soon. I will give you more information
- ☐ Not currently employed, looking for work

\*Under penalty of lying under oath, I clarify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my weatherization application. I understand I am required to annually update this information as requested by this organization.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

703 Osuna Rd. NE  
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Phone (505) 345-4949  
Fax (505) 344-4245  
Toll Free (855) 345-4949

### Request for Appeal

A request for services for the following client has been denied:

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Intake Manager Signature: \_\_\_\_\_

A review of the application by the executive director has been completed and the following action taken:

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Reason for Denial:

\_\_\_\_\_ Weatherization services cannot be done if the house was weatherized in the last 15 years.

This home was weatherized on: \_\_\_\_\_

\_\_\_\_\_ Income Eligibility does not meet DOE guidelines.

\_\_\_\_\_ House structure is beyond scope if work.

Sincerely,

Isaac Stevens  
Executive Director