**New Mexico Special Needs Housing Program**

**Special Needs Applicant Proof of Eligibility and Letter of Referral to Property Manager**

(Dated 10.2018)

**Instructions: The *Special Needs Housing and Section 811 PRA Program* must serve persons who meet program regulations and eligibility. All programs must maintain documentation on file to prove an Applicant’s eligibility. Note: This form is to be used as a guide for LLA and Property Management staff. It does not serve as a substitute for the required backup documentation that should be collected and maintained in each Applicant’s file.**

**Date Referred to Property Manager: \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_**

**Property Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applying for Apt Unit No**: \_\_\_\_

**Applicant Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Contact Information: Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Contact Person: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proof of Eligibility for Special Needs Housing**

\_\_\_\_ Documented Verification of SAHP or Section 811 PRA Qualifying Disability *or* Homelessness

\_\_\_\_ Applicant for Area Median Income Apartment (AMI): (30%) (40%) (50%) (60%) AMI %

\_\_\_\_ Bedroom size: \_\_ studio; \_\_ 1; \_\_ 2; \_\_3; \_\_4

\_\_\_\_ Commitment of Services Provision signed by Services Provider/Agency

\_\_\_\_ Tenant Participation and Responsibility Agreement signed by Applicant

**The Local Lead Agency staff making this referral attests that the Applicant named above is eligible and able to pay the rent for the income/size of apartment unit they are applying for; has received an orientation to tenant responsibilities; demonstrates housing readiness and skills for independent living; and, will have the sufficient support services to ensure he/she has a reasonable prospect for successful tenancy, based on the submission to the Local Lead Agency of the Commitment of Support Services Provision form by the Service Provider**

**Signature of LLA Coordinator Print Name Date**

**LLA Contact: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Support Service Provider/Agency; Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**