

The **Weatherization Assistance Program** is funded primarily by the Department of Energy and the State of New Mexico. Funds may also be provided by the Low Income Home Energy Assistance Program (LIHEAP). The New Mexico Mortgage Finance Authority (MFA) is the state's administrative agency for WAP.

Our program **DOES NOT** do major home repairs including; plumbing, electrical, roof damage, storm windows, and mobile home skirting. This program is for minor repairs to help the client conserve energy, for example:

- * Window repair and glass replacement
- * Repair or replacement of exterior doors
- * Insulation
- * Check all gas fired appliances for safety

When funding allows and it is necessary, we can do repair or replacement on heaters and hot water-heaters.

PLEASE SEND IN ALL OF THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

1. **Proof of Income.** We need a copy of **ALL** current income for the month for the entire household. For Social Security/SSI Pension or Unemployment, we need the current Benefit Award Letter.
2. **Copies of your most recent Gas and Electric bills (Please include meter readings).**
3. **Proof of disability, if applicable.** We need a doctor's letter stating you are disabled or the printout from SSI stating you are a disabled individual or a court decision stating you are disabled.
4. **All members 18 years of age and over must sign the application.**
5. **Proof of home ownership.** (Copies of Warranty Deed, Real Estate Contract, Title/Registration if dwelling is a Mobile Home or Bill of Sale.
6. **Copies of Social Security cards and birthdates must be provided for all Household Members.**
7. **Copies of picture ID for everyone over the age of 18.**

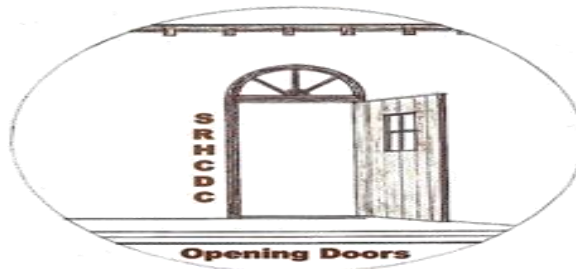
We must have ALL of the above information for your application to be processed!! Send copies only, do not send originals!!! Materials will not be returned!!

Send your completed application and above information to:

Southwestern Regional Housing Community and Development Corp.
Attn: Weatherization Program
2480 Lakeside Dr. Suite C
Las Cruces, NM 88007

You may also bring it by our office located at 2480 Lakeside Dr. Suite C, Las Cruces, NM 88007. If you have further questions, please feel free to contact our office at 575-523-1639. You may also fax your application to 575-523-8646





**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) of any employee of Southwestern Regional Housing & CDC or its' Board of Directors: Yes _____ No _____
(Name of Organization)

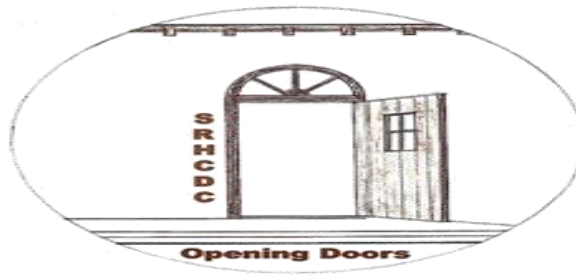
Number of elderly in family (60 or over) _____ Size of household _____ Year house built _____

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

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

NAME OF EACH HOUSEHOLD MEMBER	Birth date	AGE	SEX	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	GROSS MONTHLY INCOME*	NAME ADDRESS PHONE NO. 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.



APPLICANT 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: _____

Southwestern Regional Housing & Community Development Corp. prohibits discrimination against any employee or applicant for employment or housing assistance because of race, color, religion, sex or national origin in accordance with Equal Employment Opportunity Executive Order 11246.

FOR OFFICE USE ONLY

Method of Income Verification _____

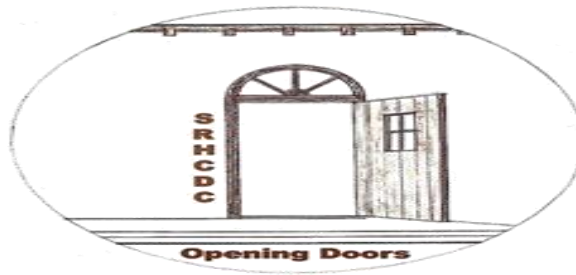
Applicant is: Eligible _____ Ineligible _____ Reason for ineligibility _____

Source of Income Documentation _____

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

Signature of Weatherization Staff Member

Date



Addendum to Weatherization Application

By submitting this application does not guarantee that you will receive any type of assistance. This is only the first step in the program guidelines. Once the application is completed and approved then an approval letter is sent to the client. **There is a six (6) month to over two years waiting period, before an Assessor goes to do an assessment on the home.** After the Assessor assesses the home they will determine if we can weatherize the home. There can still be a waiting period after that. The reason for this is that we serve 14 counties and each year we are allowed a certain number of units per county.

The Weatherization Program is for minor repairs to help the client conserve energy on their home. The Weatherization Program **Does Not** do major home repairs including; plumbing, electrical, roof damage, storm windows, and mobile home skirting.

When funding **allows** and it is necessary, we can do repair or replacement on heaters and hot water heaters. Heater and Hot Water Heaters are never guaranteed to be installed or repaired under any circumstance.

Signature of Applicant

Date

