

**New Mexico Special Needs Housing Initiative  
Lea County 2011-2012**



**HELP-New Mexico, Inc.**

**Please Return Completed Applications To:**

**Rosa Juarez**

Lea County Outreach Representative

Office Phone #- 575-393-3392

Email- [rosa@helpnm.com](mailto:rosa@helpnm.com)

FAX #- 575-393-6470

726 E. Michigan

Hobbs, NM 88240

**For Program Information Contact:**

**Jerry Otero**

Family Services Division Director

Office Phone #- 505-766-4931

Email- [jerryotero@helpnm.com](mailto:jerryotero@helpnm.com)

5101 Copper NE

Albuquerque, NM 87108

**To Receive an Application By Email Please Contact:**

**Matt Loehman**

Email- [matthew@helpnm.com](mailto:matthew@helpnm.com)



# NEW MEXICO SPECIAL NEEDS HOUSING PROGRAM REFERRAL & PRE-APPLICATION FORM

<b>Receipt of Complete Application: Date and Time Stamp:</b>
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## Consumer/Applicant and Household Information

**Note: The Referring Agency is to assist Applicant in completing this form**

*The Information below is required for purposes of processing Special Needs Housing Unit referrals.*

<b>Referral Agency Name:</b>	<b>Date Completed:</b>
Referral Agency Point or Back-up person name:	Phone no:
Referral Agency Point or Back-up person signature required:	Fax no:

1. Consumer/Applicant name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ Last 4 digits of SSN: XXX – XX – \_\_\_\_\_

3. Contact Information

Applicant Contact Information	<u>Must Provide</u> Alternate Contact Information
Address:	Address:
Phone:	Phone:
Secondary Phone:	Secondary Phone:
Email:	Email:

4. Total Number of household members (do not include live-in aides): \_\_\_\_\_ No. of live-in aides: \_\_\_\_\_.

5. List all household members: including Sex, Age and relationship of each household member to the Applicant.

Name	Age	Sex	Relationship to Head of Household

Number of bedrooms desired: \_\_\_\_

Number of bedrooms required: \_\_\_\_

6. Type of special needs that would qualify Applicant for Special Needs housing unit:

2009 QAP "Special Needs Households"	2010 QAP "Special Needs Households"
<input type="checkbox"/> Homeless individual or family <input type="checkbox"/> Person with physical disability <input type="checkbox"/> Person with developmental disability <input type="checkbox"/> Person with chronic mental illnesses	<input type="checkbox"/> Serious Mental Illness <input type="checkbox"/> Addictive Disorder <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Physical, sensory, or cognitive disability (after 22) <input type="checkbox"/> Disability caused by chronic illness <input type="checkbox"/> Age-related <input type="checkbox"/> Homeless individual or family

**7. Household Income**

**A. Cash Income:** please check all applicable sources of income and include the amount per month. Provide a description if appropriate; if the income belongs to a household member other than the Applicant, please note that in the Description field (Note: documentation will be required for all income sources) .

**Have you received income from any source in the past 30 days?**

Yes  No  Don't Know  Refuse to Answer

**Type Please provide a description where appropriate and Amount Per Month**\_\_\_\_

- Employment Income \_\_\_\_\_ \$ \_\_\_\_\_
- Child support \_\_\_\_\_ \$ \_\_\_\_\_
- Social Security Disability (SSDI) \_\_\_\_\_ \$ \_\_\_\_\_
- Supplemental Security Income (SSI) \_\_\_\_\_ \$ \_\_\_\_\_
- Social Security retirement income \_\_\_\_\_ \$ \_\_\_\_\_
- TANF \_\_\_\_\_ \$ \_\_\_\_\_
- Veteran's pension \_\_\_\_\_ \$ \_\_\_\_\_
- Veteran's disability payment \_\_\_\_\_ \$ \_\_\_\_\_
- Unemployment Insurance \_\_\_\_\_ \$ \_\_\_\_\_
- Alimony/other spousal support \_\_\_\_\_ \$ \_\_\_\_\_

- Pension from a former job \_\_\_\_\_ \$ \_\_\_\_\_
- Worker's compensation \_\_\_\_\_ \$ \_\_\_\_\_
- Private disability insurance \_\_\_\_\_ \$ \_\_\_\_\_
- Other sources of income \_\_\_\_\_ \$ \_\_\_\_\_

**B. Non-cash benefits:** please check all applicable sources of non-cash benefits and services and include the amount per month. Provide a description if appropriate; if the assistance belongs to a household member other than the Applicant, please note that in the Description field.

**Have you received non-cash benefits or services in the past 30 days?**

Yes  No  Don't Know  Refuse to Answer

**Type Description** (list names of each household member receiving the assistance)

- Food stamps (a.k.a. SNAP)  
\_\_\_\_\_
- Medicaid \_\_\_\_\_
- Medicare \_\_\_\_\_
- WIC \_\_\_\_\_
- TANF Child Care Services  
\_\_\_\_\_
- TANF Transportation Services  
\_\_\_\_\_
- Other TANF-funded Services  
\_\_\_\_\_
- Children's Health Insurance Program  
\_\_\_\_\_
- VA Medical Services  
\_\_\_\_\_
- Other Assistance Source  
\_\_\_\_\_

8. What is the total annual gross household income from all sources and all persons living in the household (earned income, social security, SSDI, retirement, government benefits, unearned income, etc.)? \$ \_\_\_\_\_

9. Indicate whether or not the household needs the following type of apartments:

- a. Handicapped Unit (wider doors, grab bars) ..... Yes ...  ... No
- b. Fully Accessible Unit (curbless shower) ..... Yes ...  ... No
- c. Visual/Audio Accessible Unit ..... Yes ...  ... No
- d. Ground floor unit necessary, if no elevator..... Yes ...  ... No
- e. Does household has medical reasons for an extra bedroom..... Yes ...  ... No

10. Other special considerations for units \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **NEW MEXICO SPECIAL NEEDS HOUSING PROGRAM REFERRAL PACKET**

**How to make a Referral to the New Mexico Special Needs Housing Program to  
HELP-NM for  
La Pradera Housing Development, Hobbs, NM**

## **Referral Process for Referring Agencies:**

**STEP 1: Assess the consumer’s potential for success in independent housing with access to the available supports and services in your county/service area that are necessary and appropriate for the household.**

**STEP 2: Review the Special Needs Housing Program with the consumer and the available housing options.** Explain the Housing Program to the person and review housing options within your service area. Referral Agencies may only refer persons to *HELP-NM* for properties within Lea County.

**STEP 3: Determine if the consumer meets Special Needs Housing Program eligibility criteria.** The Special Needs Housing Program eligibility criteria is determined by the list of eligible disabilities and/or determination of homelessness; the property’s income guidelines; and; according to the individual property manager’s screening criteria (e.g. background, credit checks, etc.). **Note: Consumers must be eligible for and interested in and able to live at the properties to which they can be referred. The development must have the size of units needed by the applicant (e.g. 3 bedrooms if the applicant needs a 3 bedroom).**

**STEP 4: Complete the Special Needs Housing Referral Forms (aka “pre-application form”). Consumer and Household Information** is necessary for processing referrals. The Referring Agency Point or Back-up person, identified on the referring agency’s Agreement to Participate, signs this form.

**STEP 5: Referral Agencies may fax, mail or drop off Referral Forms to the HELP-NM Coordinator. If faxing use attached fax cover sheet.** All referral forms from your agency must be reviewed, signed and coordinated by the Referral Agency Point or Back-up person.

**STEP 6: HELP-NM will contact the consumer once the Letter of Referral is sent to the Property Manager.** The Consumer should proceed in directly applying for housing at the property by contacting the La Pradera property manager; identifying himself or herself as referred by *HELP-NM*; and then submit the rental property application to the property manager within 3 days of notification of the referral. *Applications received after 3 days may not be accepted.*

**STEP 7: Referral Agency should assist the Consumer with the property application process depending on the person's needs.** The Property Manager processes the application just as they would for a non-special needs referred person including income verification and rental, credit and criminal background checks (fees may apply).

**STEP 8A: If the application is approved, the Property Manager will notify the *HELP-NM* and the consumer of the decision and *HELP-NM* Coordinator will notify the Referral Agency.** The Referral Agency assists the consumer to successfully move into the housing unit. The Consumer needs to be prepared to pay a security deposit and utility deposits/fees and may need assistance in understanding the lease when the Property Manager reviews it with him or her. They may also need other help from the Referring Agency such as assistance to move in, and/or acquiring the necessary household goods and furniture for their apartment.

**STEP 8B: If the application is denied, *HELP-NM* will contact the Referral Agency who will then contact the consumer about the decision and then determine if he or she is eligible for and, would like to request a Reasonable Accommodation. If so, the Referral Agency will notify the *HELP-NM* Coordinator of the decision.** Requests must be submitted to Property Manager within 10 days of housing denial notification. The Property Manager will hold the application/unit open until the Reasonable Accommodation process is complete.

**NEW MEXICO SPECIAL NEEDS HOUSING PROGRAM  
REFERRAL**

**Fax Cover Sheet**

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**To:** Rosa Juarez  
HELP NM Office: 575-393-3392

**From:**

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**Fax:** 575-393-6470

**Pages:**

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**Re:** Special Needs Housing Program Referral  
to Local Lead Agency

**Date:**

**Comment:**

*Incomplete Applicant and Household Information forms or Letters of Referral may delay placement of persons on the Supportive Housing waitlists. Please review Referral forms and all information for accuracy and completion prior to faxing them to the Local Lead Agency Coordinator in your area.*

# SPECIAL NEEDS HOUSING PROGRAM LETTER OF REFERRAL

## SECTION 1 *(Completed by the Referral Agency)*

*The applicant must sign a Letter of Referral for each property to which he/she wishes to apply. Referral Agencies can only refer applicants to properties within the agency's service area.*

Referral of \_\_\_\_\_ to \_\_\_\_\_.  
*Consumer/Applicant Name Property Name (one only)*

**Please indicate that each of the following statements is accurate by initialing below.**

1. \_\_\_\_\_ Applicant/ Consumer meets Special Needs Unit eligibility criteria as specified in the Stakeholder Agreement.
2. \_\_\_\_\_ Applicant household is not comprised solely of full-time students. *(If the household is comprised solely of full-time students, contact LLA for assistance.)*
3. \_\_\_\_\_ I verified Section 8 status with \_\_\_\_\_  
*Name of Local Public Housing/Section 8 Agency*

on \_\_\_\_\_ The applicant:

*Date*

\_\_\_\_\_ is on the Section 8 waitlist

\_\_\_\_\_ is not eligible for Section 8

\_\_\_\_\_ cannot apply for Section 8 at this time, because the waitlist is closed

*(Application to Section 8 and status verification is required prior to referral, but status does not affect*

*Special Needs Housing Program eligibility.)*

## SECTION 2 *(Completed by the Referral Agency and the Applicant. Applicant signature required.)*

I authorize the \_\_\_\_\_, the Local Lead Agency associated with the property for which I am applying, to communicate with the property management company for the following reasons:

- (1) processing my application for housing including reasonable accommodations, and
- (2) addressing issues related to my tenancy including reasonable accommodations.

I understand that this authorization may be withdrawn by me at any time by notifying the agency that assisted me with this Letter of Referral, and that such a decision will not affect my tenancy.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**SECTION 3** (Completed by Referral Agency Coordinator)

Referral Verification		
<hr/> <i>Referral Agency Staff Signature</i>		<hr/> <i>Print Name</i>
<hr/> <i>Date</i>	<hr/> <i>Phone number</i>	<hr/> <i>Fax number</i>