



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 Utility 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 _____ (*utility company*), my account number is

_____, and my account is currently past due in the amount of

\$ _____.

(*check/complete only one of the following*) ___ This past-due amount represents about

_____ months of charges OR ___ I do not know how many months this past-due amount

represents.



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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 _____ (*utility company*) my past-due balance up to 12 months into the past and my average monthly charge (based on the past 12 months) up to 3 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 _____ (*utility company*) 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 utility payments on my behalf and to disclose to the U.S. Department of the Treasury or any other federal agency or auditor any nonpublic personal information it receives that may relate to DFA’s compliance with this program.



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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 utility charges described above. Any knowing or intentional misstatement above may subject me to criminal or civil liability.

Signature

Print name

Date