



Instructions

****Please fill out an electronic application if you have access to a computer. If you do not have access to a computer, you may submit using this paper application****

Welcome to the Emergency Rental Assistance Program (ERAP) application portal. The Emergency Rental Assistance Program is rental and utility assistance to households experiencing financial hardship due to the COVID-19 outbreak. This assistance is available for those in a lease agreement with a landlord or those who have entered into a lease-purchase agreement. Funding is also available for utility assistance and other expenses related to housing costs (i.e. hotel/motel costs) incurred directly or indirectly due to the COVID-19 outbreak.

Please review the FAQ before applying for assistance to fully understand the program's qualification and avoid potential rejection or incomplete application. You will need supporting documents for your application, so be sure to have the appropriate files.

If you have difficulty filling out the application, we encourage you to call one of our representatives at **1-833-485-1334** or reach out to a local collaborator; you can visit this page to see if there is one in your area.

We look forward to reviewing your application and getting you this much-needed aid. You will receive a response from our team within 20 days. Once you submit your application, you will receive multiple emails along the process to inform you of your application's status.

Please mail this to:

**DFA Attention: ERAP
407 Galisteo
Santa Fe, NM 87501**

Table of Contents

Applicant Information	2
Questionnaire.....	3
Occupant Information	4
Utility Information	5
Documentation.....	6
Attestation Information	7



Applicant Information

I am filing on behalf of: <input type="checkbox"/> Myself <input type="checkbox"/> Someone Else				
Primary Applicant First Name:		Primary Applicant Last Name:		Middle Initial
Date of Birth	SSN/EIN/ITIN Number	Ethnicity	Race	Gender
Residence Phone Number	Cell Phone Number	Are text notifications acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
New Mexico Driver's License or ID Number		Total Annual Household Income for 2020		

Physical Address Information

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

Mailing Address Information

Is Physical Address the same address you are requesting rental / lease assistance?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address			Building # and/or Apt. #
Mailing City	Mailing County	Mailing State	Mailing Zip



Questionnaire

Late payments cannot exceed 12 months and may include additional 3 months after final review and approval.

*Does the household receive Federal, State or Local rental assistance?

*As the applicant and tenant, is your name on the lease or rental agreement?

*Have you received an eviction notice?

What is the monthly amount per the current lease/rental agreement?

*Are you currently behind on your lease/rental payments?

How many months are you in arrears on lease / rental payments?

What is the amount of lease / rental payments arrears you are requesting?

How many current / future months are you asking for lease / rental assistance?

What is the amount of current and future lease / rental assistance are you requesting?



Occupant Information

Occupant First Name:		Occupant Last Name:		Occupant Middle Initial
Date of Birth	SSN/EIN/ITIN Number	Employment Status for individuals 18 and over		
Residence Phone Number	Cell Phone Number	Are text notifications acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
New Mexico Driver's License or ID Number		Total Annual Household Income for 2020		

Landlord Information

*Do you make rental payments to an individual or company? Individual Company		
Landlord First Name	Landlord Last Name	Landlord Middle Initial
Landlord Email		Landlord Phone Number

Property Owner's Address

Mailing Address			
City	County	State	Zip



Utility Information

Applicants are eligible for up to 12 months of past due utility payments (no earlier April 1, 2020) from application submission date.

Utilities may include electricity, gas, internet, water and sewer, trash removal and energy costs such as propane/fuel oil.

Utilities should not be entered if utilities are paid as part of your lease/rental payments to your landlord.

Telecommunication services, such as telephone and cable are not covered under this subsidy.

Do you understand these allowances and restrictions? Yes No

- This program is designed to make payments directly to landlords and utility providers. However, in the rare instance your landlord is unresponsive, or unwilling to accept direct payments, you MAY be eligible to receive payment assistance directly.
- If approved for direct payment as a tenant, payment will be mailed to the mailing address provided in Applicant Information.

* Utility Type	* Account Number with Utility	* Utility Company Phone Number
* Utility Company Mailing Address		
* Utility Company City	* Utility Company State	* Utility Company Zip
* Amount Owed to Utility Company		
*What is the amount of past due utility payments you are requesting?		
*How many months are you past due on utility payments?		



*How many current / future months are you asking for utilities?

*What is the amount of current and future utility assistance you are requesting?

Documentation

Required Documentation

1. *Proof of ID Government Issued ID or Documents: Driver's License, Visa, Passport, Military ID, Consulate Card, Foreign National ID, Department of Homeland Security (DHS) Form I-94, DHS Form I-862, Immigration and Customs Enforcement (ICE) 1-220A, I-220B.
2. Do you have Proof of Tenancy such as the following items? Please attach as many of these documents as you have. Signed Lease or Rental agreement; or a statement from the landlord or property owner indicating the month(s) and amount and/or past due; eviction notice; notice of delinquency; court eviction documentation; photographs of unsafe or unhealthy living conditions; deed/title or mortgage for the rent to own agreement property, evidence of payments for temporary displacement due eviction or COVID-19 displacement (room service charges or movie rental/purchases are not included) or other documentation that reasonably establishes a pattern of paying rent.
3. Do you have Proof of Income? (Income Verification to be provided for every household applicant included in the application over the age of 18 years) 3 months of most recent pay stubs; W-2, 1040 Tax Form; Form 1099-G or unemployment benefit award statement; a copy of job/loss termination, furlough, or reduction in hours and/or pay from employer during eligible pandemic period starting April 2020; a notarized affidavit signed that includes the family member who is self-employed to include name of business, and narrative confirming economic impact on self-employment during pandemic period; 2 most recent months of bank statements; low income determination document made by another government entity; copy of documentation evidencing additional Federal, or State Rental Assistance; or other documentation as requested by the Department to determine eligibility.

(Optional): Other supporting documentation.

1. Please provide a copy of your latest Proof of Unemployment Support from Dept of Workforce Solutions, if you receive unemployment.
2. Please attach a copy of the eviction notice. Notice, Summons, and or any Court Related Notice



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 the 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 its public transparency and accountability efforts.

Signature

Print Name

Date of Attestation



ATTENTION APPLICANTS

If you **CANNOT** provide proof of income, a signed lease agreement or past due rental statement from your landlord, please submit the attestations provided with your packet. See list of forms below:

Zero Income

Certification of zero income if no other documentation exists.

Absence of Rental Agreement

Certification of rental agreement if other documents don't exist.

Certification of Rent Owed

Should be used if no written lease exists AND the landlord cannot/will not sign verification of the landlord-tenant relationship.



Michelle Lujan Grisham
Governor



NM Emergency Rental Assistance Program
www.RentHelpNM.org



Deborah K. Romero
Cabinet Secretary

State of New Mexico – Emergency Rental Assistance Program
Self-Certification of Zero Income

Applicant Name: _____ Date: _____

Mailing Address: _____

I hereby certify that the following is true and correct:

1. I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Interest or dividends from assets;
 - d. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - e. Unemployment or disability payments;
 - f. Public assistance payments;
 - g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - h. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - i. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 60 days.

3. I will be using the following sources of funds to pay for other necessities:

I understand and agree that by providing this certification, my household income must be reassessed in three months to confirm my eligibility for rental assistance.

I certify that my household has not received, and does not anticipate receiving, any source of income as described above. Any knowing or intentional misstatement in this certification may subject me to criminal or civil liability.

Signature of Applicant/Tenant

Print name of Applicant/Tenant

Date



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 in Absence of Rental Obligation Documentation

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

I currently reside at:

My monthly rental obligation is: \$ _____

After making a reasonable effort to do so, I have been and remain unable to produce adequate documentation of the amount of my rental obligation, including a signed, written lease, a written certification by my landlord, bank statements, check stubs, past rental receipts, or other reasonable documentation as defined by the State of New Mexico (collectively, “Adequate Documentation”).

I hereby acknowledge I will only receive up to three months’ worth of rental assistance based on a monthly maximum of 100% of the greater of the Fair Market Rent or the Small Area Fair Market Rent for the area in which I reside, as most recently determined by HUD and made available at <https://www.huduser.gov/portal/datasets/fmr.html>. Any rental assistance provided because of this certification will be subject to the rest of my application otherwise complying with the Emergency Rental Assistance Program, as determined by the State of New Mexico and the U.S. Department of the Treasury. I understand and acknowledge that I must submit Adequate Documentation of my monthly rental obligation to receive more rental assistance than an initial three months’ (or less) amount provided because of this certification. I further acknowledge that any funds I receive because of this certification may be used only for paying rent, and it is my responsibility to ensure my rent is paid.



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Governor



NM Emergency Rental Assistance Program
www.RentHelpNM.org



Deborah K. Romero
Cabinet Secretary

I further certify that my household has not received, and does not anticipate receiving, another source of public or private subsidy or assistance for the rental obligation described above. Any knowing or intentional misstatement in this certification may subject me to criminal or civil liability.

Signature

Print name

Date



Michelle Lujan Grisham
Governor



NM Emergency Rental Assistance Program
www.RentHelpNM.org



Deborah K. Romero
Cabinet Secretary

State of New Mexico – Emergency Rental Assistance Program

Tenant Certification of Landlord/Tenant Relationship and Rent Owed

(If no written lease AND Landlord cannot or will not sign Verification of Landlord Tenant Relationship)

Your Name (Print): _____

Rental Property Address: _____

Landlord’s Name (name where rent is sent): _____

Landlord Address: _____

Landlord’s Phone: _____ Landlord’s Email: _____

Landlord owns the property: Yes ___ No ___ Unknown ___

Landlord is authorized to manage the property: Yes ___ No ___ Unknown ___

Your move-in date: _____ Your rental agreement end-date (if any): _____

Total months past due: _____ Monthly rent payment amount: \$ _____

Total amount of rent past due: \$ _____

Are any late fees owed? Yes ___ No ___ If yes, please list total amount: \$ _____

Are any utilities included in the rent payment? Yes ___ No ___ If yes, please list:

By signing and submitting this form, I understand that may need to provide additional information or answer additional questions because I am not able to produce a written lease or a Verification of Landlord/Tenant Relationship and Rent Owed with a signature from my landlord.

I further certify that the information presented in this certification is true and accurate to the best of my knowledge. Any knowing or intentional misstatement in this certification may subject me to criminal or civil liability.

Signature of Applicant/Tenant

Print name of Applicant/Tenant

Date