



Michelle Lujan Grisham  
Governor



**NM Emergency Rental Assistance Program**  
www.RentHelpNM.org



DEPARTMENT OF  
FINANCE & ADMINISTRATION  
Deborah K. Romero  
Cabinet Secretary

**State of New Mexico – Emergency Rental Assistance Program**  
**Tenant Certification for Rental Assistance**

I, \_\_\_\_\_ (*print name*), certify that the following is true and correct:

My date of birth is (*MM/DD/YYYY*): \_\_\_\_\_

My (*check only one*) New Mexico driver’s license \_\_\_ or ID card number \_\_\_ is:

\_\_\_\_\_

My (*check only one*) Individual Tax ID Number \_\_\_ or Social Security Number \_\_\_ is:

\_\_\_\_\_

I currently live at the following address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other than me, \_\_\_\_\_ other people regularly live at this address.

I rent this property from a landlord (*check only one*) – YES \_\_\_ or NO \_\_\_ .

I am a customer of \_\_\_\_\_ (*landlord*), and my account number is:

\_\_\_\_\_, (*check one*) SSN or TIN or Dummy Value

My monthly rent is \$ \_\_\_\_\_

My monthly utilities are billed by \_\_\_\_\_ (*landlord*) and

average (*enter “0” if none*) \$ \_\_\_\_\_

My outstanding rent is currently past due in the amount of \$ \_\_\_\_\_ .

(*check one*) Amount does include utilities \_\_\_ Does NOT include utilities \_\_\_



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This past-due amount represents the past \_\_\_\_\_ months of charges.

My household income is (*check and complete only one box*):

- \$ \_\_\_\_\_ in adjusted gross income as reported on Form 1040 from 2020 taxes filed with the IRS; OR
- \$ \_\_\_\_\_ per (*check only one*) WEEK \_\_ or MONTH \_\_ or YEAR \_\_ from wages/paychecks, cash for performing work, tips, self employment (including ride-sharing, food delivery, Avon/Mary Kay, etc.), unemployment or disability payments, public assistance, and any other sources not named above.

Both of the following are true for my household:

- a. one or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak; and
- b. one or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability.

I am requesting that the New Mexico Department of Finance and Administration (“DFA”) pay \_\_\_\_\_ (*landlord*) my past-due balance up to 12 months into the past and my monthly rental payment three months into the future, each from the date of this certification and in DFA’s discretion based on its review of the information above.

By signing below, I authorize \_\_\_\_\_ (*landlord*) to disclose to DFA any nonpublic personal information concerning my account, including the information above, that may be needed to process my application for assistance. I also authorize DFA to make the above rental payments on my behalf and to disclose to the U.S. Department of the Treasury or



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any other federal agency or auditor any nonpublic personal information it receives that may relate to DFA's compliance with this program.

I understand and agree that by providing this certification, if DFA cannot otherwise confirm that my income qualifies me for rental assistance, I must submit a form certifying my income every three months to continue to qualify.

My household has not received, and does not expect to receive, another source of public or private subsidy or assistance for the rental balance described above. Any knowing or intentional misstatement above may subject me to criminal or civil liability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date