

New Mexico Homeowner 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 New Mexico Homeowner Assistance Fund provides housing cost assistance to households residing in New Mexico who are experiencing financial hardship associated with the COVID-19 health crisis and who are at risk of losing their housing.
- The maximum amount of assistance is limited to \$20,000 per household, based on actual need and program eligibility.
- The form of assistance is a grant paid directly to the housing provider, e.g. servicer, escrow company, seller, lot owner/manager, etc.
- Eligible expenses that can be paid with grant funds include monthly, delinquent taxes, homeowner’s insurance and housing cost payments as evidence by a consensual homeownership contract or agreement (e.g. mortgage loan, real estate contract, private lease to own agreement, manufactured/mobile home loan or other documented, consensual private financing arrangements), late fees, and reasonable escrow advances as evidenced by a loan statement.
- 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 6.
- 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.
- To qualify, the household must certify that it has experienced financial hardship since January 21, 2020 associated with 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.
- 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 complete but missing all required documents to process for eligibility, the applicant will be given 10 calendar days to submit the missing documentation.
- Program staff determines the eligibility of applicants to the program and reserves the right to deny requests in specific instances where applications/applicants do not conform to these or other program guidelines.

¹ 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).

APPLICANT CONTACT INFORMATION

First Name: _____ Last Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Primary Phone: _____ Other Phone: _____

Email address: _____

Is this property address also your mailing address? Yes No

Property Type

2 or more Units Condo Manufactured Home Permanently Affixed Mobile/Manufactured Home Not Permanently Affixed Single Family Residence Townhome

Are you in active Bankruptcy?

Yes No

If yes, please provide the following information:

Date filed: _____ Chapter: 7 13 11

Date discharged, if applicable: _____

HOUSEHOLD COMPOSITION

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

Use Number from list below

No.	Name	Date of Birth	Social Security Number	Gender*	Ethnicity*	Race*
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

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

1-Hispanic or Latino
2-Not Hispanic or Latino

1 -American Indian / Alaska Native
2-Asian
3-Black / African American
4-Native Hawaiian/Other Pacific Islander
6-White
7 - I do not wish to furnish this information.

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

Is English the primary language spoken in your home?

Yes No, If no, please provide the primary language spoken: _____

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

Tribal land

Are you a resident of tribal land?

Yes No If yes, please list the tribe: _____

HOUSING INFORMATION

Providing the following information does not disqualify your application.

Is this loan in default?

Yes No

Have you received a foreclosure notice?

Yes No

If yes, provide the date the Complaint for Foreclosure was filed: _____

Have you received a Notice of Foreclosure Sale?

Yes No If yes, provide the Date of Sale: _____

Has your loan been in forbearance?

Yes No

Was a FHA HUD claim filed due to pandemic delinquency?

Yes No

Loss Mitigation

How many times has your mortgage been previously refinanced or modified? _____

Are you in the process of a loan modification?

Yes No

Have you been offered a loan modification within the past 12 months?

Yes No

Has your household received housing cost assistance since January 21, 2020 and/or will it receive such assistance? Yes No

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.)**

Have you previously received assistance from the MFA COVID-19 Housing Cost Assistance Program/Homeowner Assistance Pilot or Interim Programs? **Answering yes to this question does not disqualify application to the MFA NM Homeowner Assistance Fund Program.**

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.

Housing Provider #1:

- | | |
|--|---|
| <input type="checkbox"/> Mortgages | <input type="checkbox"/> Private financing |
| <input type="checkbox"/> Real estate contract payments | <input type="checkbox"/> Mobile or manufactured home loan |
| <input type="checkbox"/> Mobile or manufactured home land loan | <input type="checkbox"/> Property taxes |
| <input type="checkbox"/> Homeowner Insurances | |

Lien Position: _____

Name of Housing Provider: _____

Contact Name for Housing Provider: _____

Housing Provider Address: _____

Housing Provider City: _____ State: _____ Zip Code: _____

Housing Provider Phone Number: _____

Housing Provider Email Address: _____

Account Number: _____

Monthly Payment Amount: _____ Past Due Amount: _____

Housing Provider #2:

- | | |
|--|---|
| <input type="checkbox"/> Mortgages | <input type="checkbox"/> Private financing |
| <input type="checkbox"/> Real estate contract payments | <input type="checkbox"/> Mobile or manufactured home loan |
| <input type="checkbox"/> Mobile or manufactured home land loan | <input type="checkbox"/> Property taxes |
| <input type="checkbox"/> Homeowner Insurances | |

Lien Position: _____

Name of Housing Provider: _____

Contact Name for Housing Provider: _____

Housing Provider Address: _____

Housing Provider City: _____ State: _____ Zip Code: _____

Housing Provider Phone Number: _____

Housing Provider Email address: _____

Account Number: _____

Monthly Payment Amount _____ Past Due Amount: _____

ASSISTANCE

List all of the following programs are you applying for assistance. (Your application will be reviewed on a program basis. You might be approved for assistance through one or multiple of these programs but not others).

Monthly Payment Assistance

The monthly loan payment assistance program is only available for households where one or more homeowners are currently receiving unemployment benefits and will fund past due payments or monthly payments up to \$20,000 per household.

Reinstatement

The Homeownership Loan Reinstatement and Loss Mitigation Program will provide a one-time reinstatement benefit of up to \$20,000 per household to eliminate past due payments including payments in forbearance. The program can also assist homeowners achieve housing cost affordability through principal reduction or post-loss mitigation lien extinguishment.

Insurance Assistance

The Insurance Assistance Program will provide assistance to homeowners in paying their insurance bills. Including homeowner insurance, flood insurance, and mortgage insurance.

Property Tax Assistance

The Property Tax Assistance Program will provide assistance to homeowners with delinquent property taxes, to prevent homeowner tax foreclosures.

Housing Counseling

I would like to speak with a HUD approved housing counselor regarding my current financial situation.

ANNUAL HOUSEHOLD INCOME INFORMATION

Current Monthly Income: 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 \$

COVID-19 FINANCIAL HARDSHIP:

Have you or anyone in your household experienced financial hardship since January 21, 2020 associated with the COVID-19 health crisis? Yes No

If yes, mark all selections that reflect your household's financial hardship caused by an increase of expenses or decrease in income greater than 10% associated with the COVID-19 health crisis.:

- Job loss;
- Job furlough;
- Temporary or permanent closure of place of employment;
- Wage reduction;
- Reduction in self-employment compensation;
- Job loss and/or wage reduction due to requirement to be quarantined based on a diagnosis of COVID-19;
- Increased expenditures associated with the COVID-19 health crisis; or
- Other pertinent circumstances leading to financial hardship (please describe below)

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 associated with 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 am providing accurate and current documentation of the total and current balance due. I am unable to pay make the payment confirmed on the documentation provided.

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 New Mexico Homeowner Assistance Fund to disburse funding to housing providers on behalf of applicants. 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, 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 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 housing assistance; my/our housing provider; 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 housing assistance.

I/We further understand that the information provided on this form is subject to verification by MFA, the Department of Finance and Administration (DFA) or the Treasury at any time, and any employee of MFA, DFA, or Treasury 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 result in legal action. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate.

I/we understand that if I/we are approved for monthly payment assistance the household is attesting that the household is struggling to sustain their housing payments due to unemployment or zero income.

I/we understand that if I/we are approved for monthly payment assistance, I/we are attesting that the household is struggling to sustain their housing payments due to unemployment.

I/we understand that if I/we are approved for reinstatement assistance, I/we are attesting that the household is able to resume the monthly housing payment following receiving assistance.

Applicant Signature, Printed Name and Date		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

HOMEOWNER ASSISTANCE FUND
Third Party Authorization

“I” and “My” means and refers to individually and collectively the undersigned Owner and Co-Owner (if any), and any non-owner borrower identified below.

“Servicer” means the first mortgage lender/servicer identified below.

“Third Party” means individually and collectively the third parties (including their employees, contractors, subcontractors, agents, successor, and assigns) identified below.

I authorize the Servicer and any Third Party to obtain, share, release, discuss, and otherwise provide to, and with each other, information with my public and non-public personal information contained, related to my mortgage loans, insurance policies and associated premiums, tax and homeowner payment obligations. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Owner and non-owner borrower. I also understand and consent to the disclosure of my personal information and the terms of any applications, agreements, or other communications under any Homeowner Assistance Fund Program operated by Servicer or MFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the American Rescue Plan Act of 2021.

The Servicer and any Third Party is authorized to take such steps as it may deem reasonable to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

Before signing this Third Party Authorization, beware of foreclosure rescue scams!

- A HUD-approved housing counselor, HFA representative or other authorized third party may work directly with the Owner’s lender/mortgage servicer.
- The Owner can visit <https://www.hud.gov/findacounselor> to identify a HUD-approved housing counseling agency.
- Beware of anyone who asks for a fee in exchange for a counseling service or modification of a delinquent loan.

All Owners and non-owner borrowers should sign this Third Party Authorization. This Third Party Authorization is not revocable except as otherwise required by applicable law.

First Mortgage Lender/Servicer Name

[Account][Loan] Number

Property Address: _____

THIRD PARTIES:

[Counseling Agency]

[Agency Contact Name and Phone Number]

[State HFA Entity]

[State HFA Contact Name and Phone Number]

[Other Third Party]

[Third Party Contact Name and Phone Number]

The following are optional:

Second Mortgage Lender/Servicer Name: _____

Phone Number: _____

Hazard Insurance Company: _____

Policy Number: _____

Phone Number: _____

Condominium Association (if applicable): _____

Phone Number: _____

City/Town/County Taxing Authorities: _____
Phone Number

Name of Owner: _____

Employer: _____
Phone Number

Name of Owner: _____

Employer: _____
Phone Number

Name of Non-Owner Borrower: _____

Employer: _____
Phone Number

Name of Non-Owner Borrower: _____

Employer: _____
Phone Number

Owner's Attorney: _____
Phone Number:

Other Designated Representative(s) authorized to act on behalf of Owner:
Name(s) and Telephone Number(s): _____

Relationship: _____
Relationship: _____
Relationship: _____

Other

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

Owner

Co-Owner

Printed Name

Printed Name

Signature

Signature

Date

Date

Additional Co-Owner

Additional Co-Owner

Printed Name

Printed Name

Signature

Signature

Date

Date

Non-Owner Borrower

Additional Non-Owner Borrower

Printed Name

Printed Name

Signature

Signature

Date

Date

Rev. 7/7/2021

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.

Proof of Identity Documentation:

Please provide the requested documentation below for at least one household member listed on the housing.

	<i>Acceptable Documentation</i>
Proof of Identity	<ul style="list-style-type: none"> • Driver's License or • State issued Identification card or • Passport

Household Income Documentation:

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"> • Payment history reflecting gross benefit amount, deductions and recent payments
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>
Private Financing 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; or ○ Current unredacted reinstatement quote 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; or ○ Current unredacted reinstatement quote from escrow company or seller
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; or ○ Current unredacted reinstatement quote
Mobile or manufactured land 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; or ○ Current unredacted reinstatement quote
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; or ○ Current unredacted reinstatement quote

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: New Mexico Housing Assistance Interim Program
 Fax: 505-242-2766