

COVID-19 Housing Cost Assistance Program
PROGRAM APPLICATION

OFFICE USE ONLY

Application Postmark/Dropoff Date: _____

Application Time: _____

Received by Initials: _____

A. GENERAL QUALIFICATIONS AND CONDITIONS AND DOCUMENTATION REQUIREMENTS

I / we understand the following qualifications, conditions, and documentation requirements for this program:

- The COVID-19 Housing Cost Assistance Program provides housing cost assistance to households residing in New Mexico who are experiencing financial hardship due to the COVID-19 health crisis and who are at risk of losing their housing.
- The maximum amount of assistance is up to \$1,500 per month for up to three (3) consecutive months, based on actual need.
- The form of assistance is a grant paid directly to the housing provider, e.g. landlord, servicer, escrow company, seller, lot owner/manager, etc.
- Eligible expenses that can be paid with grant funds include rent/mortgage/loan/lease-purchase/real estate contract/lot rent payments since February 28, 2020.
- To qualify, the total annual household income for all household members in the county in which the applicant resides cannot exceed the limits listed in Exhibit 7, or the applicant’s primary residence must be on tribal land.
- To qualify, gross household¹ income will include **all** income from **all** persons over 18 years of age as well as all unearned income of minors, unless the applicant’s primary residence is on tribal land.
- To qualify, the household must certify that it has experienced financial hardship since March 1, 2020 due to the COVID-19 health crisis. Situations causing financial hardship include, but are not limited to, loss of employment, reduction of work hours, reduced wages and increased expenses.
- To qualify, the household must not be receiving housing assistance from another program that covers the full cost of their housing payment.
- Households who previously received funding from the COVID-19 Housing Cost Assistance Program are not eligible to apply again for a minimum of one year from their last approved payment.
- Applications will be received until further notice.
- The application must be filled out completely and include all required supporting documents.
- Program staff will review applications in the order in which they are received. If an application is incomplete, the applicant will be given 10 calendar days to submit the missing paperwork.
- Program staff determines the eligibility of applicants to the program and reserves the right to deny requests in specific instances where the repairs and/or applications/applicants do not conform to these or other program guidelines.

¹ When using the term “household,” MFA will be referring to the definition of “family” as defined at 24 CFR 5.403 and further used in 24 CFR 570.3 and 24 CFR 570.483(b)(2)(ii)(B).

B. APPLICANT CONTACT INFORMATION

First Name: _____ Last Name: _____

Property Address: _____

County: _____

Primary Phone: _____ Other Phone: _____

Email address: _____

Type of housing assistance requesting: (Select all that apply)

- Rent
- First mortgage
- Second mortgage
- Real estate contract payments
- Mobile or manufactured home rent
- Mobile or manufactured home loan
- Mobile or manufactured home land loan
- Mobile or manufactured home lot cost

Are you a resident of tribal land?

- Yes
- No

If so, please note on which tribe's land you reside and provide driving directions to your home

If you are a resident of tribal land, please read and sign the release below:

I/we consent to the release of information in this application to my tribe or tribally designated housing entity for the purpose of determining whether my tribe/tribally designated housing entity administers a program for which I/we may be eligible. I understand that if my tribe/tribally designated housing entity awards assistance to me/my household, my/our application to the MFA COVID-19 Housing Cost Assistance Program may be denied.

| | | |
|-----------|--------------|------|
| Signature | Printed Name | Date |
| | | |

C. COVID-19 FINANCIAL HARDSHIP:

Have you or anyone in your household experienced financial hardship resulting from the COVID-19 pandemic?

Yes

No

If so, mark all selections that reflect your household's financial hardship resulting from the COVID-19 pandemic:

Job loss

Job furlough

Temporary or permanent closure of place of employment

Wage reduction greater than 10%

Reduction in self-employment compensation greater than 10%

Job loss and/or wage reduction of at least 10% due to requirement to be quarantined based on a diagnosis of COVID-19

Increased expenditures due to COVID-19

Other pertinent circumstances leading to financial hardship (please describe below)

D. HOUSEHOLD COMPOSITION

List the name of each individual living in the housing unit, starting with the head of household:

| No. | Name | Date of Birth | Gender* Choose code from list below | Ethnicity* Choose code from list below | Race* Choose code from list below |
|-----|------|---------------|--|---|--------------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |

1-Male
2-Female
3-Other
4-Prefer not to say

1-Hispanic
2-Not Hispanic

1 -White
2-Black/African American
3-Asian
4-American Indian/Alaska Native
5-Native Hawaiian/Other Pacific Islander
6-American Indian/Alaska Native & White
7-Asian & White
8-Black/African American & White
9-American Indian/Alaska Native & Black/African American
10-Other Multi- Racial

Is your household a single-headed household?* Yes No Prefer not to say

*This information is strictly confidential and will be used in the aggregate for federal reporting purposes only.

E. ANNUAL HOUSEHOLD INCOME INFORMATION

Current Monthly Income (if your primary residence is on tribal land, you do not need to complete this section): Include all sources of household income for the applicant and any household member over the age of 18. Include only the unearned income of household members under the age of 18. Only include current income. **For each income source, submit the relevant documents indicated on the Application Documentation Checklist beginning on p. 9.**

| Income Source | Household Member Name and Income Source | Total Monthly |
|--|---|---------------|
| Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items. | | |
| Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the household). | | |
| Interest, dividends, net rental income, royalty income, or income from any interest-bearing accounts, estates, trusts, etc. Report even small amounts credited to account. | | |
| Social Security, annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report total amount received. | | |
| Payments in lieu of earnings such as unemployment, disability, worker's, and severance compensation. Report total amount received. | | |
| Any public assistance (TANF or General Assistance) payments from state or local income support office. Report amount received. | | |
| Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from organizations or persons not residing in the dwelling. Report total amount received. | | |
| All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a household member who is exposed to hostile fire. Report total amount received. | | |
| Total Present Gross Monthly Income | | A \$ |
| Multiply by 12 months in a year | | B X12 |
| A times B is equal to TOTAL ANNUAL INCOME | | C \$ |
| | | |

F. HOUSING INFORMATION

F.1.a. Has your household received housing cost assistance since March 1, 2020 and/or will it receive such assistance? Yes No

F.1.b. If yes, provide the name of the organization administering the assistance, amount, and period of time for which the assistance was and/or will be received.

In addition, **provide documentation showing the amount of assistance received/awarded (such as an award letter.)**

F.2. Have you made all payments to your housing provider(s) through February 28, 2020?
Yes No

For each type of assistance requested, complete the information below about your housing provider. Your housing provider is the payee that typically receives your payments, such as your landlord, loan servicer, escrow company, seller, or lot owner/manager. **This information will be used to disburse any approved assistance to your housing provider(s).** For each type of assistance requested, submit the relevant documents indicated on the Application Documentation Checklist beginning on p. 9.

Housing Provider #1:

- Rental First mortgage Second mortgage Real estate contract
Mobile/manufactured home rent Mobile/manufactured home loan
Mobile/manufactured home land loan Mobile/manufactured home lot cost

Name of Housing Provider: _____

Contact Name for Housing Provider: _____

Housing Provider Phone Number: _____

Housing Provider Email Address: _____

Monthly Payment Amount: _____ Past Due Amount: _____

Housing Provider #2:

- Rental First mortgage Second mortgage Real estate contract
Mobile/manufactured home rent Mobile/manufactured home loan
Mobile/manufactured home land loan Mobile/manufactured home lot cost

Name of Housing Provider: _____

Contact Name for Housing Provider: _____

Housing Provider Phone Number: _____

Housing Provider Email address: _____

Monthly Payment Amount: _____ Past Due Amount: _____

PROGRAM PARTICIPATION AGREEMENT/CERTIFICATION:

I/We undersigned hereby authorize inquiry and verification to release without liability, information regarding housing, income and assets to MFA for purposes of verifying information on my/our application.

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to personal identity, employment, income, assets and housing. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified applicant.

I/We certify that this information is complete and accurate and have provided supporting documentation as part of this application.

I/We certify that the information provided related to household composition, annual household income and assets, financial hardship due to the COVID-19 health crisis and need for assistance with housing costs is correct.

I/We certify that the dwelling for which I/we am/are requesting assistance is my/our principal residence.

I/We certify that I/we do not occupy the same dwelling as the housing provider(s) listed in the agreement(s).

I/We certify that I/we have made all my/our payments owed to my/our housing provider(s) through February 28, 2020. I/We certify that I/we am/are not able to receive, and have not received, other federal or non-federal benefits or assistance for the same housing costs for the same period of time for which assistance is being requested, and that if I/we do receive such assistance, I/we will repay any duplicated funds to MFA.

I/We understand that it is the intent of MFA's COVID-19 Housing Cost Assistance Program to disburse funding to housing providers on behalf of applicants. Any housing payment received under this program must be applied only to housing payments due from March 1, 2020 forward; however, MFA is not responsible for regulating how providers apply payments. I/we also understand that MFA assumes no responsibility for the application of payments by housing providers, including but not limited to, mortgage servicers, landlords, lienholders, or mobile home park managers, except to confirm the total benefit amount was applied. I/We have read and understand the foregoing general qualification and condition statements. I/We further understand that any omission, misrepresentation, misstatements, deletions, falsifications, or other actions that result in my/our not conforming to the requirements of the program will subject my/our application to immediate cancellation and cause any disbursed funds to be immediately due and payable and may cause further legal action if warranted.

CERTIFICATION AND DUPLICATION OF BENEFITS SUBROGATION AGREEMENT: I/We further certify under penalty of perjury, under the laws of the State of New Mexico, that I/we are not able to receive, and have not received, duplicated benefits, defined as other federal or non-federal benefits or assistance for the same housing costs for the same period of time for which assistance is being requested or received. In the event that I/we do receive such duplicated assistance, I/we agree to immediately notify MFA of such additional amounts and understand that MFA, in its sole discretion, shall determine if such additional amounts constitute a duplication of benefits that shall be repaid to MFA. I/We hereby assign to MFA all of my/our future rights to reimbursement and all payments received from any grant, subsidized loan, or assistance under any housing assistance programs that are determined in the sole discretion of MFA to be a duplication of benefits. I/We further certify that I/we will not, subsequent to award of MFA housing assistance, pursue other federal or non-federal benefits for the same housing costs for the same period of time for which assistance is to be

awarded. I/We agree to execute further and additional documents and instruments as required by MFA to further and better assign to MFA any amounts received that are determined by MFA to constitute a duplication of benefits. I/We explicitly allow MFA to request of any organization with which I/we have applied for or am/are receiving assistance, any non-public or confidential information determined to be reasonably necessary by MFA to monitor and enforce its interest in the rights assigned to it under this Certification and Duplication of Benefits Agreement and give my/our consent to such company or organization to release said information to MFA. I/We understand that in addition, prior to issuance of a rental award, the rental owner/manager shall also certify that they have not received payment for the same costs for the same period for which assistance is to be awarded.

I/We understand that information collected about me/my household could be shared with government entities and others, including MFA; the New Mexico Department of Finance and Administration; community agencies funded from state, federal, and local resources that help provide rental assistance; my/our landlord/property manager; and others with whom MFA deems it necessary to share information in order to effectively manage and evaluate the program's effectiveness. I/We understand that this information could also be shared upon court order or request under the New Mexico Inspection of Public Records Act or be provided to an auditor. I/We understand that I/we am/are not legally required to provide any of the requested information but that if I/we do not provide requested information, I/we may not be able to receive rental assistance.

I/We further understand that the information provided on the application is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

| | | |
|--|--------------|------|
| Applicant Signature, Printed Name and Date | | |
| Signature | Printed Name | Date |
| | | |

COVID-19 Housing Cost Assistance Program

APPLICATION DOCUMENTATION CHECKLIST

DOCUMENTATION REQUIREMENTS:

The following documents must be photocopied and attached to your application. Do not submit originals. No documents will be returned.

Household Income Documentation (not applicable to residents of tribal lands):

Please provide the requested items below, if applicable to your household for all household members. For each adult in the household 18 years or older, submit the supporting documentation appropriate for each type of income indicated in the program application. If needed, the **Verification of Income or Reduction of Hours/Pay** form can be found in Appendix A (p. 11-12).

| <i>Income Source</i> | <i>Acceptable Documentation</i> |
|--|--|
| Employment wages | <ul style="list-style-type: none"> • Three current paycheck stubs or • Employer-signed form or letter confirming wages or • Verification of Income or Reduction of Hours/Pay form |
| Self-employment | <ul style="list-style-type: none"> • Profit and loss statement(s) for the three most recent months |
| Net rental income, income from interest bearing assets, royalty income, interest from estates and trusts | <ul style="list-style-type: none"> • Most recent statement |
| Social Security, pensions, retirement, annuities, disability, death benefits | <ul style="list-style-type: none"> • Current benefits letter |
| Unemployment insurance, worker's compensation, severance compensation | <ul style="list-style-type: none"> • Current benefits letter or • Three recent statements |
| Any public assistance (General Assistance or TANF) payments from state or local income support office | <ul style="list-style-type: none"> • Current benefits letter |
| Child support, family support, alimony | <ul style="list-style-type: none"> • Current benefits letter |
| Armed forces pay | <ul style="list-style-type: none"> • Two current statements |

Housing Cost Assistance Documents

Provide only the documentation that applies to the type of housing cost assistance being requested.

| <i>Assistance Type</i> | <i>Required Documentation</i> |
|--|--|
| Rental assistance | <ul style="list-style-type: none"> • Evidence of total balance due, broken down by month: <ul style="list-style-type: none"> ○ Resident ledger or ○ Notice of non-payment of rent or • Current notice of payment amount and balance due |
| Mortgage/homeownership loan assistance | <ul style="list-style-type: none"> • Evidence of total balance due, broken down by month: <ul style="list-style-type: none"> ○ Current unredacted loan statement or ○ Current unredacted past-due notice from servicer |
| Real estate contract assistance | <ul style="list-style-type: none"> • Evidence of total balance due, broken down by month: <ul style="list-style-type: none"> ○ Current escrow payment statement or ○ Balance due notice |

| | |
|---|--|
| Mobile or manufactured home rental assistance | <p>3. Evidence of total balance due, broken down by month:</p> <p>a. Resident ledger or b. Notice of non-payment of rent or</p> <ul style="list-style-type: none"> • Current notice of payment amount and balance due |
| Mobile or manufactured home loan assistance | <ul style="list-style-type: none"> • Evidence of total balance due, broken down by month: <ul style="list-style-type: none"> ○ Current mobile or manufactured home loan statement |
| Mobile or manufactured home lot/land payment assistance | <ul style="list-style-type: none"> • Evidence of total balance due, broken down by month: <ul style="list-style-type: none"> ○ Resident ledger or ○ Notice of non-payment of rent or ○ Current notice of payment amount and balance due |

If you have any questions about the application requirements, please call 505.308.4206 or 866.488.0498.

Completed applications may be **mailed to or dropped off at:**

New Mexico Mortgage Finance Authority
344 4th St SW
Albuquerque, NM 87102

Completed applications may be **faxed to:**

New Mexico Mortgage Finance Authority
Attn: COVID-19 Housing Cost Assistance Program
Fax: 505-242-2766

Appendix A

COVID-19 Housing Cost Assistance Program

VERIFICATION OF INCOME AND/OR REDUCTION OF HOURS/PAY

To Employer: _____ Date: _____

From Applicant: _____

Applicant's Address: _____

I have applied to the COVID-19 Housing Cost Assistance Program. I have authorized the program to obtain a verification of my income (and/or) reduction of hours and/or pay due to COVID-19 health crisis from you. In order for my eligibility to be determined, MFA must verify all of my income. The requested information is for the confidential use of MFA program and the U.S. Department of Housing and Urban Development only.

I/we further understand that the information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Signature of Applicant

Date

EMPLOYER'S VERIFICATION

Please answer all questions below. If you do not answer all questions, further clarification will be required.

Employee's Name: _____ Position Held: _____

Dates of Employment: From _____ To _____

Type of Employment: Permanent Temporary Seasonal Intermittent

Probability of Continued Employment: _____

CURRENT RATE OF PAY:

Estimated, if not actually paid on hourly, monthly or annual basis:

Hourly \$ _____; Monthly \$ _____; or Annually \$ _____

Additional compensation: (actual amounts received in past 12 months)

Overtime: \$ _____ per _____; Tips \$ _____ per _____;

Commissions, bonuses: \$ _____ per _____;

RATE OF PAY CHANGE:

For Pay and/or Hours Reduction - estimated, if not actually paid on hourly, monthly or annual basis:

REDUCTION OF RATE OF PAY: estimated if not actual:

Former rate of pay as of _____

Hourly \$ _____; Monthly \$ _____; or Annually \$ _____

New rate of pay as of _____

Hourly \$ _____; Monthly \$ _____; or Annually \$ _____

REDUCTION OF HOURS WORKED: estimated if not actual:

Former regular hours worked as of _____:

Hours per day _____; week _____; or month _____

New regular hours worked as of _____:

Hours per day _____; week _____; or month _____

Signature

Date

Printed Name

Title