

**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
<b>TOTAL GROSS MONTHLY INCOME</b>							

\*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 from a three (3) month to over a year 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.

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Signature of Applicant

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Date

