

Valle del Sol of New Mexico

SPECIAL NEEDS / SAHP HOUSING PROGRAM

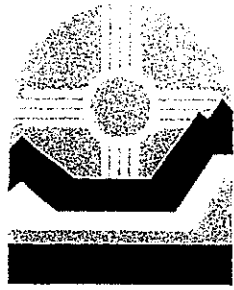
APPLICANT FILE DOCUMENTS CHECKLIST (Dated 12.2016)

For SN Applicant:

- Special Needs (SN) Application Form** (all items completed and signed by Applicant and Service Provider)
- Attestation of Confirmed Identity**
- Attestation of Homelessness** (for Applicants whose Special Needs Housing eligibility is based ONLY upon Homelessness)
- Proof of Special Needs Disability** (Documented evidence dated within previous 12 months of the Special Need, i.e. Diagnosis, SSI Disability Letter, etc. from an individual or organization licensed or authorized to provide said documentation)
- Proof of Income Amount and Sources (both Cash and Non-Cash benefits)**
 - Employment Check Stubs (6 months)
 - Social Security Award Letter (Supplemental Security Income/SSI or Social Security Admin/SSA)
 - All Other Income and Benefits: _____
- Authorization to Request/Release of Information** (signed by Applicant)
- Tenant Participation and Responsibility Agreement** (signed by Applicant)
- Commitment of Services Provision** (signed by Services Provider/Agency)
- Crisis Response Plan with Contact Numbers** (must be updated as necessary)
- Applicant Data Entered into LLA Data Base Spreadsheet** (for all LIHTC properties qualified for)

After SN/SAHP Applicant is Determined Qualified:

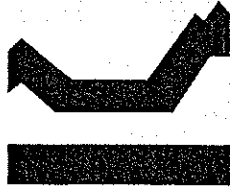
- Client Data Input/Entered into LLA Spreadsheet**
- Enter Date Qualified; Enter Lottery Number; Enter date referred to Property Manager**
- Special Needs Applicant Proof of Eligibility and Letter of Referral sent to Property Manager**
- Proof of required monthly visits:**
 - i.e. Copies of Monthly Supportive Housing Checklists for each month



Valle del Sol *of New Mexico*

Forms for Local Lead Agency's Special Needs Applicant Files

- SAHP or Section 811 PRA Applicant File Checklist (Note: All Applicant files shall include items on this list)
- Attestation of Confirmed Special Needs Applicant Identity (Note: Attestation to verify Social Security card and Drivers License (or Photo ID) presented by Applicant)
- Attestation of Homelessness (Note: for clients whose Special Needs Housing eligibility is based ONLY upon homelessness)
- ID's (Driver's License, Social Security Card, Birth Certificate, etc)
- Proof of Income



Valle del Sol of New Mexico

NEW MEXICO SPECIAL NEEDS/SET ASIDE HOUSING PROGRAM REFERRAL and PRE-APPLICATION FORM

Revised 12/20/2016

<p><i>Date and Time Received</i> <i>By Local Lead Agency</i> <i>Date:</i> _____ <i>Time:</i> _____</p>

Applicant and Household Information:

1. Applicant's Legal Name: (First, Middle, Last)

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 and notification.*

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: a) responsible for providing the support services and monthly home visits needed by the Applicant; and, b) requested to assist the Applicant in completing this Pre-Application Form:

The Information below is required for purposes of processing Special Needs/Set Aside Housing Unit referrals.

Provider/Agency Name: Valle del Sol of New Mexico	Date Completed:
Referral Agency Point or Back-up person Printed Name:	Phone number:
Referral Agency Point or Back-up person Signature required:	Email:

Referring Person: (if not Services Provider/Agency)

Agency Name: _____

Contact Person Name: _____

Phone Number: _____ Email Address: _____

4. Eligible Target Populations for Housing

Documentation of and Eligible Target Population Disability or Homelessness must be provided by a licensed professional, e.g. (caseworker, social worker, physician, etc.) that will substantiate the Applicant qualifies for the program based upon one of the following qualifying Special Needs disability:

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

Option A: Special Needs/Set Aside Units (SAHP) Housing Program Eligible Target Populations (check one)

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, Diabetes, etc. or other incapacitating illness);

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).

Note: Must attach documented evidence of the Special Need, i.e. Diagnosis, SSI disability Letter, etc. or Attestation of Homelessness. Documentation must be from an individual or organization licensed or authorized to provide said documentation.

Requesting Reasonable Accommodations or Modifications for Housing:

NOTICE: IF YOU HAVE A DISABILITY and need accommodations or 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, the Local Lead Agency, Services Provider and Property Manager will work together 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 aide)

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

Legal Name: First, Middle, Last	Age	Sex	Relationship to Head of Household

Number of bedrooms desired: _____

Number of bedrooms required: _____

7. Household Income and Benefits (Please list all sources of income both Cash and Non-Cash)

A. Cash Income: Please provide all applicable sources of income and include the amount per month. Provide information as to whether income is from a household member other than the Applicant. Please note in the description field. Documentation and check stubs 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

Cash Income Type: Please provide amount per month and name of income earner:

Employment Income \$ _____

Child Support Income \$ _____

- Social Security Disability (SSDI) \$ _____
- Supplemental Security Income (SSI) \$ _____
- Social Security Retirement Income \$ _____
- Temporary Assistance to Needs Families (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 \$ _____
- Income from Family/Friends \$ _____
- Other sources on income \$ _____

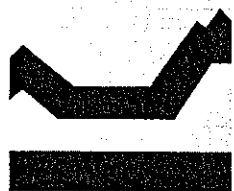
B. Non-Cash Benefits or Services: Please provide all applicable sources of non-cash benefits and services and include the amount per month where applicable and a copy of recent award letter.. Note if the assistance belongs to a household member other than the Applicant, please note that in the Description field.

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

- Yes No Don't Know Refuse to Answer

Non-Cash Benefits: Please provide amount per month, and/or name of benefit recipient:

- Food Stamps (aka: SNAP) _____
- Medicaid _____
- Medicare _____
- WIC _____
- TANF child care services _____
- TANF Transportation services _____
- Other TANF funded services _____
- Children's Health Insurance Program (CHIP) _____
- VA Medical services _____
- Other Assistance source _____



Valle del Sol

of New Mexico

ATTESTATION OF CONFIRMED IDENTITY OF SPECIAL NEEDS/SAHP APPLICANT

Date of Attestation: _____

To Whom It May Concern

Re: Attestation of Confirmed Identity

By this Letter of Attestation I am attesting that the identity of this Applicant named:
_____ (Person's full name),

who was born on _____ / _____ / _____ (birth day/month/year), and he/she has presented to me **two** of the following valid and official documents of which one must be a current picture identification document:

_____ Government Issued Birth Certificate (original or certified copy)

_____ U.S. Social Security Card Issued by Social Security Administration

_____ Drivers License or ID Card issued by a State with Photo

_____ Voter's Registration Card

_____ Native American Tribal Document with birth date (e.g. Certificate of Indian Blood)

This Attestation document will remain part of the Applicants file and will be considered proof of the Applicant's identity for which the Local Lead Agency staff is responsible for in the determination of eligibility of a Special Needs Applicant.

Services Provider Staff Person:

Signature /Print Name

Date

Contact Information for Services Provider:

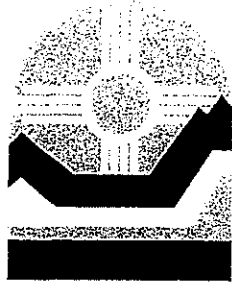
Name of Local Lead Agency or Services Provider (Printed)

Valle del Sol of New Mexico

Address _____

City, State, Zip _____

Phone Number (area code/number) _____



Valle del Sol

of New Mexico

Forms for Lease Up Processes between Local Lead Agency and Property Manager

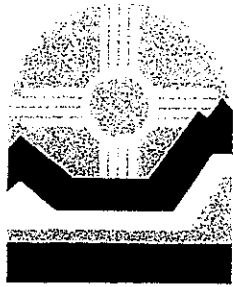
- Special Needs Applicant Proof of Eligibility and Letter of Referral to Property Manager
- Notice of Vacancy and Referral of Special Needs Applicant
- Notification that Resident Was Served 3, 7 or 10 Day Notice of Eviction



Valle del Sol
of New Mexico

Additional Forms

- Model Lease for Subsidized Programs
- Authorization to Request/Release Information
- Tenant Responsibility and Participation Agreement
- Crisis Response Plan and Contact Numbers
- Commitment of Support Services Provision
- Monthly Supportive Housing Checklist
- Notes



Valle del Sol of New Mexico

Authorization to Request/Release Information

282 S. Camino del Pueblo, Ste 2-C, Bernalillo, NM, 87004
(505) 288-3893, Fax (505) 288-3636

This authorizes Valle del Sol of NM to request and/or release the following information from/to
(Name and address of person/agency):

Regarding Consumer Name: [First Middle Last]

Date of Birth: _____ SS# XXX-XX _____

The information requested is necessary information to support the consumer's application for Special Needs housing and includes documentation in connection with the Special Needs Pre-Application Form, and the Special Needs Letter of Referral, and, information necessary to the determination and delivery of appropriate support services to ensure my successful and ongoing tenancy in a Special Needs housing unit.

The information to be disclosed is:

- () Information to document the qualifying Special Needs population disability
- () All Household income and Non-Cash Government Benefits sources
- () Emergency Contact Information related to my welfare
- () Criminal History or Activity to determine housing eligibility
- () Other: Any tenant related information & records, et. al.;

I understand that the information to be released may include information regarding the following condition(s):

Initial () Chemical abuse and/or dependency Initial () AIDS-HIV testing

I understand that I have the right to examine and copy the information to be released. I also understand this authorization expires automatically in one (1) year from date on signature or on _____ and that, although I may withdraw this authorization at any time earlier, some information may already have been released. I have been told that information released from my records may not be given to people or agencies other than those named on this form without my permission (Section 34-2A-18 NMSA 1953).

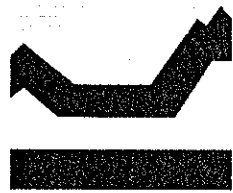
(Signature of Client)

(Signature of Witness)

(Date)

(Signature of Representative)

If client is unable to sign, state reason: _____



Valle del Sol of New Mexico

TENANT RESPONSIBILITY AND PARTICIPATION AGREEMENT

Updated: 12/2016

APPLICANT NAME: _____ (Please Print)

REFERRING AGENCY NAME: _____ (Please Print)

PROPERTY NAME: _____ (Please Print)

I, _____ (Applicant), understand that if I am determined eligible for the Special Needs/SAHP Housing or Section 811 PRA program by the information I presented, that I agree to the following:

I, as a program participant an tenant, will commit to **meet my obligations as a tenant under New Mexico Uniform Owner-Resident Relations Act and this Tenant Responsibility and Participation Agreement.** I understand the Property Manager can establish their own property rules in addition to the rental lease provisions and that I, as the Tenant, must abide by those.

I will make **Rent Payments on time:** Rent is due the 1st of each month. If the Tenant does not pay the rent and the utilities for the property, the property manager will provide the appropriate notices and if I have not complied, the property manager will have the right to begin eviction by giving the tenant notice as outlined in New Mexico Owner-Resident Relations Act.

I will allow **Monthly In-Home Apartment Visits:** by my support worker or service provider staff member of VALLE DEL SOL OF NM (Name of Service Provider Agency), or, the Local Lead Agency for the purposes of identifying any risks to my housing stability. During this site visit, the tenant will participate in completing the Monthly Supportive Housing checklist (see attachment) and discuss any necessary follow up actions on the part of myself, the support worker/service provider or other partners.

I will keep my **Crisis Response Plan and Contact Numbers** (see attachment) up to date.

I will abide by the following tenant rules and regulations:

1. **Occupant:** Only the persons whose names appear on the lease agreement may live in this apartment or housing unit.
2. **Pets:** Pets may be allowed if this is consistent with the policy of the landlord or property management.
3. **Damages:** The tenant is to notify property manager and service provider immediately of any repairs that are needed and will be required to pay for repairs of all damages (other than normal wear) they or their guests have caused, including, but not limited to, windows, furniture, walls, appliances, bathroom fixtures, carpet, counters, light fixtures, etc.
4. **Cleanliness:** Participant will maintain the apartment at a level of cleanliness that meets health, safety and fire hazard standards.
5. **Violent Behavior:** Any violent behavior toward my neighbors, property management, service provider or Local Lead Agency staff will be grounds for immediate termination from the program.

6. **Disturbing the Peace:** The Tenant agrees not to cause or allow on the premises any excessive nuisance, noise or other activity which disturbs the peace and quiet enjoyment of neighbors or other tenants in the building or violates any state law or local ordinance. The tenant is fully responsible for all guest actions and behavior.
7. **Prohibited Use Of Premises:** The premises will not be used for any unlawful purpose whatsoever, including the manufacture or distribution of illegal drugs. Participants shall not bring or permit any other person to bring any weapon of any type, including, without limitation, guns and knives, (other than normal kitchen knives), into the dwelling.
8. **Building and Property Rules:** Tenant agrees to follow the terms and conditions of the Property Lease or Rental Agreement between the Landlord and Tenant. Tenant also agrees to abide by all Property rules and guidelines set by manager/owner of the building.

I acknowledge, understand and agree to the terms of this Agreement between VALLE DEL SOL OF NM (Services Provider Name) and myself. I also understand that my housing and my continued participation in the Special Needs/Set Aside Housing Program, or Section 811 PRA program are contingent upon my compliance with all aspects of this Agreement.

Applicant's Signature

Referring Services Agency Staff Signature

Applicant's Printed Name

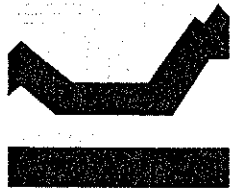
Referring Services Staff Printed Name

DATE

DATE

Cc: Local Lead Agency
Special Needs Applicant
Services Provider

Attachments: Supportive Housing Site Visit Checklist
Crisis Response Plan and Contact Numbers



Valle del Sol of New Mexico

Crisis Response Plan and Contact Numbers

Revised 12/2016

Date of Plan: _____ Date Contact Names or Numbers Updated: _____

TENANT INFORMATION

Tenant Name _____

Apartment Name _____ Apartment No. _____

Apartment Address _____ City _____ Zip _____

RESOURCE PHONE NUMBERS

For Local Lead Agency, Property Manager and Tenant in the event of Crisis

Personal or Family Member Name: _____ (Print)

Office Phone: _____ Cell Phone: _____

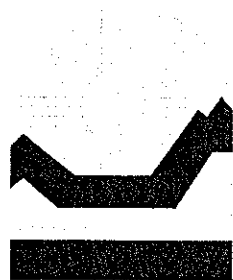
Service Agency Contact Person Name: _____ (Print)

Office Phone: _____ Emergency Cell Phone: _____

Local Lead Agency: Valle del Sol of New Mexico _____ (Print)

LLA Staff Name: _____ (Print)

Staff Office Phone: _____ Cell Phone: _____



Valle del Sol of New Mexico

NEW MEXICO SPECIAL NEEDS HOUSING PROGRAM REFERRAL COMMITMENT OF SUPPORT SERVICES PROVISION

I, Services Agency Caseworker, Services Contact,

for Valle del Sol of NM Service Provider/Agency, herein certify that:

Applicant Name: First, Middle, Last

- a) meets the target population eligibility for the Special Needs Housing Program
- b) is in need of permanent supportive housing

The Services Provider/Agency, Support worker and Supervisor further agree that:

- Required support services will be available as needed and requested by this applicant by the Services Provider/Agency,
- Agency will conduct the required Monthly Housing Home Visits in the consumer's apartment,
- Agency will coordinate services and provide eviction prevention by working with the property manager and Local Lead Agency as needed to ensure success of the tenant in their Special Needs Housing;

As a result of this Applicant's homeless or disability status, the household requires the following types of support services to maintain stable tenancy. Please briefly describe:

- a) the support services that are necessary; and,
- b) how the Agency will assist the applicant to live successfully in their own housing in the community:

Support Worker/Case Manager Name: _____ (Printed Name)

Email: _____

Office Phone: _____ Cell Phone: _____

Signature of Support Services <i>Worker</i>	Print Name	Date
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Signature of Service Provider <i>Supervisor</i>	Print Name	Date
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