



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></p> <p><i>By Local Lead Agency</i></p> <p>Date: _____</p> <p>Time: _____</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 <i>Signature</i> 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 1: 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 _____

Total Annual Gross Household Income:

What is the total Annual Gross Household Income from all sources and all persons living in the household: (e.g. earned or employment income, social security, SSDI, retirement, government benefits, unearned income, etc.) per No. 7 above.

Monthly Income \$ _____ x 12 months = Annual Income \$ _____
(Monthly Income must total Annual).

8. 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 (curbless shower) Yes No
- c. Visual/Audio Accessible Unit Yes No
- d. Ground floor unit necessary, if no elevator Yes No
- e. Does household have medical reasons for an extra bedroom? (e.g. for a care giver) Yes No

9. Applicant Acknowledgement

I have read and signed the **Tenant Responsibility and Participation Agreement**; understand the **Pre-Tenancy Program Overview Information**; and, the expectations of being a good tenant and program participant in the Set Aside/Special Needs Housing Program or the Section 811 Project Rental Assistance Program; and, *also understand that my housing is contingent upon my compliance with these rules and regulations.*

Applicant's Signature Date

Service Provider Signature Date

Applicant's Printed Name Date

Service Provider Printed Name Date