

NEW MEXICO SPECIAL NEEDS /SET ASIDE HOUSING PROGRAM

REFERRAL and PRE-APPLICATION FORM

Revised 8/2019

<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 Support Services Provider/Referring 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:	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 Support Services Provider/Agency)

Agency Name: _____

Contact Person Name: _____

Phone Number: _____ **Email Address:** _____

4. Eligible Target Populations for Housing

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

Special Needs (SN) / Set Aside Housing Program (SAHP) 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, Support 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 \$ _____

Cash Income Type (continued):

- Alimony/other spousal support \$ _____
- Pension from a former job \$ _____
- Worker's Compensation \$ _____
- Private Disability Insurance \$ _____
- Income from Family/Friends \$ _____
- Other sources of 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 to 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 (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 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 program rules and regulations.*

Applicant's Signature

Date

Support Service Provider Signature

Date

Applicant's Printed Name

Date

Support Service Provider Printed Name

Date

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

As Revised 8/2019

I, Support Services Agency Caseworker, Support Services Contact,

for _____ Support 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 Support Services Provider/Agency, Support Worker, and Supervisor further agree that:

- Required support services will be available as needed and requested by this applicant and rendered by the Support Services Provider/Agency,
- Agency will conduct the required Monthly Housing Home Visits in the consumer's apartment,
- Agency will coordinate support services and provide eviction prevention by working with the property manager and Local Lead Agency (LLA), as needed to ensure success of the tenant in their Special Needs Housing;
- Agency will notify the Local Lead Agency of any changes in service provision and/or if services are discontinued.

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 Worker Print Name Date

Signature of Service Provider Supervisor Print Name Date

Authorization to Request/Release Information

[New Mexico Behavioral Health Institute Community Based Services]

700 Friedman Ave., Las Vegas, NM, 87701

(505) 454-5100, Fax (505) 454-5172

This authorizes [NMBHI/CBS Local Lead Agency] 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: _____

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:

This information is requested from records whose confidentiality is protected. The receiving agency is prohibited from making any further disclosure of it without the specific written consent of the person to whom it pertains. A general authorization for the request of medical or other information is not sufficient for this purpose. This information is protected both by the State (Section 34-2A-18 NMSA 1953) and Federal (42 CFR Part 2) Regulations.

You may revoke this authorization at any time by signing and dating the revocation section on your copy of this form and returning it to the: [LLA agency] at [address]. I further understand that any such revocation does not apply to the extent that persons authorized to use or disclose my protected health information have already acted in reliance on this authorization.

Revocation Section

I hereby revoke this authorization.

Client Signature

Client Printed Name

Date

Crisis Response Plan and Contact Numbers
Revised 8/2019

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: _____

Support Services Agency Contact Person Name: _____ **(Print)**

Office Phone: _____ Emergency Cell Phone: _____

Local Lead Agency: _____

LLA Staff Name: _____ **(Print)**

Staff Office Phone: _____ Cell Phone: _____

TENANT RESPONSIBILITY AND PARTICIPATION AGREEMENT

Updated: 8/2019

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 program participant and 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 support service provider staff member of _____ (Name of Support Service Provider Agency) or the Local Lead Agency for the purposes of identifying any risks to my housing stability. During this site visit I, 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/support 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 tenancy 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 the property manager and support service provider immediately of any repairs that are needed and will be required to pay for repairs of all damages (other than normal wear) that 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, support 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 that 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 _____ (Support 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 Support Service Provider Agency Staff

Applicant's Printed Name

Referring Support Service Staff Printed Name

Date

Date

Cc: Local Lead Agency
Special Needs Applicant
Support Services Provider

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

<input type="checkbox"/> YES <input type="checkbox"/> NO	3. Does the tenant have the necessary amenities for their home: refrigerator, stove, fan (if no air conditioning), basic furniture (bed, pillow, dresser, chair/couch, lamps, table and chairs), basic kitchen set-up (plates, glasses, utensils, pots and pans), and basic linens (bath, hand and dish towels, wash cloths, sheets, blankets, pillowcases).
By When: Date_____	If no, what are next steps: For consumer? For support worker or case manager?
<input type="checkbox"/> YES <input type="checkbox"/> NO	4. Is there a record or evidence [receipts, money order stub, etc.] of tenant’s monthly rent and other related utilities [if not included with rent] being paid in a timely manner?
By When: Date_____	If no, what are next steps: For consumer? For support worker or case manager?
<input type="checkbox"/> YES <input type="checkbox"/> NO	5. Consumer Well Being: Does the tenant appear to be in good physical and mental health?
By When: Date_____	If no, what are next steps: For consumer? For support worker or case manager?
<input type="checkbox"/> YES <input type="checkbox"/> NO	6. Are there any tenancy-related issues that may become a problem for the tenant? e.g. problems with other tenants/neighbors; lease violation issues with the landlord or apartment manager.
By When: Date_____	If yes, what are next steps: For consumer? For support worker or case manager?
<input type="checkbox"/> YES <input type="checkbox"/> NO	7. Has a complete Section 8 Voucher application been submitted to local housing authority(s)?

<p>By When: Date _____</p>	<p>If <u>no</u>, what are next steps: For consumer?</p> <p>For support worker or case manager?</p> <p>If <u>yes</u>, what is current number on Section 8 waiting list(s)? _____</p> <p>Has consumer received a Housing Authority Section 8 waiting list purge/address update notice? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>When is next Section 8 waiting list purge anticipated by the housing authority? Date: _____</p>																
<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>8. Are there any Tenant changes or new challenges since the last month's visit?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Transportation</td> <td style="text-align: right;">Yes___ No___</td> </tr> <tr> <td>Food</td> <td style="text-align: right;">Yes___ No___</td> </tr> <tr> <td>Amenities</td> <td style="text-align: right;">Yes___ No___</td> </tr> <tr> <td>Purchases/Losses</td> <td style="text-align: right;">Yes___ No___</td> </tr> <tr> <td>Social Activities</td> <td style="text-align: right;">Yes___ No___</td> </tr> <tr> <td>Unusual Events</td> <td style="text-align: right;">Yes___ No___</td> </tr> <tr> <td>Police/Landlord visits</td> <td style="text-align: right;">Yes___ No___</td> </tr> <tr> <td>Other</td> <td style="text-align: right;">Yes___ No___</td> </tr> </table>	Transportation	Yes___ No___	Food	Yes___ No___	Amenities	Yes___ No___	Purchases/Losses	Yes___ No___	Social Activities	Yes___ No___	Unusual Events	Yes___ No___	Police/Landlord visits	Yes___ No___	Other	Yes___ No___
Transportation	Yes___ No___																
Food	Yes___ No___																
Amenities	Yes___ No___																
Purchases/Losses	Yes___ No___																
Social Activities	Yes___ No___																
Unusual Events	Yes___ No___																
Police/Landlord visits	Yes___ No___																
Other	Yes___ No___																
<p>By When: Date _____</p>	<p>If yes, what are next steps: For consumer?</p> <p>For support worker or case manager?</p>																
<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>9. Service or Treatment Plan Update: What progress has been made, or, new challenges developed (per above questions) that need to be addressed in the consumer's Service, Treatment or Housing Plan?</p>																
<p>By When: Date _____</p>	<p>If yes, what are next steps: For consumer?</p> <p>For support worker or case manager?</p>																

<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>10. Are there any changes to the contact names or phone numbers on the Crisis Response Plan and Contact Numbers? Contact Name</p> <p>Changes:</p> <p>Name: _____ Phone Number: _____</p> <p>Copies of updated Crisis Plan given to consumer, service provider, property manager and LLA</p> <p>Yes____</p>
--	---

Support Worker Signature: _____ Printed Name: _____

Date: _____

Tenant: Signature: _____ Printed Name: _____

Date: _____

Forms for Local Lead Agency's Special Needs Applicant File

- 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 Driver's License (or Photo ID) presented by Applicant)
- Attestation of Homelessness (Note: for clients whose Special Needs Housing eligibility is based ONLY upon homelessness)

SPECIAL NEEDS / SET ASIDE HOUSING PROGRAM

APPLICANT FILE DOCUMENTS CHECKLIST (Dated 8.2019)

For SN Applicant:

___ **Special Needs (SN) Application Form** (all items completed and signed by Applicant and Support 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 Support Services Provision** (signed by Support Service Provider/Agency)

___ **Crisis Response Plan with Contact Numbers** (must be updated as necessary)

___ **Applicant Data Entered LLA Data Base Spreadsheet** (for all LIHTC properties qualified for)

After SN/SAHP Applicant is Determined Qualified:

___ **Client Data entered into LLA Spreadsheet**

Enter Date Qualified, Enter date referred to Property Manager, etc.

___ **Special Needs Applicant Proof of Eligibility and Letter of Referral sent to Property Manager**

___ **Proof of required Monthly Home Visits:**

i.e. Copies of Monthly Supportive Housing Checklists for each month

ATTESTATION OF CONFIRMED IDENTITY OF SPECIAL NEEDS/SAHP APPLICANT

(Note: Letter is to be placed on Support Services Provider Letterhead)

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

___ Driver's 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.

Support Services Provider Staff Person:

Signature/ Print Name

Date

Contact Information for Support Services Provider:

Name of Local Lead Agency or Support Services Provider (Printed)

Address _____

City, State, Zip _____

Phone Number (area code/ number) _____

ATTESTATION OF HOMELESSNESS OF SPECIAL NEEDS/SAHP APPLICANT

For Applicants whose Housing eligibility is based SOLELY upon homelessness

(Note: Letter is to be placed on Support Services Provider Letterhead)

Date of Attestation: _____

To Whom It May Concern

Re: Attestation of Homelessness or Precariously Housed

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

and that he/she has demonstrated to me they meet at least one of the following conditions of being 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:

- a) an individual or family which lacks a fixed, regular, and adequate nighttime residence;
- b) an individual or family which has a primary nighttime residence that is:
 - 1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelter, and transitional housing for persons with mental illness); or,
 - 2) an institution that provides a temporary residence for individuals intended to be institutionalized, or previously institutionalized; or,
 - 3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; or,
 - 4) individuals who are certified by their case manager as "doubling up", "couch surfing" or staying with another household of a relative or friend.

This does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or State law.

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

Support Services Provider Staff Person

Signature / Print Name Date

Contact Information for Support Services Provider:

Name of Support Services Provider (Printed)

Address: _____ City, State, Zip:

Phone Number (area code/ number) _____

