



## El Camino Real Housing Authority

*Securing Affordable Housing & a Brighter Future for All*

# Home Owner Rehabilitation Program

This is the first step for participation in the El Camino Real Housing Authority's House by House Reservation Program. Submitting this application in no way guarantees that you will receive any type of assistance. This is only the first step in the program guidelines.

Please complete the application. Do not leave any blanks. The following is a list of required documentation that **MUST** be attached to the application when it is returned to our agency. If all of the required documentation is not attached, the application will not be accepted and will be returned to you.

### REQUIRED DOCUMENTATION:

Completed and signed application (all household members 18 and older must sign in all requested areas.

Copy of birth certificate or baptismal certificates on ALL household members.

Copy of Social Security cards for ALL household members.

Copy of most current income tax returns on all household members.

Copy of current Drivers License or picture ID (MVD) for all household members 18 years and older.

Copy of current property insurance

Verification of monthly income (all Income) for the entire household.

Copy of recorded Warranty Deed.(In Tribal Land you will need a Home site lease

Copy of current property tax receipt.

When the completed application is received and all the documentation is attached, your application will be processed and you will be placed on the appropriate Waiting List. If you have any questions concerning this application, please call Keona Aragon at (575- 517-7969).

Main Office  
301 Otero Avenue, Socorro, NM 87801  
Tele: (575) 835-0196, Fax: (575) 835-3461  
Email: [mary@nmsocjrohousing.org](mailto:mary@nmsocjrohousing.org)

Valencia Office:  
719 S. Main, Belen, NM Physical  
Telephone: 575-835-0196 x403 or x 409  
Fax: 575-835-3461

Mailing Address for all Counties is:  
El Camino Real Housing Authority  
P.O. Box 00  
Socorro, NM 87801

## APPLICATION FOR HOMEOWNER REHAB PROGRAM

The information collected below will be used to determine whether you qualify for this program. It will not be disclosed without your consent except to your employer(s) for verification of income and employment information to financial institutions for verification of assets, and as required and permitted by law. You do not have to provide the information, but if you fail to do so, your application may be delayed or rejected.

<b>1. Applicant's Name</b>			Social Security No.	Home Phone ( )
2. Present Street Address	City	State	Zip Code	No. of Years at Present Address
3. Former Street Address (if at present address for less than 2 years)	City	State	Zip Code	No. of Years at Former Address
4. Names of Other Persons in Household				
5. Name and Address of Employer			Type of Business	Self Employed? - Yes -- No
Business Phone Number ( )	Position/Title		No. of Years on Job	Years in this line of work
6. Name and Address of Previous Employer (if employed at present position for less than 2 years)			No. of Years with Previous Employer	Business Phone ( )

<b>1. Co-Applicant's Name</b>			Social Security No.	Home Phone ( )
2. Present Street Address	City	State	Zip Code	No. of Years at Present Address
3. Former Street Address (if at present address for less than 2 years)	City	State	Zip Code	No. of Years at Former Address
4. Names of Other Persons in Household				
5. Name and Address of Employer			Type of Business	Self Employed? - Yes -- No
Business Phone Number ( )	Position/Title		No. of Years on Job	Years in this line of work
6. Name and Address of Previous Employer (if employed at present position for less than 2 years)			No. of Years with Previous Employer	Business Phone ( )

**ANNUAL INCOME**

Source	APPLICANT	Co-Applicant	Other Household Member 18 Years or Older	Total
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds etc., Received Periodically				
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Support				
Welfare Payments				
Other:				
<b>TOTAL:</b>				_____

**ASSETS**

Assets	Cash Value	Income from Assets	Name of Financial Institution	Account Number
Checking Account	\$	\$		
	\$	\$		
Savings	\$	\$		
	\$	\$		
Credit Union	\$	\$		
		\$		
Mutual Funds	\$	\$		
Stocks/Bonds	\$	\$		
Other?	\$	\$		

**HOUSEHOLD COMPOSITION**

List the head of your household and all members who live in your home. Give the relationship of each family member to the head.

Member No.	Full Name	Relationship	A9e	Social Security No.
Head of Household				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Does anyone live with you now who is not listed above?  Yes  No

Does anyone plan to live with you in the future who is not listed above?  Yes  No

Are you a Veteran?  Yes  No

Are you a Disabled Veteran?  Yes  No

Please explain if you answer "Yes" to either question above. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for assistance.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date