



Applicant Information

Applicant Name		Email Address	Phone No.: Cell No.:
Mailing Address			Building # and/or Apt. #
City	County	State	Zip

List yourself and all persons living in unit:

Household Member Name	Relationship	Date of Birth	Source of Income	Monthly Amount Received
<i>*Please attach updated income documentation.</i>			Total Household Monthly Income	
			Total Household Annual Income	

Actual Physical Address where you reside			Building # and/or Apt. #
City	County	State	Zip

** If it is a new residence an updated rental/lease agreement is required.*



Rental Assistance Request

The financial assistance for which the household wishes to obtain payment for (check all that apply):

** Please provide updated bills/invoices.*

	Rent	Landlord Address:	Amount:		
	Rent Arrears	Landlord Address:	Amount:	From (date):	To (date):
	Utilities	Company Name & Account No.:	Amount:		
	Utilities	Company Name & Account No.:	Amount:		
	Utilities	Company Name & Account No.:	Amount:		
	Utilities	Company Name & Account No.:	Amount:		
	Utilities Arrears	Company Name & Account No.:	Amount:	From (date):	To (date):
	Utilities Arrears	Company Name & Account No.:	Amount:	From (date):	To (date):
	Utilities Arrears	Company Name & Account No.:	Amount:	From (date):	To (date):
	Utilities Arrears	Company Name & Account No.:	Amount:	From (date):	To (date):
	Other Expenses	Company Name & Account No.:	Amount:	From (date):	To (date):
	Other Expenses	Company Name & Account No.:	Amount:	From (date):	To (date):

** Other expenses i.e., internet services for distance learning, telework, telemedicine, obtaining government or other necessary services, and similar services.*



Attestation Information

1. I/We are eligible for this award due to financial hardship related to COVID.
2. I/We certify that all information given to the Emergency Rental Assistance Program is accurate and complete to the best of my/our knowledge and belief.
3. I/We understand that false statements I/we give to the Emergency Rental Assistance Program may be punishable under Federal, State, or Local law.
4. I/We also understand that false statements or information will be grounds for denial of our application, termination of rental or utility assistance and/or debarment from participating in other current or future assistance programs.
5. I/We understand that this is an application for assistance and signing this application does not bind the Emergency Rental Assistance Program to offer rental or utility assistance nor does it bind me/us to accept any assistance offered.
6. I/We have no objection to inquiries for the purpose of verifying the facts herein stated.
7. I/We have received, read and understand that Emergency Rental Assistance Program eligibility and compliance requirements.
8. Your signature on this form and the signature of each member of your household, who is 18 years of age or older, authorizes the Emergency Rental Assistance Program to use this authorization and the information obtained with it, to administer and enforce rules and policies.
9. Any individual or organization, including any governmental agency may be asked to release information. Information may be requested from but is not limited to: courts, law enforcement agencies, landlords, past and present employers, Social Service, utility companies, and unemployment benefits. By signing this form, I authorize the above persons, firms or corporations to make available any documents or record to the Emergency Rental Assistance Program for inspection.
10. I hereby certify that I authorize the Emergency Rental Assistance Program to publish information regarding me/my household (NOT including personally identifiable information) or my organization (i.e., for landlords) and any awards which I may receive on a searchable public website as part of it public transparency and accountability efforts.

Signature

Print Name

Date of Attestation



P.O. Box 620
Pueblo of Acoma, NM 87034

"Providing Safe and Affordable Housing Opportunities"

Phone: (505) 552-7528
Fax: (505) 552-9093

Attestation of Applicant for Emergency Rental Assistance

I, _____, am applying for Emergency Rental Assistance from the Pueblo of Acoma Housing Authority and hereby attest to the following (initial all that apply):

1. _____ Neither I or any of my household members has applied for or received assistance or subsidy for which I am applying from any other service provider.
2. _____ I am unable to provide evidence of my income due to the following reasons: _____
_____.
3. _____ I or a household member has/have applied for unemployment benefits. I am in the process of obtaining documentation from NM Workforce Solutions.
4. _____ I or a household member is currently receiving unemployment benefits. I am in the process of obtaining documentation from NM Workforce Solutions.
5. _____ One or more of my household members have experienced a decrease in income, incurred significant costs, or experienced other financial hardship due to the COVID-19 outbreak.
6. _____ I am either temporarily, or permanently displaced, or I do not have a permanent residence.
7. _____ I am unable to provide a rental agreement or other documentation of my rental amount because of the following reason: _____
_____.

My monthly rental amount is \$ _____. I will provide the documentation prior to applying for assistance for the next 3-month period.

8. _____ I have applied for internet service assistance. I use my internet services for school, teleworking, medical or counseling appointments, to receive governmental services, meetings with my landlord, or housing inspections.
9. _____ I have applied for a grant of a laptop. I do not have access to a computer or laptop. I require the use of a laptop for school, teleworking, medical or counseling appointments, to receive governmental services, meetings with my landlord, or housing inspections.

I hereby declare that all information provided herein is correct and complete, and that all information I have provided is subject to verification by the Pueblo of Acoma Housing Authority. I understand and acknowledge that providing false or incomplete information may require that I repay all assistance provided and may disqualify me from receiving future assistance. I may also be subject to criminal penalties if I receive assistance by providing false information.

Printed Name of Declarant

Date

Signature