

**New Mexico Mortgage Finance Authority
WEATHERIZATION ASSISTANCE PROGRAM
APPLICATION FOR HOME WEATHERIZATION**

Applicant's Name _____ Telephone No. _____

Street Address _____

City _____ Zip _____ County _____

Rent _____ Own _____ Property Owner's Name _____ Telephone No. _____

Owner's Address _____ Zip _____

Name and Phone No. of two friends or relatives that we can contact if we are unable to reach you.

Name: _____ Telephone No. _____

Name: _____ Telephone No. _____

Type of Heat: Natural Gas _____ LP Gas _____ Electric _____ Wood _____ Kerosene _____ Other _____

Average Monthly Heating Bill _____ Utility Account No. _____

Is any member of the household disabled? Yes _____ No _____ Type of Disability _____

Has this dwelling received DOE weatherization in the past? Yes _____ No _____ If yes, date _____

Are you or any member of your household related to (father, mother, brother, sister or child) any employee of _____ Or its' Board of Directors: Yes _____ No _____

(Name of Organization)

Number of elderly in family (60 or over) _____ Size of household _____

Single-Family Home _____ Mobile Home _____ Multi-Family _____ Other _____

Nationality: American Indian _____ Black _____ White _____ Hispanic _____ Asian _____ Other _____

NAME OF EACH HOUSEHOLD MEMBER	AGE	SEX	SOCIAL SECURITY NUMBER	RELATION TO HEAD OF HOUSEHOLD	GROSS MONTHLY INCOME*	NAME, ADDRESS, PHONE OF EMPLOYER OR OTHER SOURCE OF INCOME
TOTAL GROSS MONTHLY INCOME						

*Employment, Social Security, Welfare, Retirement, Veteran's Benefits, Rental Property Income, Bond and Other Securities, Alimony, Child Support, etc.

CLIENT CONFIDENTIALITY STATEMENT

All information requested by Central New Mexico Housing Corp. is for the purpose of qualifying clients for the NMMFA Weatherization Assistant Program, and is strictly confidential. I have read and understand this statement.

Client Signature _____ Date _____ Intake Personnel _____ Date _____

APPLICATION RELEASE TO OBTAIN VERIFICATION OF INCOME AND FUEL CONSUMPTION

I authorize the Weatherization Assistance Program (WAP) staff to verify and examine the fuel consumption records of my house, available from the utility companies, in order to determine the impact of energy conservation services rendered to my house.

As an applicant for WAP, I do hereby give my permission to the program's staff administering the WAP to verify all household income prior to the starting date of the work to be done. (Each household member over 18 years old must sign below for verification of income.)

I understand that services cannot be provided if health and safety problems are beyond the scope of this program. It is the responsibility of the applicant to correct unsafe conditions or to contact alternative funding sources for assistance.

I grant permission to the WAP staff, or its designee, to enter my property and to make applicable repairs for the weatherization of my home. I also release and pledge to hold harmless the WAP staff and volunteer assistant from any liability resulting from these repairs.

I certify that the home for which I am requesting weatherization assistance, is not designated for acquisition or clearance by federal, state, or local programs within twelve (12) months from the scheduled completion date.

WARNING! Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____	_____
Signature of Applicant	Date
_____	_____
Family Member	Family Member
_____	_____
Signature of Intake Person	Date

Directions to your home if you do not have a street address: _____

FOR OFFICE USE ONLY

Method of Income Verification _____

Applicant is: Eligible _____ Ineligible _____ Reason for ineligibility _____

Source of Income Documentation _____

I certify and I have verified and found accurate the income of the applicant.

_____	_____
Signature of Weatherization Staff Member	Date