

MFA OFFICE USE ONLY:
Postmark/Dropoff Date: _____
Application Time: _____
Received by Initials: _____

New Mexico Homeowner Assistance Program PROGRAM APPLICATION

A. GENERAL QUALIFICATIONS AND CONDITIONS

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 \$30,000 per household, based on actual need and program eligibility. Previous awards received in the New Mexico Homeowner Assistance Pilot Program between May 18, 2021 and August 16, 2021 and/or the New Mexico Homeowner Assistance Interim Program between October 15, 2021 to January 4, 2022 will be deducted from the maximum amount of \$30,000 and included in the total amount funded by this program. Award amount is based on actual costs for eligible program expenses.
- 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 delinquent and currently due property taxes, homeowner's insurance and housing cost payments as evidenced 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 must be equal to or less than 150% of the area median income or 100% of the median income for the United States, whichever is greater.
- 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 currently own and occupy the dwelling as their primary residence. The dwelling must be in the state of New Mexico.
- To qualify, the original loan balance must not exceed the conforming loan limit in place at the time the loan was originated.
- 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.
- MFA will also not tolerate any form of unlawful discrimination or harassment of an MFA Employee by any Third-Party, including by its employees, owners, managers, members, directors, agents, or representatives.

*Signature Acknowledging General Qualifications/Conditions: _____

A. ELIGIBILITY

A.1. Have you experienced financial hardship since January 21, 2020 associated with the COVID-19 health crisis?

Yes No

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).

A.2. Do you own and live in the home for which assistance is requested as your sole or primary residence in New Mexico?

Yes No

A.3. Is your primary residence a single-family residential property, condominium, townhome, manufactured home permanently affixed to real property and taxed as real estate, or a mobile home not permanently affixed to real property?

Yes No

A.4. Do you reside on one of the following federally recognized tribal lands or Native American reservations located in New Mexico?

Yes No

A.5. Is your gross household income from all household members equal to or less than 150% of the area median income or 100% of the median income for the United States, whichever is greater?

Yes No

A.6. Is your original loan balance less than \$417,000 or less than or equal to the conforming loan limit in place at the time the loan was originated?

Yes No

A.7. Do you understand the processing time for applications can take up to 90 days to fully review the file and that there is a waiting list to process applications in the order in which they are received?

Yes No

B. APPLICANT INFORMATION

Please complete all information. If a question does not apply, please write NA

B.1 What type of property do you live in?

Single Family Home detached Single Family Home attached Condominium Manufactured Housing

Other: _____

APPLICANT CONTACT INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Last 4 Digits of Social Security Number: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Primary Phone: _____ Cell Phone Landline

Email address: _____

Is this property address also your mailing address? Yes No

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

B.15. Is there an additional homeowner? If so, please provide their contact information below. (An additional homeowner is someone that is listed on the mortgage or has a vested interest in the property.)

Yes No

CO-BORROWER CONTACT INFORMATION

First Name: _____ Last Name: _____

Last 4 Digits of Social Security Number: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Primary Phone: _____ Cell Phone Landline

Email address: _____

Do you understand that all written communication about the program, including requests for additional documentation and communication about program eligibility will be in the form of electronic mail (email)?

Yes No

Is English the primary language spoken in your home?

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

Are you a resident of tribal land?

Yes No If yes, please list the tribe: _____

C. HOUSEHOLD COMPOSITION

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

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

Use Number from list below

No.	Name	Date of Birth	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

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

D. ANNUAL HOUSEHOLD INCOME INFORMATION

The income of all homeowners and each adult member of the household must be included on the income chart and will be used in the calculation to determine the household's total annual gross income. All sources of income for all homeowners and household members should be included, except for those listed as not included in the next section: The full amount of earned income (including wages and salaries, overtime pay, commissions, fees, tips, bonuses and other compensation for personal services) before payroll deductions, the full amount of any payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of payments, any payments in lieu of earnings such as unemployment compensation, including Pandemic Emergency Unemployment Compensation (PEUC), disability compensation, worker's compensation and severance pay, any public assistance payments such as cash assistance, any periodic and determinable allowances such as alimony and child support, any net income from the operation of a business or profession, including direct payments for services or self-employment. The following types of income are **not** included in income calculation: Earned income of minors (age 17 and younger), Federal household stimulus payments, income of live-in health aids, non-cash benefits such as childcare or medical care assistance and food support or one-time cash gifts, for example a birthday gift. Failure to include **ALL** income information for every household member may prevent assistance from being provided or you may be required to **REPAY** assistance if you are found to be ineligible after assistance is granted. **For each income source, submit the relevant documents indicated on the attached Application Documentation Checklist.**

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	\$

E. COVID-19 IMPACT:

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, please check each condition that applies to the financial hardship due to an increase of expenses or decrease in income since January 21, 2020:

- Job loss
- Job furlough
- 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
- Other pertinent circumstances leading to financial hardship (please describe the situation below):

If you selected "Other," please describe the conditions resulting in loss of income or increased expenses associated with the COVID-19 health crisis below.

Signature for COVID-19 Financial Hardship Self-Attestation: _____

Date of Signature: _____

F. BANKRUPTCY, FORECLOSURE AND PRIOR ASSISTANCE

Providing the following information does not disqualify your application.

Bankruptcy

F.1 Are you involved in an active/recent bankruptcy?

- Yes No

If yes, please provide the following information:

Date filed: _____ Chapter: 7 13 11

Date discharged, if applicable: _____

Homeowners who have previously filed for bankruptcy must provide bankruptcy documents. If you are no longer in bankruptcy you must also provide proof of court ordered discharge or dismissal.

Foreclosure

F.2. Have you received a foreclosure notice, such as a Complaint for Foreclosure or Petition for Replevin?

- Yes No

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

F.3 Have you received a Notice of Foreclosure Sale?

Yes No

If yes, enter the scheduled sale date: _____

F.4. Have you received documentation that indicates you will lose your home by a certain date, such a Notice of Eviction?

Yes No

If yes, enter the date by which you will be required to vacate: _____

***REQUIRED DOCUMENT: If yes, please provide a copy of the Notice of Default or Notice of Sale**

Have you received documentation about legal action such as a Notice of Intent to Foreclose letter from your lender, servicer, homeowners' association, or other?

Yes

No

F.5. Have you received documentation about legal action, such as a Notice of Intent to Foreclose letter from your lender, servicer, homeowners' association, or other?

Yes No

Assistance

F.6. 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.

***REQUIRED DOCUMENT: If yes, please provide evidence of the award letter**

F.7. 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

F.8. Are you working with a HUD Certified Housing Counselor? If yes, provide contact information

Yes No

Housing Counseling Agency: _____

Housing Counselor Name: _____

Housing Counselor E-mail: _____

HOUSING INFORMATION

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 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 required and most current document(s) indicated on the Application Documentation Checklist.**

G. FIRST MORTGAGE ASSISTANCE:

G.1 Are you requesting assistance to bring your mortgage current? (If no, please see question below and/or proceed to the next section)

Yes No

G.1.a (If answered No to question G.1 above)

Are you requesting assistance to pay a HUD Partial Claim or other deferred balance, originated after 1/21/2020?

Yes No

REQUIRED DOCUMENT: *If yes, please provide copy of Partial Claim or Deferral agreement.

G.2 Have you applied with your mortgage loan servicer for assistance with your delinquency?

Yes No

If yes, please check all options you were offered to help resolve your mortgage loan delinquency:

- Repayment Plan
- Deferral or Partial Claim
- Modification
- Reinstatement (lump sum)
- Forbearance
- I was not offered an option
- I don't know

If you answered no, please explain why you have not accepted the offer:

G.3 Have you accepted any offer from your mortgage loan servicer to resolve your mortgage loan delinquency?

Yes No

If you answered yes, indicate what option you've accepted:

- Repayment Plan
- Deferral or Partial Claim
- Modification
- Reinstatement (lump sum)
- Forbearance

***Please provide documentation of accepted offer/resolution**

If not, please explain:

G.4 What is your current monthly mortgage payment amount (including escrowed items, if applicable)?

\$ _____

G.5 What is your mortgage loan or account number?

Account number: _____

G.6 What type of mortgage do you have?

- FHA
- VA
- USDA
- GSE (Fannie Mae, Freddie Mac or Farmer Mac)
- Private Label Securities
- Reverse Mortgage
- Portfolio Loan
- Land Contract (Real Estate Contract, Lease-to-own)

G.7 What was the original loan amount/purchase price of the first mortgage for which assistance is requested?

\$ _____

G.8 What date did you take out the first mortgage that is now in place?

G.9 What is the total amount past due (the amount required to bring your loan current)?

\$ _____

Mortgage servicer (the company that you make your monthly mortgage payments to):

Lien Position: _____

Name of Mortgage Servicer: _____

Mortgage Servicer Address:

City: _____ State: _____ Zip Code: _____

Mortgage Servicer Phone Number: _____

Mortgage Servicer Email Address: _____

REQUIRED DOCUMENT: *Please provide a copy of the current first mortgage statement or reinstatement demand letter

H. SECOND MORTGAGE ASSISTANCE:

H.1 Do you have a second mortgage on your home for which you are requesting assistance?

Yes No

H.2 Are you requesting assistance to become current on your second mortgage

Yes No

H.3 Have you applied with your mortgage loan servicer for assistance with your delinquency?

Yes No

If yes, please check all options you were offered to help resolve your mortgage loan delinquency:

- Repayment Plan
- Deferral or Partial Claim
- Modification
- Reinstatement (lump sum)
- Forbearance
- I was not offered an option
- I don't know

Have you accepted any offer from your mortgage loan servicer to resolve your mortgage loan delinquency?

Yes No

If you answered yes, indicate what option you've accepted:

- Repayment Plan
- Deferral or Partial Claim

- Modification
- Reinstatement (lump sum)
- Forbearance

***Please provide documentation of accepted offer/resolution**

If not, please explain:

H.4 What is your mortgage loan or account number?

Account number: _____

H.5 What is the total amount past due (the amount required to bring your loan current)?

\$ _____

H.6 What is your current monthly mortgage payment amount (including escrowed items, if applicable)?

\$ _____

H.7 What was the original amount of your second mortgage now in place?

\$ _____

H.8 What year did you take out the second mortgage that is now in place?

H.9 Please remember to include your most recent second mortgage statement with your application.

H.10 Mortgage servicer (the company that you make your monthly mortgage payments to):

Lien Position: _____

Name of Mortgage Servicer: _____

Mortgage Servicer Address: _____

City: _____ State: _____ Zip Code: _____

Mortgage Servicer Phone Number: _____

Mortgage Servicer Email Address: _____

Mortgage Type: (FHA, Fannie Mae, Freddie Mac, Conventional)

REQUIRED DOCUMENT: *Please provide a copy of the current second mortgage statement or reinstatement demand letter

I. PROPERTY TAX AND INSURANCE ASSISTANCE

- If your mortgage does not escrow property tax or homeowners insurance, you may request assistance for expenses incurred after 1/21/20 below.

- If you are a homeowner without a mortgage or has a reverse mortgage and you are at risk of losing your home because of property charge defaults, you may request assistance for expenses incurred after 1/21/20 below.

Property Tax Assistance

I.1 Are you requesting property tax assistance? (If no, please proceed to the next section)

Yes No

I.2 Have you received a Notice of Delinquent Tax letter?

Yes No

I.3 Name of property tax authority:

I.4 Property tax account or parcel number:

I.5 What is the total amount of property taxes past due (the amount required to bring your account current)?

\$ _____

REQUIRED DOCUMENT: *Provide your most recent property tax statement.

Homeowner Insurance Assistance

I.7 Are you requesting homeowner insurance assistance? (If no, please proceed to the next section)

Yes No

I.8 What is your current homeowner insurance amount?

I.9 What is your current homeowner insurance account number?

I.10 What is the current amount past due?

Name of Insurance Provider: _____

Insurance Provider Address: _____

City: _____ State: _____ Zip Code: _____

Insurance Provider Phone Number: _____

Insurance Provider Email Address: _____

REQUIRED DOCUMENT *Provide your most recent homeowner insurance bill

***Please respond to the following program participation requirements and certifications by initialing each statement in the spaces provided 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 certify that this information is complete and accurate and have provided supporting documentation as part of this application.

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

___ 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 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, 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 monthly payment assistance the household is attesting that the household is struggling to sustain their housing payments due to unemployment and my housing costs are greater than 40% of household income.

____ 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.

____ I/We understand that MFA will also not tolerate any form of unlawful discrimination or harassment of an MFA Employee by any Third-Party including by its employees, owners, managers, members, directors, agents, or representatives. MFA is here to serve the public; however, threatening behavior toward any MFA employee will not be tolerated. Failure from an applicant to conduct themselves in a reasonable manner may result in an application not being considered and/or legal action.

Applicant Signature, Printed Name and 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.

Property Address: _____

First Mortgage Lender/Servicer Name

[Account][Loan] Number

Second Mortgage Lender/Servicer Name

[Account][Loan] Number

THIRD PARTIES:

New Mexico Mortgage Finance Authority

505-308-4206 or 866-488-0498

[State HFA Entity]

[State HFA Contact Name and Phone Number]

[Counseling Agency]

[Agency Contact Name and Phone Number]

[Other Third Party]

[Third Party Contact Name and Phone Number]

The following are optional:

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. 12/1/2022

NEW MEXICO HOMEOWNER ASSISTANCE FUND

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 homeowner

	<i>Acceptable Documentation</i>
Proof of Identity	<ul style="list-style-type: none"> • Driver's License or • State issued Identification card or • Military Identification card • 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 consecutive 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>
Traditional Mortgage	<ul style="list-style-type: none"> • Approval Common Data File Record received directly from the Servicer and • 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
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