



PROGRAM ADMIN USE ONLY:

Postmark/Drop off Date: _____

Application Time: _____

HOME Rehabilitation Program

PROGRAM OVERVIEW

The Homeowner Rehabilitation Program provides funding for the rehabilitation of homes occupied by qualified homeowners. These improvements include but are not limited to essential improvements, eliminating health and safety hazards, enhancing accessibility for disabled or elderly persons, structural alterations and reconstruction, repair, or replacement of major housing systems (plumbing, electrical, roofing, heating, etc.) and mobile home replacement.

HOW ASSISTANCE IS PROVIDED

If you qualify, the form of assistance is a zero percent (0%) interest, non-amortizing conditionally forgivable loan. That means no monthly payments. The loan does not have to be repaid unless you sell, refinance, or transfer ownership to a non-qualified owner during the "Restrictive Period" (up to 20 years depending on the project cost).

WHO CAN QUALIFY?

To qualify, applicants must meet the following General Eligibility Requirements:

- ✓ Household gross income must not exceed 80% of the Area Median Income adjusted for location and household size.
- ✓ The home must be owned and occupied by the applicant and be their primary residence
- ✓ The after-rehab value of the home to be rehabilitated must fall within program guidelines
- ✓ The project must pass an Environmental Review screening
- ✓ Own and occupy the property for which assistance is requested as their primary residence
- ✓ If land is not owned, homeowner must provide proof of land lease that exceeds the Restrictive (RCA/TLA) Period.
- ✓ Participation is subject to homeowner and project eligibility and feasibility in compliance with the HOME Investment Partnership Program.

WHAT TYPES OF HOMES ARE ELIGIBLE?

- ✓ Traditional single-family site-built home
- ✓ Condominiums
- ✓ Manufactured or Mobile homes
- ✓ Modular homes

WHAT DOCUMENTS DO I NEED TO APPLY?

Before you submit your application, gather the following documents.

Submitting all required documents is very important – your application cannot be processed without them.

PROOF OF IDENTITY (for all homeowners)

Please provide the requested documentation below for all homeowners.

Identity Documentation Needed
Driver's License OR
State issued Identification card OR
Military Identification card OR
Passport

If your legal name has changed, please include proof of the name change (marriage license or court order).

PROOF OF HOUSEHOLD INCOME (for each household member)

Annual income includes all amounts received from any sources by every household member who is 18 years of age or older, including the head of household and their spouse. It also includes unearned income (such as Social Security or child support) received by or on behalf of each dependent who is under 18 years of age. Annual Income includes all income that is not specifically excluded under federal regulation, 24 CFR 5.609.

Documents must be the most current and dated within the last 120 days.

Failure to include ALL income information for every household member may prevent assistance from being provided.

Income Type	Documentation Needed
Wages from a job	Last 2 months of pay stubs OR Employer-signed letter confirming wages
Self-employment, Day Laborer, Seasonal Worker	Profit and loss statement for the last three months OR Most recent Schedule C (taxes)
Rental income, interest, royalties, and Trusts	Most recent account of bank statement
Social Security, SSI, VA (excluding Aid and Attendance), pensions, retirement, annuities, disability, death benefits	Most recent benefit letter
Unemployment, , severance, Accident Insurance payments, etc.	Payment history reflecting gross amount and deductions
Public assistance (<i>General Assistance or TANF</i>)	Most recent benefit letter
Child support	Most recent benefit letter
Armed forces pay (excluding hostile fire pay)	Two current statements (LES)
Student Financial Aid	Current Award Letter
Adoption assistance	Three current pay statements
Alimony	Divorce Decree AND proof of payments received
Financial support from family/friends	Notarized letter from family providing support

PROOF OF ASSETS (for each household member)

Submit statements for any of the following that apply:

Asset Type	Documentation Needed
Checking	Six (6) months of current bank statements
Savings and Certificate of Deposit	Most recent account or bank statement
Stocks, Bonds and Money Market Funds	Most recent statement
Life Insurance (if it has a cash value such as Whole Life)	Most recent policy or statement
Rental Property/Real Estate	Most recent mortgage and tax bill
Investments, Land Contracts	Most recent value statement
Revocable Trusts (controlled by non-household member)	Most recent statement
Cash on hand	Signed Self-affidavit
Valuables held as investment (e.g., collectibles, coins)	Documentation of property value

PROOF OF OWNERSHIP, RESIDENCY & CITIZENSHIP

The following documentation regarding ownership and residency must be provided.

What you need to show	Required Documentation
Ownership	Recorded Deed OR Title search within 120 days OR Tribal: Letter from Governor
Mortgage (if applicable)	Current mortgage statement
Divorced since buying home?	Divorce decree
Proof of Residency	Utility bill (not water bill)
Citizenship	Social Security Card OR Permanent Resident Alien Card for all homeowners

I/we understand the above qualifications, conditions, and documentation requirements for this program.

Applicant Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____

HOMEOWNER INFORMATION

Please complete the information below for the primary homeowner.

First Name: _____

Primary Phone: _____ Cell Landline

Middle Name: _____

Email address: _____

Last Name: _____

Is your mailing address the same as your property address? Yes No

Property Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

County: _____

1. Number of years at present address: _____

2. Are you a United States Citizen or a qualified Permanent Resident ?

(Provide proof of citizenship, such as Social Security Card or Permanent Resident Card *Required)

I am a United States Citizen or qualified Permanent Resident

I am a DACA recipient

No, I am not a United States Citizen or qualified Permanent Resident

3. Will anyone move in with you in the future who doesn't live with you now? Yes No

If yes, please explain: _____

4. Is there an additional homeowner? (An additional homeowner is someone that is listed on the Deed, Title or has a vested interest in the property.) Yes No

(If so, please provide their information below.)

CO-OWNER INFORMATION

Only fill this section out if someone else is listed on the deed, title, or has ownership interest in the home.

***IMPORTANT:** All owners must sign the loan agreement – even if they do not live in the home.

1. Does the Co-Owner reside in the home for which assistance is requested? Yes No

(If No, you must provide proof of their residence elsewhere Required*)

First Name: _____

Primary Phone: _____ Cell Landline

Middle Name: _____

Email address: _____

Last Name: _____

Is their mailing address the same as your property address? Yes No

Property Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

County: _____

City: _____ State: _____ Zip Code: _____

COMMUNICATION PREFERENCE

1. Is English the primary language spoken in the home? Yes No

2. All written communication including requests for additional documentation and program eligibility, will be in the form of email unless you request mail.

I prefer to receive communications via email.

I prefer to receive communications via postal mail— My mailing address is:

HOW DID YOU HEAR ABOUT THIS PROGRAM?

Newspaper

Social Media

Radio

Internet Ad

Local government

Referral

Community Center

Other: _____

HOUSEHOLD MEMBERS

Please list everyone who lives in your home – including yourself.

Use Number from list below

Name	Date of Birth	Social Security Number	Gender*	Ethnicity*	Race*	Household Type	Disabled? Y or N	Student? Y or N

1-Male
 2-Female
 3-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
 5-White
 6 - I do not wish to provide this information.
 1Single,nonelderly
 2 Elderly
 3 Single parent
 4 Two parents
 5 Other

HOUSEHOLD ASSET VERIFICATION

List all assets owned by household members. Include checking/savings accounts, retirement funds, property, investments, and cash on hand. Provide copies of the most current statement for each asset. Refer to the "WHAT DOCUMENTS DO I NEED TO APPLY?" section for acceptable documentation.

Household Member	Asset Type (e.g. Checking or savings)	Name of Bank or Financial Institution	Current Value	Interest Rate
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%

1. Do you own in full or in part, any other real estate or real property aside from the property you are applying for?
 Yes No (If yes, provide copy of the Deed/Title **Required*)

ASSET DIVESTITURE CERTIFICATION:

Disposed assets are any assets (money, property, or valuables) that a household has sold or given away, for less than their fair market value within the last two years. **NOTE: This includes any donations that anyone in your household has made in the last 2 years. Please check ONE box below:**

- I/We **HAVE NOT** sold or given away any assets for less than fair market value in the past 2 years.
 I/We **HAVE** sold or given away assets (cash, property, etc.) for less than fair market value in the past 2 years.

Description (e.g., Car, Property, Stocks)	Date Disposed	Market Value (Estimated worth before sale)	Amount Sold For	**Cash Value (Market Value - Amount Sold for)

**Cash value = Market value minus amount sold for (minus any costs like broker fees or penalties).

HOUSEHOLD INCOME VERIFICATION

List **ALL** income received by anyone in your household. For each source, include the household member's name and monthly amount before deductions (gross income). *For members under 18, only include unearned income (e.g., Social Security or child support).* For any adult with zero income, a separate Zero Income Certification is required. Refer to the "WHAT DOCUMENTS DO I NEED TO APPLY?" section for acceptable documentation.

Income Source	Household Member Name AND Income Source	Total Monthly
Wages, salary, commissions, bonuses, or tips		\$
		\$
		\$
Net income from self-employment/business		\$
		\$
Rental income, interest, dividends, royalties, or income from any interest-bearing accounts, estates, trusts, etc.		\$
		\$
Social Security, pension, annuities, retirement, disability benefits, death benefits, accident insurance payments or other types of similar periodic payments.		\$
		\$
		\$
Unemployment, short term disability and severance compensation.		\$
		\$
Public assistance (TANF, General Assistance etc.)		\$
		\$
Alimony, child support, recurring contributions received from organizations or persons not residing in the dwelling.		\$
		\$
		\$
Military Pay (excluding hostile fire)		\$
		\$
Student Financial Assistance (excluding assistance in part 479B of the Higher Education Act)		\$
		\$
Total Gross Monthly Household Income		\$

PROPERTY INFORMATION

Please answer the following questions about the home you are requesting assistance for:

1. Do you currently live in the home? Yes No

(If yes, provide proof of residency like a utility bill – not a water bill **Required*)

2. Do you have a Deed or Title for the home? Yes No

(Provide a copy of your recorded deed or title **Required*)

3. Does your home have a clean title (no liens or unpaid debts attached)? Yes No

*If No, explain: _____

4. Are you currently financing or have a mortgage on this property Yes No

(If yes, provide a recent mortgage statement **Required*)

5. What Year was your Home built? Year: _____

6. What type of home do you have? (select one):

- | | |
|---|---|
| <input type="checkbox"/> House- Site Built | <input type="checkbox"/> Modular home |
| <input type="checkbox"/> Manufactured/Mobile Home (on permanent foundation) | <input type="checkbox"/> Condominium |
| <input type="checkbox"/> Manufactured/Mobile Home (<u>not</u> on permanent foundation) | <input type="checkbox"/> Duplex/triplex |

7. What is your Water Source? (select one):

- Municipal
 Well
 Co-Op
 Other: _____

8. What type of heating does your home use? (select one):

- | | |
|---|---|
| <input type="checkbox"/> Natural gas | <input type="checkbox"/> Wall heater |
| <input type="checkbox"/> Propane | <input type="checkbox"/> Vented/unvented space heater |
| <input type="checkbox"/> Wood/ Fireplace/pellet stove | <input type="checkbox"/> Boiler |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Other: _____ |

9. What kind of sewer system do you use? (select one):

- Municipal
 Septic
 Cesspit
 Other: _____

10. How many bedrooms does your home have?

- 1 bedroom 2 bedroom 3 bedroom 4 bedroom

11. How many bathrooms?

- 1 bathroom 1.5 bathroom 2 bathrooms 2.5 bathrooms

12. Has your home ever been weatherized or rehabilitated? Yes No

If yes, when (month/ year): _____/_____

13. Have you made any additions to the home or property? Yes No

(If yes, please provide any permits or zoning documents you have.)

14. Are there any known code violations or safety issues at the property? Yes No

**If yes, please explain (documentation may be required): _____*

HOMEOWNERS NEEDS ASSESSMENT

Please check all the items that your home needs repaired, replaced, or upgraded:

Structural & Exterior		Interior	Systems	Accessibility Needs
<input type="checkbox"/> Roof	<input type="checkbox"/> Driveway	<input type="checkbox"/> Interior walls/ceiling	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Wheelchair ramp
<input type="checkbox"/> Foundation	<input type="checkbox"/> Gutters	<input type="checkbox"/> Interior doors	<input type="checkbox"/> Electrical	<input type="checkbox"/> Wider doors
<input type="checkbox"/> Exterior walls	<input type="checkbox"/> Gutters	<input type="checkbox"/> Interior floors	<input type="checkbox"/> Heating & cooling	<input type="checkbox"/> Handicap-accessible shower
<input type="checkbox"/> Exterior doors	<input type="checkbox"/> Windows	<input type="checkbox"/> CO2/Smoke detector	<input type="checkbox"/> Water system	<input type="checkbox"/> ADA high-rise toilet
<input type="checkbox"/> Porch/Deck	<input type="checkbox"/> Chimney	<input type="checkbox"/> Pest control	<input type="checkbox"/> Sewage system	<input type="checkbox"/> Grab bars in bathroom
<input type="checkbox"/> Walkway/Sidewalk	<input type="checkbox"/> Garage	<input type="checkbox"/> Appliances	<input type="checkbox"/> Hot water heater	<input type="checkbox"/> Other (please describe):
<input type="checkbox"/> Stairs		<input type="checkbox"/> Bathroom fixtures		_____

ACKNOWLEDGEMENTS AND CERTIFICATIONS

Please read each statement carefully and place your initials in the box next to each one to confirm you understand and agree.

Your Initials	Acknowledgement Statement
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_____ I/We undersigned hereby authorize and consent to any inquiry and verification to release without liability, information regarding housing, income and assets to the Program Administrator for purposes of verifying information on my/our application.

_____ I/We understand that any omission, misrepresentation, misstatements, deletions, falsifications, or other actions that result in my/our not conforming to the requirements of the program may result in denial or cancellation of this application and possible legal action.

_____ I/We certify that I/We have provided the required supporting documentation. I/We understand that additional documentation or verification may be requested, and I/We agree to provide it.

_____ I/We understand that submitting this application does not guarantee acceptance into the program. Both the household and the property must meet all eligibility rules under federal regulations (24 CFR Part 92 and Parts 50, 51, 55, and 58).

_____ I/We confirm that the home listed in this application is my/our main residence and will remain so for the full Restrictive Period (up to 20 years).

_____ I/We I/We understand that homes in a floodplain are not eligible for this program.

_____ I/We understand that updated income documentation may be required once I/We reach the top of the list, and/or within 6 months of signing a contract.

_____ I/We understand that assistance is provided as a 0% interest, non-amortizing loan for the total construction costs and that I/We must sign the Restrictive Covenant Agreement (RCA) or Tribal Land Agreement (TLA) before construction begins and again after project completion if changes to the contract amount occurred.

_____ I/We understand that the Restrictive Covenant Agreement (RCA) or Tribal Land Agreement (TLA) is a lien that will reflect on my credit score as debt owed, which could potentially impact my ability to apply for credit later.

_____ I/We understand that **all homeowners** listed on the deed or title—even those who do not live in the home—must sign the loan documents or construction will not begin, and the project may be denied or canceled.

_____ I/We understand that a Title Search will be performed on my residence and any liens can be a cause for denial of assistance. Additionally, I/We understand that if there are any new liens added to the home after my initial title check, I/We may become ineligible.

_____ I/We understand that if **not all listed owners live in the home** (e.g., *heir properties where only one heir lives in the home*), I/We must provide proof of that. Otherwise, all owners will be included in income and asset determination.

_____ I/We agree to allow a home inspection to assess the condition and repair needs.

_____ I/We understand that that homes under a Real Estate Contract (REC) or seller financed contracts, are not eligible.

_____ I/We understand that homes with a Home Equity Line of Credit (HELOC) or Reverse Mortgages are not eligible.

_____ I/We understand that if I rent or lease the land my home is on, the lease must last longer than the Restrictive Period defined in the RCA or TLA.

_____ I/We understand and agree that contractors and inspectors will be allowed to enter the home for inspections and repairs, and I agree to not impede their progress.

_____ I/We understand that I/We may be required to relocate temporarily while rehabilitation is taking place and relocation expenses may not be covered.

_____ I/We understand that I/We must keep mortgage, insurance, and utilities current during the construction process and Restrictive Period.

_____ I/We understand that funds will be disbursed directly to awarded contractors for the costs associated with the home repairs, and not directly to the me/us.

_____ I/We agree that my/our information may be shared with contractors or partner agencies for rehab services.

_____ I/We understand that Program Administrator (PA) and the New Mexico Mortgage Finance Authority (MFA) will not tolerate any form of harassment, threatening behavior unlawful discrimination or of a PA Employee, MFA Employee or contractor, by any Third-Party including by its employees, owners, managers, members, directors, agents, contractors or representatives. The failure of an applicant to conduct themselves in a reasonable manner may result in denial or cancellation of my/our application and/or legal action.

Applicant Signature: _____ **Date:** _____

Co- Applicant Signature: _____ **Date:** _____

PENALTY FOR FALSE OR FRAUDULENT STATEMENT:

Title 18, Section 1001 of the U.S. Code states that knowingly providing false or misleading statements or information, concealing facts, or submitting falsified documents in connection with a federally funded housing program is a violation of federal law and could result in civil or criminal penalties such as fines, imprisonment, or both. This includes false statements about income, assets, or eligibility during application or recertification.