

NEW MEXICO SPECIAL NEEDS HOUSING PROGRAM REFERRAL

& PRE- APPLICATION FORM

(REVISED 10/2015)

Receipt of Complete Application: Date and Time Stamp:
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Consumer/Applicant and Household Information

1. Consumer/Applicant name: _____

2. Date of Birth: _____ Last 4 digits of SSN: XXX-XX-_____

3. Contact Information: *Must be up to date at all times. Required for immediate communication*

Applicant Contact Information	Must Provide Emergency Contact Information for Applicant
Address:	Address:
Phone:	Phone:
Cell Phone:	Cell Phone:
Email:	Email:

Note: The Services Provider/Agency is responsible for providing the services needed by the Applicant and to assist Applicant in completing this form:

The information below is required for purposes of processing Special Needs Housing Unit referrals.

Provider/Agency Name:	Date Completed:
Referral Agency Point or Back-up person Printed Name:	Phonenumber:
Referral Agency Point or Back-up person <i>Signature</i> required:	Email

Referring Person (if not Services Provider/Agency)

Agency Name: _____

Contact Name: _____

Phone No: _____

Email: _____

4. Documentation of Disability or Homelessness must be provided by a licensed professional (caseworker, social worker, physician, etc.) that the Applicant qualifies for Special Needs housing unit based upon the following qualifying Special Needs disability:

Part 1: Eligible Target Populations for LIHTC Special Needs Set Aside Units (check one or more)

Homeless or Precariously Housed

A Household/individual is considered homeless or precariously housed if, without this assistance, he/she/ they would have to spend the night in a homeless shelter or in a place not meant for human habitation. This includes:

- Persons living on the street, in emergency shelters, or in transitional housing programs for the homeless;
- Persons with a legal eviction notice, or other similar legal circumstances in which they are to lose their housing imminently; and
- People with disabilities who are inappropriately living in an institution or other facility may be considered homeless if no other housing placement is available or appropriate.

Serious Mental Illness

Addictive Disorder (i.e., individuals in treatment and demonstrated recovery from a substance abuse disorder);

Developmental Disability (i.e., mental retardation, autism, or other disability acquired before the age of 22);

Physical, sensory, or cognitive disability occurring after the age of 22;

Disability caused by chronic illness (i.e., people with HIV/AIDS, who are no longer able to work);

Age related Disability (i.e., frail elderly, or, young adults with other special needs who have been in the foster care or juvenile services system).

Part 2: Eligible Target Populations for Section 811 PRA Units (check one or more)

Persons who are:

Serious Mental Illness

OR

Young adults between ages of 18 and 21 that meet the criteria for SMI and have been emancipated from foster care or are transitioning from the juvenile justice system.

AND

Homeless or **At risk of institutionalization**

Documented evidence of the Special Need, i.e. Diagnosis, SSI Disability Letter, etc. Documentation must attached and be from an individual or organization licensed or authorized to provide said documentation.

NOTICE: IF YOU HAVE A DISABILITY and need modifications that would help you live in the apartment unit, use the facilities, or, take part in programs on-site, you can request a Reasonable Accommodation or Modification from Property Management personnel. If you can show that you have a disability and the request is directly connected to that disability, we will try to make the changes you request.

You can get a **Reasonable Accommodation/Modification Request Form** in the property management office.

5. Disclosure of Criminal History

Have you /the Applicant ever been convicted of a Felony? Yes No If yes, what year? _____

Do you have either current, or pending criminal charges against any member of your household?

Yes No If yes, name of household member: _____

Note: The Applicant's household includes any member (also applies to persons under age 18 years) who has been arrested, or charged.

Where records reflect a past arrest without a final disposition and the crime would be a basis for rejecting the application, the applicant must provide proof the charge was dismissed for lack of evidence, adjudicated not guilty, or an alternative treatment was part of the adjudication process.

6. Total Number of household members (do not include live-in aides): _____ Number of live-in aides: _____

List all household members: including Sex, Age and relationship of each household member to the Applicant.

Name	Age	Sex	Relationship to Head of Household

Number of bedrooms desired: _____

Number of bedrooms required: _____

7. Household Income (list a sources of income)

- A. **Cash Income:** please check all applicable sources of income and include the amount per month. Provide a description if appropriate; if the income belongs to a household member other than the Applicant, please note that in the Description field (Note: documentation will be required for all income sources) .

Have you received income from any source in the past 30 days?

Yes No Don't Know Refuse to Answer

Type Please provide a description where appropriate and Amount per Month

- Employment Income \$ _____
- Child Support Income \$ _____
- Social Security Disability \$ _____
- Supplemental Security Income \$ _____
- Social Security Retirement Income \$ _____
- TANF \$ _____
- Veteran's Pension \$ _____
- Veteran's disability payment \$ _____
- Unemployment Insurance \$ _____
- Alimony/other spousal support \$ _____
- Pension from a former job \$ _____
- Worker's Compensation \$ _____
- Private disability insurance \$ _____
- Other sources on income \$ _____

B. Non-cash benefits: please check all applicable sources of non-cash benefits and services and include the amount per month. Provide a description if appropriate; if the assistance belongs to a household member other than the Applicant, please note that in the Description field.

Have you received non-cash benefits or services in the past 30 days?

- Yes No Don't Know Refuse to Answer

Type Description *(list names of each household member receiving the assistance)*

- Food Stamps (aka: SNAP) _____
- Medicaid _____
- Medicare _____
- WIC _____
- TANF child care services _____
- TANF Transportation services _____

- Other TANF funded services _____
- Children's Health Insurance Program _____
- VA Medical services _____
- Other Assistance source _____

8. What is the total Annual gross household income from all sources and all persons living in the household (earned income, social security, SSDI, retirement, government benefits, unearned income, etc.)?

9. Monthly \$ _____ ANNUAL \$ _____
 (Monthly Income must total Annual).

10. Indicate whether or not the household needs the following type of apartment:

- a. Handicapped Unit (wider doors, grab bars) Yes No
- b. Fully Accessible Unit (curb less shower) Yes No
- c. Visual/Audio Accessible Unit Yes No
- d. Ground floor unit necessary, if no elevator Yes No
- e. Does household has medical reasons for an extra bedroom Yes No

11. Applicant Acknowledgement

I have read the **Tenant Responsibility and Participation Agreement** and the **Pre-Tenancy Overview Information** and understand the expectations of being a good tenant and participant in the **Special Needs Housing Program**. I understand that my housing is contingent upon my compliance with these rules and regulations.

 Applicant's Signature Date

 Advocate/Provider Signature Date

 Participant Printed Name Date

 Provider Printed Name Date