

Instructions:

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 #### 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.

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Applicant Information

I am filing on behalf of:	Myself 🗌	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 a	cceptab	le?	
New Mexico Driver's License or ID Number			Total Annual Household Income for 2020			
Physical Address Ir	nformat	ion				
Actual Physical Address where you reside				Building # and/or Apt. #		
City	County		State		Zip	
Mailing Address In	formati	on				
Is Physical Address the same a	ddress you c	are requesting ren	tal / lease assistance?:	☐ Ye	s 🗌 No	
Mailing Address					Building # o	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.



Occupant Information

Occupant First Name:	ccupant First Name: Occupant La		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 acceptals Yes No	le?	
New Mexico Driver's License or ID Number			Total Annual Household Income for 2020		
*Do you make rental paymen				ny	
Landlord First Name	me Landlord Las		t Name	Landlord Middle Initial	
Landlord Email			Landlord Phone Number		
Property Owner's	Address				
Property Owner's Mailing Address	Address				



Utility Information

 submission date. Utilities may include electricity, gas propane/fuel oil. Utilities should not be entered if utilities 	2 months of past due utility payments (no significant series), internet, water and sewer, trash remove illities are paid as part of your lease/rental as telephone and cable are not covered upon the series.	al and energy costs such as
Do you understand these allowances ar	nd restrictions? 🗌 Yes 🔲 No	
your landlord is unresponsive, or unassistance directly.	payments directly to landlords and utility unwilling to accept direct payments, you has tenant, payment will be mailed to the m	MAY be eligible to receive payment
* 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 p	payments you are requesting?	
*How many months are you past due or	n 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

- *Proof of IDGovernment 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

- * I/We are eligible for this award due to financial hardship related to COVID.
- * 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.
- * I/We understand that false statements I/we give to the Emergency Rental Assistance Program may be punishable under Federal, State or Local Law.
- * 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.
- * 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.
- * I/We have no objection to inquiries for the purpose of verifying the facts herein stated.
- * I/We have received, read and understand the Emergency Rental Assistance Program eligibility and compliance requirements
- * 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
- * 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.
- * 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