The Weatherization Assistance Program is funded primarily by the Department of Energy and the State of New Mexico. Funds may also be provided by the Low Income Home Energy Assistance Program (LIHEAP). The New Mexico Mortgage Finance Authority (MFA) is the state’s administrative agency for WAP.

Our program DOES NOT do major home repairs including: plumbing, electrical, roof damage, storm windows, and mobile home skirting. This program is for minor repairs to help the client conserve energy, for example:

* Window repair and glass replacement
* Repair or replacement of exterior doors
* Insulation
* Check all gas fired appliances for safety

When funding allows and it is necessary, we can do repair or replacement on heaters and hot water-heaters.

**PLEASE SEND IN ALL OF THE FOLLOWING INFORMATION WITH YOUR APPLICATION:**

1. **Proof of Income.** We need a copy of ALL current income for the month for the entire household. For Social Security/SSI Pension or Unemployment, we need the current Benefit Award Letter for most current year.
2. Copies of your most recent Gas and Electric bills **(Please include meter readings).**
3. **Proof of disability, if applicable.** We need a doctor’s letter stating you are disabled or the printout from SSI stating you are a disabled individual or a court decision stating you are disabled.
4. **All members 18 years of age and over must sign the application.**
5. **Proof of home ownership.** (Copies of Warranty Deed, Real Estate Contract, Title/Registration if dwelling is a Mobile Home or Bill of Sale.
6. **Copies of Social Security cards and birthdates must be provided for all Household Members.**
7. **Copies of picture ID for everyone over the age of 18.**

**We must have ALL of the above information for your application to be processed!! Send copies only, do not send originals!!! Materials will not be returned!!**

Send your completed application and above information to:

Southwestern Regional Housing Community and Development Corp.
**Attn: Weatherization Program**
311 Southgate CT.
Las Cruces, NM 88005

You may also bring it by our office located at 311 Southgate CT, Las Cruces, NM 88005. If you have further questions, please feel free to contact us at 575-523-1639.
New Mexico Mortgage Finance Authority
WEATHERIZATION ASSISTANCE PROGRAM
APPLICATION FOR HOME WEATHERIZATION

Applicant's Name __________________________________________ Telephone No. __________________

Street Address _____________________________________________

City ___________________________ Zip ____________ County __________

Rent ______ Own ______ Property Owner's Name __________________________ Telephone No. __________

Owner's Address ____________________________________________ Zip __________________

Name and Phone No. of two friends or relatives that we can contact if we are unable to reach you:

Name: __________________________ Telephone No. __________

Name: __________________________ Telephone No. __________

Type of Heat: Natural Gas ______ LP Gas ______ Electric ______ Wood ______ Kerosene ______ Other ______

Average Monthly Heating Bill __________ Utility Account No. ______

Is any member of the household disabled? Yes ______ No ______ Type of Disability ______

Has this dwelling received DOE weatherization in the past? Yes ______ No ______ If yes, date ______

Are you or any member of your household related to (father, mother, brother, sister or child) of any employee of Southwestern Regional Housing & CDC or its' Board of Directors: Yes ______ No ______

(Number of Organization)

Number of elderly in family (60 or over) ______ Size of household ______ Veteran ______

Single-Family Home ______ Mobile Home ______ Multi-Family ______ Other ______ Year Built ______

Nationality: American Indian ______ Black ______ White ______ Hispanic ______ Asian ______ Other ______

<table>
<thead>
<tr>
<th>NAME OF EACH HOUSEHOLD MEMBER</th>
<th>Birth date</th>
<th>AGE</th>
<th>SEX</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>RELATIONSHIP TO HEAD OF HOUSEHOLD</th>
<th>GROSS MONTHLY INCOME*</th>
<th>NAME ADDRESS PHONE NO. OF EMPLOYER OR OTHER SOURCE OF INCOME</th>
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TOTAL GROSS MONTHLY INCOME

*Employment, Social Security, Welfare, Retirement, Veteran's Benefits, Rental Property Income, Bond and Other Securities, Alimony, Child Support, etc.
APPLICANT RELEASE TO OBTAIN VERIFICATION OF INCOME AND FUEL CONSUMPTION

I authorize the Weatherization Assistance Program (WAP) staff to verify and examine the fuel consumption records of my house, available from the utility companies, in order to determine the impact of energy conservation services rendered to my house.

As an applicant for WAP, I do hereby give my permission to the program's staff administering the WAP to verify all household income prior to the starting date of the work to be done. (Each household member over 18 years old must sign below for verification of income.)

I understand that services cannot be provided if health and safety problems are beyond the scope of this program. It is the responsibility of the applicant to correct unsafe conditions or to contact alternative funding sources for assistance.

I grant permission to the WAP staff, or its designee, to enter my property and to make applicable repairs for the weatherization of my home. I also release and pledge to hold harmless the WAP staff and volunteer assistant from any liability resulting from these repairs.

I grant permission to SRHCDC staff to release any information provided by me, or documentation that I may provide to determine eligibility, to auditors, funders and applicable persons.

I certify that the home for which I am requesting weatherization assistance, is not designated for acquisition or clearance by federal, state, or local programs within twelve (12) months from the scheduled completion date.

WARNING! Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

__________________________
Signature of Applicant

__________________________
Date

__________________________
Family Member

__________________________
Family Member

__________________________
Signature of Intake Person

__________________________
Date

Directions to your home if you do not have a street address:

________________________________________
________________________________________
________________________________________
________________________________________

Southwestern Regional Housing & Community Development Corp. prohibits discrimination against any employee or applicant for employment or housing assistance because of race, color, religion, sex or national origin in accordance with Equal Employment Opportunity Executive Order 11246.

FOR OFFICE USE ONLY

Method of Income Verification

Applicant is: Eligible _________ Ineligible _________ Reason for ineligibility

__________________________
Source of Income Documentation

I certify and I have verified and found accurate the income of the applicant.

__________________________
Signature of Weatherization Staff Member

__________________________
Date
Addendum to Weatherization Application

By submitting this application does not guarantee that you will receive any type of assistance. This is only the first step in the program guidelines. Once the application is completed and approved then an approval letter is sent to the client. There is from a six (6) month to over a 2 year waiting period, before an Assessor goes to do an assessment on the home. After the Assessor assesses the home they will determine if we can weatherize the home. There can still be a waiting period after that. The reason for this is that we serve 15 counties and each year we are allowed a certain number of units per county.

The Weatherization Program is for minor repairs to help the client conserve energy on their home. The Weatherization Program Does Not do major home repairs including; plumbing, electrical, roof damage, storm windows, and mobile home skirting.

When funding allows and it is necessary, we can do repair or replacement on heaters and hot water heaters. Heater and Hot Water Heaters are never guaranteed to be installed or repaired under any circumstance.

_________________________________________   __________________________
Signature of Applicant                        Date

I understand that if my application is not found eligible, I have the right to appeal the decision. I further understand that I will need to appeal the decision in writing to the Executive Director via regular mail at 109 E. Pine St. #5, Deming, NM 88030 or email to veronika@swnm.org.

I understand that I will receive a decision in writing from the Executive Director, and if I do not agree with the decision, I may appeal once again to the Board of Directors at the same address. The Board will make a final determination in writing within a two (2) week period.

Client Rights and Responsibilities

The Client has the right to honesty at all times, to be treated respectfully at all times, to have complete information and clear communication, to receive safe and decent weatherization work, to not be discriminated against for any reason such as religion, age, sexual orientation or gender identity, familial status, sex, race, national origin, disability, color, ethnicity, physical or intellectual characters.

The Client has the responsibility to be honest at all times, treat staff with respect at all times, provide complete information, provide clear communication, provide an environment free of dangerous debris and hazards, provide true documents and a complete application.