



New Mexico Homeowner Assistance Program

# PROGRAM APPLICATION

**OFFICE USE ONLY**

Application Postmark/Dropoff Date: \_\_\_\_\_

Application Time: \_\_\_\_\_

Received by Initials: \_\_\_\_\_

**A. GENERAL QUALIFICATIONS AND CONDITIONS AND DOCUMENTATION REQUIREMENTS**

I / we understand the following qualifications, conditions, and documentation requirements for this program:

- The New Mexico Homeowner Assistance Fund provides housing cost assistance to households residing in New Mexico who are experiencing financial hardship associated with the COVID-19 health crisis and who are at risk of losing their housing.
- The maximum amount of assistance is limited to \$20,000 per household, based on actual need and program eligibility. Previous awards received in the New Mexico Homeowner Assistance Pilot Program between May 18, 2021 and August 16, 2021 and/or the New Mexico Homeowner Assistance Interim Program between October 15, 2021 to January 4, 2022 will be deducted from the maximum amount of \$20,000 and included in the total amount funded by this program. Award amount is based on actual costs for eligible program expenses.
- The form of assistance is a grant paid directly to the housing provider, e.g. servicer, escrow company, seller, lot owner/manager, etc.
- Eligible expenses that can be paid with grant funds include delinquent and currently due property taxes, homeowner’s insurance and housing cost payments as evidence by a consensual homeownership contract or agreement (e.g. mortgage loan, real estate contract, private lease to own agreement, manufactured/mobile home loan or other documented, consensual private financing arrangements), late fees, and reasonable escrow advances as evidenced by a loan statement.
- To qualify, the total annual household income for all household members must be equal to or less than 150% of the area median income or 100% of the median income for the United States, whichever is greater.
- To qualify, gross household<sup>1</sup> income will include ***all*** income from ***all*** persons over 18 years of age as well as all unearned income of minors.
- To qualify, the household must certify that it has experienced financial hardship since January 21, 2020 associated with the COVID-19 health crisis. Situations causing financial hardship include, but are not limited to, loss of employment, reduction of work hours, reduced wages and increased expenses.
- To qualify, the household must currently own and occupy the dwelling as their primary residence. The dwelling must be in the state of New Mexico.
- To qualify, the original loan balance must not exceed the conforming loan limit in place at the time the loan was originated.
- To qualify, the household must not be receiving housing assistance from another program that covers the full cost of their housing payment.
- Applications will be received until further notice.
- The application must be filled out completely and include all required supporting documents.
- Program staff will review applications in the order in which they are received. If an application is complete but missing all required documents to process for eligibility, the applicant will be given 10 calendar days to submit the missing documentation.
- Program staff determines the eligibility of applicants to the program and reserves the right to deny requests in specific instances where applications/applicants do not conform to these or other program guidelines.

<sup>1</sup> When using the term “household” in the manual, MFA will be referring to the definition of “family” as defined at 24 CFR 5.403 and further used in 24 CFR 570.3 and 24 CFR 570.483(b)(2)(ii)(B).

**A. ELIGIBILITY**

A.1. Have you experienced financial hardship since January 21, 2020 associated with the COVID-19 health crisis?  
 Yes  No

A.2. Do you own and live in the home for which assistance is requested as your sole or primary residence in New Mexico?  
 Yes  No

A.3. Is your primary residence a single-family residential property, condominium, townhome, manufactured home permanently affixed to real property and taxed as real estate, or a mobile home not permanently affixed to real property?  
 Yes  No

A.4. Do you reside on one of the following federally recognized tribal lands or Native American reservations located in New Mexico: Acoma Pueblo, Cochiti Pueblo, Isleta Pueblo, Jicarilla Apache Nation, Nambe Pueblo, Navajo Nation, Ohkay Owingeh, Picuris Pueblo, Pojoaque Pueblo, San Felipe Pueblo, San Ildefonso Pueblo, Sandia Pueblo, Santa Clara Pueblo, Santo Domingo Pueblo, Tesuque Pueblo, Zia Pueblo, or Zuni Pueblo  
 Yes  No

A.5. Is your gross household income from all household members equal to or less than 150% of the area median income or 100% of the median income for the United States, whichever is greater?  
 Yes  No

A.6. Is your original loan balance less than \$417,000 or less than or equal to the conforming loan limit in place at the time the loan was originated?

A.7. Do you understand the processing time for applications can take up to 90 days to fully review the file and that there is a waiting list to process applications in the order in which they are received?

**B. APPLICANT INFORMATION**

B.1 What type of property do you live in?  
 Single Family Home detached  Single Family Home attached  Condominium  Manufactured Housing  
 Other

**APPLICANT CONTACT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Cell Phone  Landline

Email address: \_\_\_\_\_

Is this property address also your mailing address?  Yes  No

**CO-BORROWER CONTACT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Cell Phone  Landline

Email address: \_\_\_\_\_

Is English the primary language spoken in your home?  
 Yes  No, If no, please provide the primary language spoken: \_\_\_\_\_

Are you a resident of tribal land?  
 Yes  No If yes, please list the tribe: \_\_\_\_\_

**C. HOUSEHOLD COMPOSITION**

List the name of each individual living in the housing unit, starting with the head of household:

**\*Use Number from list below\***

No.	Name	Date of Birth	Gender*	Ethnicity*	Race*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

1-Male 1-Hispanic or 1 -American Indian / Alaska  
 2- Latino Native  
 Female 2-Not Hispanic or 2-Asian  
 3- Latino 3-Black / African American  
 Other 4-Native Hawaiian/Other  
 4- Pacific Islander  
 Prefer 6-White  
 not to 7-I do not wish to furnish this  
 say information.

Is your household a single-headed household?\*  Yes  No  Prefer not to say

\*This information is strictly confidential and will be used in the aggregate for federal reporting purposes only.

## D. ANNUAL HOUSEHOLD INCOME INFORMATION

The income of all homeowners and each adult member of the household must be included on the income chart and will be used in the calculation to determine the household's total annual gross income. All sources of income for all homeowners and household members should be included, except for those listed as not included in the next section: The full amount of earned income (including wages and salaries, overtime pay, commissions, fees, tips, bonuses and other compensation for personal services) before payroll deductions, the full amount of any payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of payments, any payments in lieu of earnings such as unemployment compensation, including Pandemic Emergency Unemployment Compensation (PEUC), disability compensation, worker's compensation and severance pay, any public assistance payments such as cash assistance, any periodic and determinable allowances such as alimony and child support, any net income from the operation of a business or profession, including direct payments for services or self-employment. The following types of income are **not** included in income calculation: Earned income of minors (age 17 and younger), Federal household stimulus payments, income of live-in health aids, non-cash benefits such as childcare or medical care assistance and food support or one-time cash gifts, for example a birthday gift. Failure to include **ALL** income information for every household member may prevent assistance from being provided or you may be required to **REPAY** assistance if you are found to be ineligible after assistance is granted. **For each income source, submit the relevant documents indicated on the attached Application Documentation Checklist.**

Income Source	Household Member Name and Income Source	Total Monthly
Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.		
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the household).		
Interest, dividends, net rental income, royalty income, or income from any interest-bearing accounts, estates, trusts, etc. Report even small amounts credited to account.		
Social Security, annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report total amount received.		
Payments in lieu of earnings such as unemployment, disability, worker's, and severance compensation. Report total amount received.		
Any public assistance (TANF or General Assistance) payments from state or local income support office. Report amount received.		
Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from organizations or persons not residing in the dwelling. Report total amount received.		
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a household member who is exposed to hostile fire. Report total amount received.		
<b>Total Present Gross Monthly Income</b>		<b>A \$</b>
<b>Multiply by 12 months in a year</b>		<b>B X12</b>
<b>A times B is equal to TOTAL ANNUAL INCOME</b>		<b>C \$</b>

**E. COVID-19 IMPACT:**

Have you or anyone in your household experienced financial hardship since January 21, 2020 associated with the COVID-19 health crisis?  Yes  No

If yes, please check each condition that applies to the financial hardship due to an increase of expenses or decrease in income since January 21, 2020:

- Job loss;
- Job furlough;
- Temporary or permanent closure of place of employment;
- Wage reduction;
- Reduction in self-employment compensation;
- Job loss and/or wage reduction due to requirement to be quarantined based on a diagnosis of COVID-19;
- Increased expenditures associated with the COVID-19 health crisis; or
- Other pertinent circumstances leading to financial hardship (please describe the situation below):

**F. BANKRUPTCY, FORECLOSURE AND PRIOR ASSISTANCE**

Providing the following information does not disqualify your application.

**Bankruptcy**

Are you involved in an active/recent bankruptcy?

Yes  No

If yes, please provide the following information:

Date filed: \_\_\_\_\_ Chapter:  7  13  11

Date discharged, if applicable: \_\_\_\_\_

Homeowners who have previously filed for bankruptcy must provide bankruptcy documents. If you are no longer in bankruptcy you must also provide proof of court ordered discharge or dismissal.

**Foreclosure**

F.2. Have you received a foreclosure notice, such as a Complaint for Foreclosure or Petition for Replevin?

Is this loan in default?

Yes  No

F.3 Have you received a Notice of Foreclosure Sale?

Yes  No If yes, enter the date: \_\_\_\_\_

F.4. Have you received documentation that indicates you will lose your home by a certain date, such a Notice of Eviction?

Yes  No If yes, enter the date: \_\_\_\_\_

**Assistance**

F.5. Has your household received housing cost assistance since January 21, 2020 and/or will it receive such assistance?

Yes No

F.6. Have you previously received assistance from the MFA COVID-19 Housing Cost Assistance Program/Homeowner Assistance Pilot or Interim Programs?  
Answering yes to this question does not disqualify application to the MFA NM Homeowner Assistance Fund Program.

Yes No

F.7. Are you working with a HUD Certified Housing Counselor? If yes, provide contact information

Yes No

Housing Counseling Agency: \_\_\_\_\_

Housing Counselor Name: \_\_\_\_\_

Housing Counselor e-mail: \_\_\_\_\_

## HOUSING INFORMATION

**For each type of assistance requested, complete the information below about your housing provider.** Your housing provider is the payee that typically receives your payments, such as your loan servicer, escrow company, seller, or lot owner/manager. **This information will be used to disburse any approved assistance to your housing provider(s). For each type of assistance requested, submit the relevant documents indicated on the Application Documentation Checklist.**

### G. FIRST MORTGAGE ASSISTANCE:

G.1 Are you requesting assistance to bring your mortgage current? (If no, please proceed to the next section)

Yes No

G.2 Have you applied with your mortgage loan servicer for assistance with your delinquency?

Yes No

If yes, please check all options you were offered to help resolve your mortgage loan delinquency:

- Repayment Plan
- Deferral or Partial Claim
- Modification
- Reinstatement (lump sum)
- Forbearance
- I was not offered an option
- I don't know

If you answered no, please explain why you have not accepted the offer:

G.3 Have you accepted any offer from your mortgage loan servicer to resolve your mortgage loan delinquency?

Yes No

If you answered yes, indicate what option you've accepted:

- Repayment Plan
- Deferral or Partial Claim
- Modification
- Reinstatement (lump sum)
- Forbearance

**\*Please provide documentation of accepted offer/resolution**

If not, please explain:

G.4 What is your current monthly mortgage payment amount (including escrowed items, if applicable)?  
\$ \_\_\_\_\_

G.5 Can you afford your monthly mortgage payment once your past due payments are caught up?  
 Yes  No

G.6 What is your mortgage loan or account number?  
Account number: \_\_\_\_\_

G.7 What was the original amount of your first mortgage now in place?  
\$ \_\_\_\_\_

G.8 What date did you take out the first mortgage that is now in place?  
\_\_\_\_\_

G.9 What is the total amount past due (the amount required to bring your loan current)?  
\$ \_\_\_\_\_

**Mortgage servicer (the company that you make your monthly mortgage payments to):**

Lien Position: \_\_\_\_\_  
Name of Mortgage Servicer: \_\_\_\_\_  
Mortgage Servicer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mortgage Servicer Phone Number: \_\_\_\_\_  
Mortgage Servicer Email Address: \_\_\_\_\_  
Mortgage Type: (FHA, Fannie Mae, Freddie Mac, Conventional)

**H. SECOND MORTGAGE ASSISTANCE:**

H.1 Do you have a second mortgage on your home?  
 Yes  No

H.2 Are you requesting assistance to become current on your second mortgage? (If no, please proceed to the next section)  
 Yes  No

H.3 Have you applied with your mortgage loan servicer for assistance with your delinquency?  
 Yes  No

If yes, please check all options you were offered to help resolve your mortgage loan delinquency:

- Repayment Plan
- Deferral or Partial Claim
- Modification
- Reinstatement (lump sum)
- Forbearance
- I was not offered an option
- I don't know

Have you accepted any offer from your mortgage loan servicer to resolve your mortgage loan delinquency?

Yes No

If you answered yes, indicate what option you've accepted:

- Repayment Plan
- Deferral or Partial Claim
- Modification
- Reinstatement (lump sum)
- Forbearance

**\*Please provide documentation of accepted offer/resolution**

If not, please explain:

H.4 Can you afford your monthly mortgage payment once your past due payments are caught up?

Yes No

H.5 What is your mortgage loan or account number?

Account number: \_\_\_\_\_

H.6 What is the total amount past due (the amount required to bring your loan current)?

\$ \_\_\_\_\_

H.7 What is your current monthly mortgage payment amount (including escrowed items, if applicable)?

\$ \_\_\_\_\_

H.8 What was the original amount of your second mortgage now in place?

\$ \_\_\_\_\_

H.9 What year did you take out the second mortgage that is now in place?

\_\_\_\_\_

**Mortgage servicer (the company that you make your monthly mortgage payments to):**

Lien Position: \_\_\_\_\_

Name of Mortgage Servicer: \_\_\_\_\_

Mortgage Servicer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mortgage Servicer Phone Number: \_\_\_\_\_

Mortgage Servicer Email Address: \_\_\_\_\_

Mortgage Type: (FHA, Fannie Mae, Freddie Mac, Conventional)



**I. PROPERTY TAX AND INSURANCE ASSISTANCE**

- If your mortgage does not escrow property tax or homeowners insurance, you may request assistance for expenses incurred after 1/21/20 below.
- If you are a homeowner without a mortgage or has a reverse mortgage and you are at risk of losing your home because of property charge defaults, you may request assistance for expenses incurred after 1/21/20 below.

**Property Tax Assistance**

I.1 Are you requesting property tax assistance? (If no, please proceed to the next section)

Yes No

I.2 Have you received a Notice of Delinquent Tax letter?

Yes No

I.3 Name of property tax authority

\_\_\_\_\_

I.4 Property tax account or parcel number:

\_\_\_\_\_

I.5 What is the total amount of property taxes past due (the amount required to bring your account current)?

\$ \_\_\_\_\_

\*Provide your most recent property tax statement.

**Homeowner Insurance Assistance**

I.7 Are you requesting homeowner insurance assistance? (If no, please proceed to the next section)

Yes No

I.8 What is your current homeowner insurance amount?

\_\_\_\_\_

I.9 What is your current homeowner insurance account number?

\_\_\_\_\_

I.10 What is the current amount past due?

\_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_

Insurance Provider Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Insurance Provider Phone Number: \_\_\_\_\_

Insurance Provider Email Address: \_\_\_\_\_

\*Provide your most recent homeowner insurance statement.

## **PROGRAM PARTICIPATION AGREEMENT/CERTIFICATION:**

I/We undersigned hereby authorize inquiry and verification to release without liability, information regarding housing, income and assets to MFA for purposes of verifying information on my/our application.

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to personal identity, employment, income, assets and housing.

I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified applicant.

I/We certify that this information is complete and accurate and have provided supporting documentation as part of this application.

I/We certify that the information provided related to household composition, annual household income and assets, financial hardship associated with the COVID-19 health crisis and need for assistance with housing costs is correct.

I/We certify that the dwelling for which I/we am/are requesting assistance is my/our principal residence.

I/We certify that I/we do not occupy the same dwelling as the housing provider(s) listed in the agreement(s).

I/We certify that I am providing accurate and current documentation of the total and current balance due. I am unable to pay make the payment confirmed on the documentation provided.

I/We certify that I/we am/are not able to receive, and have not received, other federal or non-federal benefits or assistance for the same housing costs for the same period of time for which assistance is being requested, and that if I/we do receive such assistance, I/we will repay any duplicated funds to MFA.

I/We understand that it is the intent of MFA's New Mexico Homeowner Assistance Fund to disburse funding to housing providers on behalf of applicants. However, MFA is not responsible for regulating how providers apply payments.

I/we also understand that MFA assumes no responsibility for the application of payments by housing providers, including but not limited to, mortgage servicers, lienholders, or mobile home park managers, except to confirm the total benefit amount was applied.

I/We have read and understand the foregoing general qualification and condition statements. I/We further understand that any omission, misrepresentation, misstatements, deletions, falsifications, or other actions that result in my/our not conforming to the requirements of the program will subject my/our application to immediate cancellation and cause any disbursed funds to be immediately due and payable and may cause further legal action if warranted.

## **CERTIFICATION AND DUPLICATION OF BENEFITS SUBROGATION AGREEMENT:**

I/We further certify under penalty of perjury, under the laws of the State of New Mexico, that I/we are not able to receive, and have not received, duplicated benefits, defined as other federal or non-federal benefits or assistance for the same housing costs for the same period of time for which assistance is being requested or received. In the event that I/we do receive such duplicated assistance, I/we agree to immediately notify MFA of such additional amounts and understand that MFA, in its sole discretion, shall determine if such additional amounts constitute a duplication of benefits that shall be repaid to MFA. I/We hereby assign to MFA all of my/our future rights to reimbursement and all payments received from any grant, subsidized loan, or assistance under any housing assistance programs that are determined in the sole discretion of MFA to be a duplication of benefits. I/We further certify that I/we will not, subsequent to award of MFA housing assistance, pursue other federal or non-federal benefits for the same housing costs for the same period of time for which assistance is to be awarded. I/We agree to execute further and additional documents and instruments as required by MFA to further and better assign to MFA any amounts received that are determined by MFA to constitute a duplication of benefits. I/We explicitly allow MFA to request of any organization with which I/we have applied for or am/are receiving assistance, any non-public or confidential information determined to be reasonably necessary by MFA to monitor and enforce its interest in the rights assigned to it under this Certification and Duplication of Benefits Agreement and give my/our consent to such company or organization to release said information to MFA.

I/We understand that information collected about me/my household could be shared with government entities and others, including MFA; the New Mexico Department of Finance and Administration; community agencies funded from state, federal, and local resources that help provide housing assistance; my/our housing provider;

and others with whom MFA deems it necessary to share information in order to effectively manage and evaluate the program's effectiveness. I/We understand that this information could also be shared upon court order or request under the New Mexico Inspection of Public Records Act or be provided to an auditor. I/We understand that I/we am/are not legally required to provide any of the requested information but that if I/we do not provide requested information, I/we may not be able to receive housing assistance.

I/We further understand that the information provided on this form is subject to verification by MFA, the Department of Finance and Administration (DFA) or the Treasury at any time, and any employee of MFA, DFA, or Treasury may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may result in legal action. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate.

I/we understand that if I/we are approved for monthly payment assistance the household is attesting that the household is struggling to sustain their housing payments due to unemployment and my housing costs are greater than 40% of household income.

I/we understand that if I/we are approved for monthly payment assistance, I/we are attesting that the household is struggling to sustain their housing payments due to unemployment.

I/we understand that if I/we are approved for reinstatement assistance, I/we are attesting that the household is able to resume the monthly housing payment following receiving assistance.

Applicant Signature, Printed Name and Date		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

# APPLICATION DOCUMENTATION CHECKLIST

## DOCUMENTATION REQUIREMENTS:

The following documents must be photocopied and attached to your application. Do not submit originals. No documents will be returned.

### Proof of Identity Documentation:

Please provide the requested documentation below for at least one household member listed on the housing.

	<i>Acceptable Documentation</i>
Proof of Identity	<ul style="list-style-type: none"> <li>• Driver’s License <b>or</b></li> <li>• State issued Identification card <b>or</b></li> <li>• Passport</li> </ul>

### Household Income Documentation:

Please provide the requested items below, if applicable to your household for all household members. For each adult in the household 18 years or older, submit the supporting documentation appropriate for each type of income indicated in the program application. Income documentation provided should be the most current and must be dated within 120 days. If needed, the **Verification of Income or Reduction of Hours/Pay** form can be found in Appendix A (p. 11-12).

<i>Income Source</i>	<i>Acceptable Documentation</i>
Employment wages	<ul style="list-style-type: none"> <li>• Three current paycheck stubs <b>or</b></li> <li>• Employer-signed form or letter confirming wages <b>or</b></li> <li>• Verification of Income or Reduction of Hours/Pay form</li> </ul>
Self-employment	<ul style="list-style-type: none"> <li>• Profit and loss statement(s) for the three most recent months <b>or</b></li> <li>• Full Tax Return including Schedule C</li> </ul>
Net rental income, income from interest bearing assets, royalty income, interest from estates and trusts	<ul style="list-style-type: none"> <li>• Most recent statement</li> </ul>
Social Security, pensions, retirement, annuities, disability, death benefits	<ul style="list-style-type: none"> <li>• Current benefits letter</li> </ul>
Unemployment insurance, worker’s compensation, severance compensation	<ul style="list-style-type: none"> <li>• Payment history reflecting gross benefit amount, deductions and recent payments</li> </ul>
Any public assistance (General Assistance or TANF) payments from state or local income support office	<ul style="list-style-type: none"> <li>• Current benefits letter</li> </ul>
Child support, family support, alimony	<ul style="list-style-type: none"> <li>• Current benefits letter</li> </ul>
Armed forces pay	<ul style="list-style-type: none"> <li>• Two current statements</li> </ul>

### Housing Cost Assistance Documents

Provide only the documentation that applies to the type of housing cost assistance being requested.

<i>Assistance Type</i>	<i>Required Documentation</i>
Private Financing assistance	<ul style="list-style-type: none"> <li>• Evidence of total balance due, broken down by month:                             <ul style="list-style-type: none"> <li>○ Current unredacted loan statement; <b>or</b></li> <li>○ Current unredacted past-due notice from servicer; <b>or</b></li> <li>○ Current unredacted reinstatement quote from servicer</li> </ul> </li> </ul>
Real estate contract assistance	<ul style="list-style-type: none"> <li>• Evidence of total balance due, broken down by month:                             <ul style="list-style-type: none"> <li>○ Current escrow payment statement; <b>or</b></li> <li>○ Balance due notice; <b>or</b></li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Current unredacted reinstatement quote from escrow company or seller</li> </ul>
Mobile or manufactured home loan assistance	<ul style="list-style-type: none"> <li>● Evidence of total balance due, broken down by month: <ul style="list-style-type: none"> <li>○ Current mobile or manufactured home loan statement;</li> <li><b>or</b></li> <li>○ Current unredacted reinstatement quote</li> </ul> </li> </ul>
Mobile or manufactured land loan assistance	<ul style="list-style-type: none"> <li>● Evidence of total balance due, broken down by month: <ul style="list-style-type: none"> <li>○ Current mobile or manufactured home loan statement;</li> <li><b>or</b></li> <li>○ Current unredacted reinstatement quote</li> </ul> </li> </ul>
Property taxes	<ul style="list-style-type: none"> <li>● Evidence of total balance due: <ul style="list-style-type: none"> <li>○ Current property tax bill</li> </ul> </li> </ul>
Homeowner's insurance	<ul style="list-style-type: none"> <li>● Evidence of total balance due:</li> <li>● Account ledger; <b>or</b></li> <li>● Current notice of payment amount and balance due</li> </ul>
Additional documentation regarding loss mitigation denial/unaffordability	<ul style="list-style-type: none"> <li>● Loss mitigation denial letter on servicer letterhead; <b>and/or</b></li> <li>● Documentation demonstration that the loan payment offered is not affordable because the monthly housing cost exceed forty percent (40%) of monthly household income</li> </ul>

If you have any questions about the application requirements, please call 505.308.4206 or 866.488.0498.

Completed applications may be **mailed to or dropped off at:**

New Mexico Mortgage Finance Authority  
344 4<sup>th</sup> St SW  
Albuquerque, NM 87102

Completed applications may be **faxed to:**

New Mexico Mortgage Finance Authority  
Attn: New Mexico Housing Assistance Interim Program  
Fax: 505-242-2766