

New Mexico Homeowner Assistance Fund

Request for Continued Assistance

Case ID: _____

I _____ would like to request continued assistance from the New Mexico Homeowner Assistance Fund. I understand that I am eligible to receive a total of \$10,000 of housing cost assistance depending on actual housing costs and availability of funding. 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.

I understand that submission of this form and the eligibility to apply for additional assistance does not guarantee approval.

I understand that requests are processed in the order received and must be received before the pilot program end date of November 5, 2021.

I understand that requests are funded in the order received depending on the availability of funding.

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.

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.