



COVID-19 Housing Cost Assistance Program
Program Guide – Round 3
3/4/21



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Introduction

The U.S. Department of Housing and Urban Development (HUD) Office of Community Planning and Development (CPD) awards Community Development Block Grants (CDBG) to states and units of local government for the implementation of a variety of housing, community and economic development activities. The CDBG program was enacted in 1974 under the Housing and Community Development Act to consolidate several other programs that addressed a variety of housing, community and economic development needs. This consolidation of programs into a single, large, flexible funding source allows states, counties and cities receiving CDBG funds to address local high priority needs under a common set of regulations.

On January 21, 2020, the Centers for Disease Control and Prevention (CDC) confirmed the first case in the United States of a coronavirus known commonly referred to as COVID-19. On March 27, 2020, the President signed the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116-136) (CARES Act). The CARES Act makes available \$5 billion in CDBG coronavirus response (CDBG-CV) funds to prevent, prepare for, and respond to coronavirus. The nation faces significant public health and economic challenges related to this respiratory disease. To address these challenges, CDBG-CV and CDBG grants are a flexible source of funding that can be used to pay costs that are not covered by other sources of assistance, particularly to benefit persons of low and moderate income.

PROGRAM GUIDELINES

The COVID-19 Housing Cost Assistance Program provides emergency housing grants to income-eligible households experiencing financial hardship due to the COVID-19 health crisis.

These grants are housing assistance payments made on behalf of an income-eligible applicants and residents of tribal lands, up to \$1,500 per month for a period of up to three (3) consecutive months, to maintain housing and/or to reduce housing cost delinquency due to the COVID-19 health crisis.

USE OF PROGRAM FUNDS

CDBG-CV funds will be used for housing assistance payments on behalf of income-eligible individuals, or residents of tribal lands, whose households have experienced financial hardship due to the COVID-19 health crisis. Monthly housing cost assistance is provided for a period of up to three (3) consecutive months. MFA may utilize other funding sources besides CDBG-CV for program applications but will follow the procedures in the manual.

ELIGIBLE USES OF FUNDS

Housing cost assistance payments may be used for current and/or delinquent payments within the three (3) consecutive months to be addressed. Eligible payments may be made for rental, mortgage/homeownership loan, real estate contract or mobile/manufactured home loan and lot/land payments. All payments will be made directly to the housing provider, i.e. the landlord, servicer, lender, escrow company, seller, owner/manager or other payee that typically receives the applicant's housing cost payments.

The New Mexico Mortgage Finance Authority (MFA) may also use CDBG-CV funds or other funding sources for program implementation costs such as direct personnel and non-personnel costs.

SECTION 1 - PROGRAM MARKETING AND OUTREACH

MFA conducted extensive program marketing in advance of its first application window as outlined in the section below.

PHASE ONE

SOCIAL MEDIA

Boosted social media was posted weekly for three weeks. Boosting amplifies the reach of the post beyond the account followers or subscribers enabling the post to reach greater audiences than would otherwise be reached without boosting.

E-BLASTS

An information email blast was sent to all partners in MFA's contact database. The database houses more than 3,000 email contacts including property owners/developers, management companies, realtors, mortgage servicers, social service agencies and tribal partners. The blast included program information and a downloadable flyer in English and Spanish for distribution to their partners, clients or residents or within organizations.

EARNED MEDIA

Press releases were sent to print, television and radio media outlets.

COUNCIL OF GOVERNMENT OUTREACH

Email or mailed outreach was sent to all seven Council of Governments (COG). Outreach included program information and a downloadable flyer in English and Spanish for distribution to their partners, clients or residents or within organizations.

PUBLIC SERVICE ANNOUNCEMENTS

Public Service Announcements (PSA) were distributed to radio and public access television stations across the state.

MFA WEBSITE

Advertisements and content were rotated on the front page of MFA's website. Program information including program guide, contact information, application and other documents will link from the main page and be clearly identifiable.

RADIO ADVERTISEMENTS

Radio spots were purchased on English, Spanish and Navajo stations across New Mexico for a three-week period.

DIGITAL ADVERTISEMENTS

Digital advertisements were placed in online editions of local newspapers and other websites prior to the application window.

PHASE TWO

Phase two marketing consisted of social media, e-blasts, a press release, earned media and MFA's website.

PHASE THREE

Phase three marketing will consist of social media, e-blasts, and MFA's website. MFA will make best efforts to identify mortgage servicers and escrow companies operating in New Mexico and provide them with program information to share with their customers.

SECTION 2 - APPLICANT ELIGIBILITY

Applicant's eligibility for housing cost assistance payments shall be determined upon submission of a completed Program Application with all required information and documents. To be eligible for assistance, an applicant must:

1. Have a current annual gross household income that does not exceed the HUD established "Moderate-Income" limits, defined as 80% of the area median income adjusted for family size, as shown here: http://housingnm.org/assets/content/Income_Limits.pdf. Household income eligibility is based on the following:
 - a. The total number of people in the household; and
 - b. The total amount of current annual household income as stated in the Program Application and confirmed by supporting documentation.Applicants residing in tribal lands are not subject to the household income threshold.
2. Have experienced financial hardship due to the COVID-19 health crisis, such as:
 - a. Job loss;
 - b. Job furlough;
 - c. Closure of place of employment;
 - d. Wage reduction of 10% or greater;
 - e. Reduction in self-employment compensation 10% or greater;
 - f. Job loss and/or wage reduction of 10% or greater due to requirement to be quarantined based on a diagnosis of COVID-19;
 - g. Increased expenditures due to COVID-19; or
 - h. Other pertinent circumstances leading to financial hardship.
3. Have a current primary residence in a housing unit in New Mexico.
4. Have documentation to demonstrate housing costs and have made their housing cost payments through February 28, 2020.

The following guidelines will be used to determine eligibility.

ANNUAL HOUSEHOLD INCOME ELIGIBILITY

When using the term "household" in the manual, MFA will be referring to the definition of "family" as defined at 24 CFR 5.403 and as further used in 24 CFR 570.3 and 24 CFR 570.483(b)(2)(ii)(B). A household includes, but is not limited to, the following regardless of actual or perceived sexual orientation, gender identity, or marital status:

1. A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or
2. A group of persons residing together, and such group includes, but is not limited to:
 - a. A household with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the household);
 - b. An elderly household;
 - c. A near-elderly household;
 - d. A disabled household;
 - e. A displaced household; and
 - f. The remaining member of a household.

Unrelated individuals will be considered as one-person households for this purpose. To determine household income for all applicants, MFA will use the annual income definition as defined by HUD at 24 CFR 5.609 (commonly referred to as Part 5). MFA will use the Part 5 method to calculate the annual income by projecting

the prevailing rate of income of the household for the next 12-month period as measured from the date that MFA performs the income determination.

ANNUAL INCOME LIMITS

The income limits for this program are limited to 80% of the area median income (AMI), adjusted for family size, as determined by HUD for the CDBG Program. Income limits by county are available here: http://housingnm.org/assets/content/Income_Limits.pdf. Income limits will be updated annually by HUD. The exception to the program income limits are applicants whose residence is located on New Mexico tribal land. This exception is being made due to the impact of COVID-19 on residents of New Mexico tribal land.

COVID-19 FINANCIAL HARDSHIP ELIGIBILITY

Applicants must certify that they have had financial hardship due to the COVID-19 health crisis. Determination of other pertinent circumstances of financial hardship will be made by program staff.

RESIDENCY ELIGIBILITY

Applicants requesting housing cost assistance from this program must reside in the state of New Mexico.

HOUSING COST ASSISTANCE ELIGIBILITY

Housing cost assistance eligibility is determined by the applicant's need for housing cost assistance as a result of financial hardship due to the COVID-19 health crisis. Applicants must have made their housing cost payments through February 28, 2020. The dwelling the applicant is requesting assistance for must be the applicant's principal residence and must be located in the state of New Mexico.

The applicant must be able to provide evidence of their current balance due, broken down by month. Only the current month and past-due months are eligible, for a total of three consecutive months. Late fees for any delinquent months are eligible. Payments for late fees not for the month of assistance requested and any other fees charged by the housing provider are not permissible. Exceptions for late fees in excess of 10% and other contractual fees may be considered for certain types of housing contracts. The maximum total award amount to any applicant for all forms of assistance payments is \$1,500.00 per month. If more than one form of assistance is requested, the total assistance awarded may not exceed three consecutive months.

If program staff is (1) a party to any lease, loan or other contractual arrangement for which assistance is provided or (2) a resident or (3) owner/manager of such a housing unit, MFA must follow its Conflict of Interest policy as described in Section 5 prior to disbursing funds.

RENTAL COST ASSISTANCE

Rental cost assistance payments must be made directly to the owner/manager on behalf of renters. The owner/manager listed on the lease agreement must not be affiliated with or related to the renter. The owner must not occupy the same dwelling as the renter.

REAL ESTATE CONTRACT COST ASSISTANCE

Real estate contract (REC) cost assistance payments can be made if the REC is managed by an escrow company. RECs that are not managed by an escrow company will be considered but additional documentation may be required.

MORTGAGE/HOMEOWNERSHIP LOAN PAYMENT COST ASSISTANCE

Mortgage and other homeownership loan cost assistance payments can be made to traditional loan servicers and may be considered for other non-traditional contractual payment arrangements. Homeownership loans may

include, for example, lease-purchase agreements or other non-mortgage home purchase loans serviced by tribal housing authorities. The cost assistance may include the full monthly payment amount owed to the servicer, including principal, interest, property insurance, mortgage insurance premium and real estate taxes for the residence. Note: Additional fees not included in the regular monthly payment, other than late fees, would not be eligible. Other non-traditional contractual payment arrangements will be considered but additional documentation may be required.

MOBILE/MANUFACTURED HOME RENTAL OR LOT/LAND COST ASSISTANCE

Housing cost assistance may be paid for the monthly rent or loan/REC/lease-purchase payment associated with the rental of a mobile/manufactured home or the lot or land on which the applicant's primary residence mobile/manufactured home is located. Applicants requesting assistance for a lot or land loan payment must provide evidence that their primary residence mobile/manufactured home is located on that lot/land. Other non-traditional contractual payment arrangements will be considered but additional documentation may be required.

MOBILE/MANUFACTURED HOME LOAN PAYMENT

Mobile/manufactured housing cost payments can be made on behalf of borrowers with loans or purchase agreements that are administered by an account servicer. Other non-traditional contractual payment arrangements will be considered but additional documentation may be required.

DUPLICATION OF BENEFITS

All applicants shall certify on the Program Application under penalty of perjury, under the laws of the State of New Mexico, that they 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 they do receive such a duplication of benefits, they will repay duplicated funds to MFA.

Additionally, prior to issuance of a rental award, the rental owner/manager shall certify that they have not received payment for the same costs for the same period for which assistance is to be awarded.

SECTION 3 - REQUIRED ELIGIBILITY DOCUMENTATION

All applicants must complete the program application online or in paper format. Applicants must supply all required documentation to verify program eligibility, household income (not applicable to residents of tribal lands) and need for housing cost assistance. Documentation to confirm payee and amount will also be required. Eligible applicants who do not provide all required documentation within the required time frames may not be awarded assistance.

Household member information must include, at a minimum, the following:

- Full names and dates of birth of all household members living in the residence
- Signature/e-signature of the head of household, who must be age 18 or over, certifying that the information provided related to household composition, annual household income, financial hardship due to COVID-19 and need for assistance with housing costs is correct.

Applicants will be asked to provide demographic data on whether the household is a single-headed household, as well as on the gender, race and ethnicity of all household members for reporting purposes only. Demographic information will be used in aggregate and is strictly confidential. The applicant decision to provide or not to provide demographic information does not impact application approval.

HOUSEHOLD INCOME DOCUMENTATION¹

Current proof from all sources of household income including but not limited to:

<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

If needed, the **Verification of Income and/or Reduction of Hours/Pay** form can be found here: http://housingnm.org/assets/content/Verification_of_Income.pdf

THIRD PARTY PHONE VERIFICATION

During the application review process, the reviewer shall have the discretion to collect or verify income through third party phone verification. Any verification made by reviewer must be documented in the audit log.

COVID-19 FINANCIAL HARDSHIP DOCUMENTATION

Applicants must certify that the household as experienced financial hardship due to the COVID-19 health crisis. Financial hardship can include:

- a. Job loss;
- b. Job furlough;
- c. Closure of place of employment;
- d. Wage reduction of 10% or greater;
- e. Reduction in self-employment compensation 10% of greater;
- f. Job loss and/or wage reduction of 10% or greater due to requirement to be quarantined based on a diagnosis of COVID-19;
- g. Increased expenditures due to COVID-19; or
- h. Other pertinent circumstances leading to financial hardship.

¹ Applicants residing on tribal land are not required to submit household income documentation.

RESIDENCY DOCUMENTATION

Verification that the residence is located within the state of New Mexico will be made by program staff. When applicable, residence on a tribal land will also be verified.

HOUSING COST ASSISTANCE DOCUMENTATION

Applicants must provide documentation and verification for housing costs as it applies to their housing situation:

<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	<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
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

THIRD PARTY PHONE VERIFICATION

During the application review process, the reviewer shall have the discretion to collect or verify housing cost assistance information through third party phone verification. Any verification made by reviewer must be documented in the audit log.

DOCUMENTATION FROM OWNERS/MANAGERS

Following initial review of applications for rental, mobile/manufactured home rental, and mobile/manufactured home lot/land rental assistance, owners/managers will be required to provide the following:

- Program Participation-Payment Acceptance form completed by owner/manager
- W-9 form completed by owner/manager
- Proof of tenancy, such as one of the following:
 - A copy of the lease signed by both the owner/manager and the tenant; OR
 - A copy of the resident ledger showing prior rental payments posted to the tenant's account

If assistance is awarded, the owner/manager will be provided with an IRS 1099 form at the end of the year for tax reporting purposes.

SECTION 4 - APPLICATION PROCESSING AND SELECTION

This section describes the process in which applications will be accepted, selected for review and reviewed.

INTAKE AND ASSESSMENT PROCESS

Funding is limited. Applications will be reviewed in order of date and time of receipt. Applicants are encouraged to use the information and sample forms posted at <http://housingnm.org/static/covid-assistance> as resources to submit complete applications. Failure to provide all eligibility documentation may result in denial.

Program staff will review applications and begin providing responses as soon as possible. If an application is incomplete, the applicant shall be notified and given 10 calendar days after the date of the first notification by email or the date of the letter to submit the information. Applicants who fail to respond within ten (10) calendar days shall be denied assistance. However, exceptions may be made at MFA's discretion. Applicants who are denied due to failure to respond within ten (10) calendar days may reapply in a subsequent round if funds are available.

Application documents shall not be returned. Applicants are cautioned not to submit original documents and to only submit copies.

AVAILABILITY OF APPLICATIONS

Application submissions will be accepted in two formats: online electronic submission and paper submission. Online applications may be submitted at: <http://housingnm.org/static/covid-assistance>. Paper applications may be mailed or hand-delivered to the address below:

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

Paper applications may also be faxed to:

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

Applications may be submitted beginning at 8:00 AM on March 4, 2021. All supporting documentation to confirm and verify eligibility must accompany the application for all submission methods. To request a paper application be mailed directly to you please contact: (505) 308-4206 or 866-488-0498. Alternatively, paper applications are available for download on MFA's website.

APPLICATION RANKING

All applications submitted within the application window will be ranked according to the criteria listed below. If sufficient funds are available, all eligible applications will be funded, regardless of ranking.

APPLICATION DATE/TIME

The ranking criterion for all applications in the second round is the date and time of submission. Date and time of submission of an application for assistance through the online system will be logged electronically. Paper applications submitted by mail will be logged according to the postmark date, with a time stamp of 8:00 am. If the postmark date is prior to the start of the application window, the application will be logged according to the first date of the application window, with a time stamp of 8:00 am. If the application is submitted in-person at a drop off location, the date and time of submission and the initials of the receiver will be recorded on the paper application and logged accordingly. If a paper application is faxed, the application will be logged according to the date and time the fax was received. Applications will be ranked in consecutive order of submission. If an application is incomplete, applicants will be notified and given a minimum of ten calendar days to submit missing

documentation as described above in Section 4: Intake and Assessment Process. During this window, the applicant will maintain their application date/time ranking.

APPEALS

Applicants may appeal denials based on applicant eligibility. If the application was denied for failure to provide all eligibility documentation, the applicant must reapply. Appeals must be mailed to the assistant director of asset management at 344 Fourth Street, Albuquerque, NM 87102 or emailed to housingassistance@housingnm.org within seven (7) calendar days of the date of the application denial letter. However, exceptions may be made at MFA's discretion. The written appeal must state the reason(s) why the applicant believes the application denial was in error and provide any additional documentation necessary to support the applicant's assertion of same. The appeal must be reviewed by the assistant director of asset management or a designated program staff member other than the reviewer who issued the denial. The decision regarding the appeal shall be issued in writing and shall be final.

SECTION 5 - ADDITIONAL PROGRAM GUIDELINES AND REQUIREMENTS

All applicants must adhere to the additional program guidelines and requirements listed below.

REQUESTS FOR CONTINUED ASSISTANCE

Up to three consecutive months of assistance may be provided but may only include current and past-due housing costs. Initial applications determined to be eligible for three consecutive months of housing cost assistance payments will be awarded the maximum of three months in the initial and only payment through this program.

Initial applications determined to be eligible for fewer than three months of housing cost assistance payments will be awarded only for those months. If additional housing cost assistance is needed after the initial award, the applicant may complete a Request for Continued Assistance form and provide evidence of the total balance due for each additional month requested up to the maximum of three consecutive months, including the initial award. The maximum award of three consecutive months will not be paid on the initial payment.

With the exception of approved Requests for Continued Assistance, approved applicants from this round and prior rounds will not be eligible for payments in future rounds for a minimum of one year from date of funding.

FALSE CLAIMS

Applicants shall certify on the Program Application under penalty of perjury 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)."

APPLICANT CONFIDENTIALITY

Employees and agents of MFA will not disclose any applicant's personal confidential information as part of the program, with the following exception: only MFA's compliance officer may provide such information to authorized representatives of programs providing similar assistance, at their request and when such request is made with the express purpose of preventing or correcting any duplication of benefits as required by the CARES Act. All confidential information of applicants will be kept in a locked secured storage facility or password protected electronic files and unavailable to persons outside of the program. At all times, MFA will abide by all requirements stated within the Privacy Act of 1974 as amended. If MFA receives a request for public records related to the program, only non-confidential information, as verified by MFA, will be provided.

NONDISCRIMINATION

The COVID-19 Housing Cost Assistance Program shall be implemented consistent with MFA's commitment to state and federal equal opportunity laws. No person shall be excluded from participation in, denied the benefit of, or be subjected to discrimination under any program or activity funded in whole or in part with CDBG-CV program funds on the basis of their disability, familial status, national origin, race, color, religion, sex, spousal affiliation, ancestry, sexual orientation or gender identity.

MFA will provide reasonable accommodations and/ or modifications or provide language assistance to individuals requesting such assistance to benefit from the services provided by the COVID-19 Housing Cost Assistance Program.

CONFLICT OF INTEREST

MFA will adhere to 24 CFR 570.611 and will follow the policy shown in Exhibit 6.

PROGRAM GUIDELINES CHANGES OR MODIFICATIONS

Minor changes to this COVID-19 Housing Cost Assistance Program Guide involving administrative procedures or accommodations to adapt to unique applicant situations or to regulatory changes may be performed with the approval of the director or assistant director of asset management. Any major changes to program policies or procedures must be approved by the executive director.

Federal regulatory requirements for the CDBG-CV programs are not subject to modification or revision, except when HUD issues guidance superseding prior regulatory requirements.

Paper Application

(Attached)

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 household² 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.

² When using the term "household" in the manual, 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.:

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 on my/our payments owed to my/our housing provider(s) as of 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 of my/our housing unit 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>
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 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

Verification of Income and/or Reduction of Hours/Pay Form

(Attached)

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

Exhibit 3

Program Participation-Payment Acceptance Agreement

(Attached)

COVID-19 HOUSING COST ASSISTANCE PROGRAM
Program Participation-Payment Acceptance Agreement

I _____ would like to participate in the COVID-19 Housing Cost Assistance Program. To receive payment, I will provide this signed agreement and a W-9 Request for Taxpayer Identification Number and Certification.

Tenant Name(s):		Tenant Case ID #:	
Tenant Address:			
Address Owner/Manager Receives Payments:			
Rent Due Date	Rent Due	Late Fee	Monthly Total
Total for All Months			

I CERTIFY THAT:

- I am the landlord, property manager or other landlord representative and/or agent for the above-named tenant(s), who currently reside(s) at the above-listed tenant address, and I have a legal right to accept housing payments from the above-named tenant(s) for the tenant property address described above; and
- The housing payments listed above represent the entirety of the current outstanding amounts, and the late fees comply with New Mexico state law; and
- I have not received other federal or non-federal benefits or assistance for the rent owed by the tenant named above for the same period of time for which assistance is being requested. In no case am I entitled to a payment for a month that the tenant does not reside at my property. If I receive a direct rent payment for a month that the tenant did not reside at my property, I shall remit to MFA an amount that represents the overpaid rent. To return such amounts or payments, I shall call MFA at (505) 308-4206 and mail payment to MFA at 344 Fourth Street SW, Albuquerque, NM 87102. I must not cash a direct rent payment if the tenant has moved. I may be prosecuted if I commit fraud or knowingly assist a tenant to commit fraud. If I am found guilty of committing fraud, I will no longer be entitled to receive direct rent payments. I may not acquire rights to sue [MFA] for payment of rent or for a breach of any obligations by the tenant. I also understand and certify that I receive no other subsidy and/or assistance from or on behalf of this tenant for full or partial monthly rental payment. Housing cost assistance is limited, and the duration of assistance as stated in Section 1 of this agreement. MFA will make every effort to make housing cost assistance payments as required by the lease agreement but will only be responsible for late fees due to administrative errors by MFA staff. I understand that assistance may be terminated if a participant is determined to be no longer eligible, was never eligible, has not been fully engaged in the program, and/or has not been fully compliant with program requirements as determined by MFA. Examples non-compliance include failure to return phone calls or e-mails and failure to disclose all income or expenses.

In addition, I understand and agree that during the term of this agreement, I must give MFA a copy of any notice to the program participant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant.

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 a tenant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any tenant 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).

Owner/Manager

Signature: _____ **Date:** _____

Printed Name: _____ **Phone Number:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Exhibit 4

Authorization to Release Information to Third Party



Authorization to Release Information to Third Party

Borrower Information	
First Name	
Last Name	
Last 4 Digits – Social Security Number	
Co-Borrower Information	
First Name	
Last Name	
Last 4 Digits – Social Security Number	
Property Address	
Street	
Unit Number	
City/State/Zip Code	
Loan Information	
Loan Number	
Mortgage Servicer Name	

I/We am/are the borrower(s) on the above referenced loan. By signing below, I/we hereby authorize _____ to discuss the loan with the following individual/company:

Authorized Company	Individual	or	New Mexico Mortgage Finance Authority (MFA)
Street	344 Fourth Street SW		
City/State/Zip Code	Albuquerque, NM 87102		

Phone Number	505-308-4206
--------------	--------------

This authorization will remain in effect for one (1) year from the date it is executed.

Borrower Signature:	Date Signed:
Borrower Printed name:	
Co-Borrower Signature:	Date Signed:
Co-Borrower Printed Name:	

EXHIBIT 5

Request for Continued Housing Cost Assistance

(Attached)

COVID-19 HOUSING COST ASSISTANCE PROGRAM
Request for Continued Assistance

I _____ would like to request continued assistance from the COVID-19 Housing Cost Assistance Program. I understand that I am eligible to receive a total of three months of housing cost assistance equal to or less than maximum monthly amount of \$1500 depending on actual housing costs. I certify that my monthly housing cost payment is now due and that my financial hardship circumstances due to COVID-19 have not changed since my initial application. I certify that I am 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 do receive such assistance, I will repay any duplicated funds to MFA.

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).

Signature, Printed Name and Date of all Adult Household Members		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

Attach: Evidence of total balance due.

EXHIBIT 6

Conflict of Interest and Disclosure Policy

(Attached)

Conflict of Interest and Disclosure Policy
COVID-19 Housing Cost Assistance Program
November 10, 2020

Conflict of Interest Policy

MFA has implemented the COVID-19 Housing Cost Assistance Program, which utilizes Community Development Block Grant (CDBG) funds from the U.S. Department of Housing and Urban Development (HUD). CDBG has a clear regulatory conflict of interest mandate that MFA, its staff and all covered persons outlined in 24 CFR 570.611(c) must follow. The CDBG conflict of interest regulations are as follows:

§ 570.611 Conflict of interest.

(a) Applicability.

(1) In the procurement of supplies, equipment, construction, and services by recipients and by sub recipients, the conflict of interest provisions in 2 CFR 200.317 and 200.318 shall apply.

(2) In all cases not governed by 2 CFR 200.317 and 200.318, the provisions of this section shall apply. Such cases include the acquisition and disposition of real property and the provision of assistance by the recipient or by its subrecipients to individuals, businesses, and other private entities under eligible activities that authorize such assistance (e.g., rehabilitation, preservation, and other improvements of private properties or facilities pursuant to § 570.202; or grants, loans, and other assistance to businesses, individuals, and other private entities pursuant to § 570.203, 570.204, 570.455, or 570.703(i)).

(b) Conflicts prohibited. The general rule is that no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. For the UDAG program, the above restrictions shall apply to all activities that are a part of the UDAG project, and shall cover any such financial interest or benefit during, or at any time after, such person's tenure.

(c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of subrecipients that are receiving funds under this part.

(d) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (b) of this section on a case-by-case basis when it has satisfactorily met the threshold requirements of (d)(1) of this section, taking into account the cumulative effects of paragraph (d)(2) of this section.

(1) Threshold requirements. HUD will consider an exception only after the recipient has provided the following documentation:

(i) A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and

(ii) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(2) Factors to be considered for exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the requirements of paragraph (d)(1) of this section, HUD shall conclude that such an exception will serve to further the purposes of the Act and the effective

and efficient administration of the recipient's program or project, taking into account the cumulative effect of the following factors, as applicable:

- (i) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;
- (ii) Whether an opportunity was provided for open competitive bidding or negotiation;
- (iii) Whether the person affected is a member of a group or class of low- or moderate-income persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;
- (iv) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decision-making process with respect to the specific assisted activity in question;
- (v) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (b) of this section;
- (vi) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and
- (vii) Any other relevant considerations.

[60 FR 56916, Nov. 9, 1995, as amended at 80 FR 75938, Dec. 7, 2015]

In order to maintain compliance with HUD regulations and avoid the appearance of impropriety, MFA shall alert all MFA employees and board members of the regulations and provide guidance as to how to report if they have a conflict of interest in addition to implementing a procedure to obtain an exception to 24 CFR 570.611 as described in 24 CFR 570.611(d). All MFA staff and board members must acknowledge receipt of this policy and 24 CFR 570.611 by filling out and signing Attachment B.

If an employee, board member or other persons covered under 24 CFR 570.611(c) would like to ask for an exception under 24 CFR 570.611(d), then he or she must discuss the matter with MFA's Director of Human Resources, start the process of the conflict of interest review, and sign a request for a waiver of the conflict of interest (Attachment A). The Director of Human Resources would then forward the request to the State's Department of Finance and Administration (DFA) in order for the State's attorney to issue an opinion. The State would then write a letter to the local office of HUD's Community Planning and Development Division to describe the nature of the conflict and an assurance of the public disclosure of the conflict. Once an exception is issued, MFA will follow public disclosure as required and process the application for assistance.

The signed acknowledgements of 24 CFR 570.611, employee requests for an exception, copies of the DFA exception request to HUD, public disclosure materials and records of assistance provided to employees or other persons covered under 24 CFR 57.611(c) will be maintained in the Human Resources Department.

MFA's Current Program Disclosure Policy

MFA currently has a program disclosure policy in place. However, as MFA receives CDBG funding from the State of New Mexico, we are now subject to additional disclosure and reporting requirements. MFA's program disclosure policy will remain in effect, in addition to the CDBG requirements for disclosure of conflicts of interest for the CDBG COVID-19 Housing Cost Assistance Program.

Attachment A
COVID-19 HOUSING COST ASSISTANCE PROGRAM
NOTIFICATION AND REQUEST FOR WAIVER OF CONFLICT OF INTEREST

I, _____, (“employee”) wish to receive assistance through MFA’s COVID-19 Housing Costs Assistance Program or I have a conflict as described in 24 CFR 570.611(b). This program is funded through the State of New Mexico Department of Finance Administration Community Development Block Grant.

I have read and understand MFA’s CDBG COVID-19 Housing Assistance Program Conflict of Interest policy and submit to the requirements therein, including the submission of this request for legal opinion and public disclosure of the conflict, pursuant to 24 CFR 570.611.

§ 570.611 Conflict of interest Factors to be considered for exceptions.

i.	Would the exception provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available?	
ii.	Was an opportunity provided for open competitive bidding or negotiation?	
iii.	Is the person affected a member of a group or class of low- or moderate-income persons intended to be the beneficiaries of the assisted activity, and would the exception permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class?	
iv.	Would the affected person have to be withdrawn from his or her functions or responsibilities, or the decision-making process with respect to the specific assisted activity in question?	
v.	Was the interest or benefit present before the affected person was in a position as described in paragraph (b) of 24 CFR 570.611 (<i>no persons who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity</i>)	
vi.	Would undue hardship result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict?	
vii.	Any other relevant considerations.	

Employee Name

Date

Employee’s Signature

Attachment B

**RECEIPT FOR CDBG COVID-19 HOUSING COSTS ASSISTANCE PROGRAM CONFLICT OF INTEREST
POLICY**

I have received a copy of 24 CFR 570.611 and the CDBG COVID-19 Housing Costs Assistance Program Conflict of Interest Policy for the New Mexico Mortgage Finance Authority ("MFA") dated November 10, 2020 (the "Policy"). I agree to conform to the rules and guidelines of the MFA and to the Policy.

I agree to conform to the rules and guidelines set forth above and understand this is not a contract of employment, nor is any provision in them meant to be part of any contract of employment either expressed or implied. Employment with MFA is at all times employment "at will." This means that either the employee or MFA may terminate the employment relationship at any time, for any or no reason, and with or without advance notice. No employee or supervisor of MFA, other than the Executive Director or his/her designee in writing, has the authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the provisions set forth in this Manual. and I understand my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the MFA or myself.

Employee Name

Date

Employee's Signature