



Emergency Rental/Utilities Assistance Application – COVID-19

Applicant Information

Date of Application: _____

Full Name: _____ Census No: _____
Last First MI

Mailing Address: _____
Street Address Apartment/Unit#

City State Zip Code

Phone #: _____ Email: _____

Indicate Gender:

- Male
- Female
- I do not wish to answer

Indicate Ethnic Group:

- Hispanic
- Not Hispanic or Latino
- I do not wish to answer

Indicate Race:

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Two or more Races
- I do not wish to disclose

Submission of this information is voluntary, and failure to provide it will not subject you to any adverse treatment. The information provided will be maintained confidentially and used only in ways that are consistent with applicable law. Your cooperation is appreciated.

List all household members:

Name:	Social Security #	Date of Birth	Income – attach verifiable proof

Attach separate sheet if necessary

- Attach income documentation (last 2 paycheck stubs, income tax return, government benefit award letter, etc.)

NOTE: If unable to provide proof of income, a written attestation from a caseworker or other professional with knowledge of household's circumstance may be accepted. In unusual circumstances, IPHA may accept a written attestation from the applicant.

Employment Information

Did your employer reduce your hours? YES NO **If yes, identify the time period:** _____

Have you been laid off or furloughed? YES NO *Attach documentation*
If yes, when? _____

Are you receiving Unemployment Benefits? YES NO *Attach documentation*
If yes, when did it start? _____
Attach NM Workforce Solution Award Letter

Rental Assistance

Are you requesting assistance with your rent? _____ If yes, what is the physical address of the rental unit?

Street Address _____ City _____ State _____ Zip Code _____

Are you requesting assistance with delinquent rent? _____ If yes, provide a current ledger of your rental account or a current notice of delinquency from your landlord.

Are you requiring assistance with any of the following? (Check all that apply)

____ Rental deposits and/or application fees. List amount: \$ _____

____ Rental screening fees. List amount: \$ _____

____ Other: List fee and amount: \$ _____ Fee type: _____

Name of Landlord: (If you are applying in an IPHA managed unit, your Landlord is IPHA)

Company: _____ **Monthly rent amount:** \$ _____

Address: _____
Address _____ City _____ State _____ Zip Code _____

Account #: _____ **Phone #:** _____

Attach your signed rental agreement. (Not required for IPHA tenants)

NOTE: If you don't have a signed rental agreement provide a written attestation from your landlord of your rental situation and rent amounts or documentation showing the rental amount, a normal pattern of payments for a residential unit, bank statements, money order receipts, etc.

Are you delinquent in your monthly rent? ____ Yes ____ No If yes, what is delinquent amount? \$ _____
Attach notice of delinquency or ledger

Utility Company

Are you requesting assistance with your utility bills? _____ **If yes, provide the following information:**

Name of Utility Company (Electric, Gas, Water/Sewer, Trash Removal)

Company: _____ **Monthly Amount:** \$ _____

Address: _____ **Phone #** _____

Account #: _____ *Attach Copy of billing statement*

Are you delinquent in your utility payments? ____ Yes ____ No

If yes, what is the amount of your delinquency? \$ _____ *Attach Notice of delinquency or ledger*

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Are you delinquent in your utility payments? ____ Yes ____ No

If yes, what is the amount of your delinquency? \$ _____ *Attach Notice of delinquency or ledger*

Internet Services

Are you requesting assistance with your internet service bills? _____ **If yes, provide the following information:**

Name of Company providing Internet Services:

Company: _____ **Monthly amount:** \$ _____

Address: _____

Phone#: _____ **Account#** _____ *Attach copy of billing statement*

If you do not have internet, are you requesting internet services? ____ Yes ____ No

Does your household have a computer or laptop? ____ Yes ____ No

If no, does your household need a laptop for work, school, employment search, governmental services, counseling, medical reasons, housing inspections, or meeting with your Landlord? ____ Yes ____ No

Other Energy Saving Costs

Do you require any of the following energy saving items? ____ Yes ____ No

NOTE: Appliances and equipment must be over 12 years old and an inefficient use of energy

If yes, please provide description and photos if possible:

Type	Yes	No	Age of component/appliance
Windows			
Entry Doors			
Window insulation/seals			
Door insulation/seals			
Furnace			
Air Conditioning			
Water Heater			
Electric or Gas Stove			
Refrigerator			
Conversion of propane to natural gas			
Wood			
Pellets			
Other (please list)			

Other Costs

If you are without a permanent or temporary residence, do you require assistance with Hotel lodging for residency purposes?

_____Yes _____No

If yes, provide the following information:

How long do you plan on residing at the Hotel? _____

Hotel Name: _____ Weekly Amount \$ _____ Monthly Amount \$ _____

Address _____

Phone#: _____ Account#: _____

Attach copies of Invoice/Rate

Disclaimer and Authorization for the Release of Information

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may result in denial of eligibility or approval.

Consent: I consent to allow IPHA to request and obtain income information from the sources listed and/or provided for the purpose of verifying my eligibility for assistance under this program.

Applicant Signature: _____ Date: _____

- **Attach the signed and dated Attestation of Applicant for Emergency Rental Assistance form**

Return Application to IPHA by mail, email, fax, or IPHA drop box

- **Mail:**
Isleta Pueblo Housing Authority
P.O. Box 760
Isleta, NM 87022
- **Email:**
Bernadette.Lente@isletapueblo.com
- **Fax:**
505-869-5275

Attestation of Applicant for Emergency Rental Assistance

I, _____, am applying for Emergency Rental Assistance from the Isleta Pueblo Housing Authority and hereby attest to the following (initial all that apply):

1. ___ Neither I or any of my household members has applied for or received assistance or subsidy for which I am applying from any other service provider.
2. ___ I am unable to provide evidence of my income due to the following reasons:

3. ___ I or a household member has/have applied for unemployment benefits. I am in the process of obtaining documentation from NM Workforce Solutions.
4. ___ I or a household member is currently receiving unemployment benefits. I am in the process of obtaining documentation from NM Workforce Solutions.
5. ___ One or more of my household members have experienced a decrease in income, incurred significant costs, or experienced other financial hardship due to the COVID-19 outbreak.
6. ___ I am either temporarily or permanently displaced, or I do not have a permanent residence.
7. ___ I am unable to provide a rental agreement or other documentation of my rental amount because of the following reason:
_____.

My monthly rental amount is \$_____.

I will provide the documentation prior to applying for assistance for the next 3 month period.

8. ___ I have applied for internet service assistance. I use my internet services for school, teleworking, medical or counseling appointments, to receive governmental services, meetings with my landlord, or housing inspections.
9. ___ I have applied for a grant of a laptop. I do not have access to a computer or laptop. I require the use of a laptop for school, teleworking, medical or counseling appointments, to receive governmental services, meetings with my landlord, or housing inspections.

I hereby declare that all information provided herein is correct and complete, and that all information I have provided is subject to verification by the Isleta Pueblo Housing Authority. I understand and acknowledge that providing false or incomplete information may require that I repay all assistance provided, and may disqualify me from receiving future assistance. I may also be subject to criminal penalties if I receive assistance by providing false information.

Printed Name of Declarant

Date

Signature