



Please fill out the enclosed forms to the best of your ability.

The enclosed Certificate of Disability needs to be signed by a medical or social service professional (a doctor, case manager, therapist, etc). Mail the completed forms and Certificate to:

**HOME-New Mexico
3900 Osuna Road NE
Albuquerque, NM 87109**

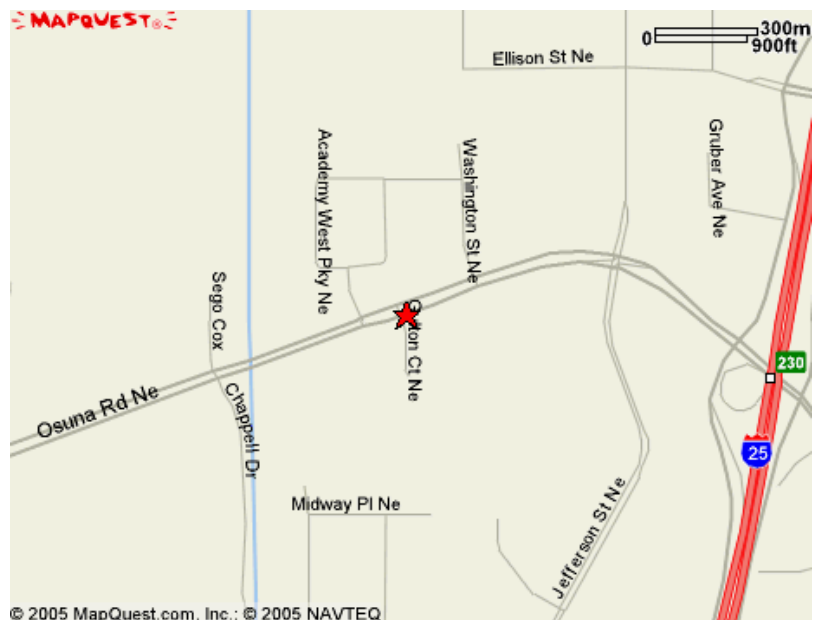
Once we receive your application, **we will call you within 1 week** to schedule an orientation meeting.

If you have any questions, please feel free to call us at (505) 889-9486.

Please keep in mind that we see clients **BY APPOINTMENT ONLY**.

****** Please keep this page as a reference******

Drive north on I-25. Take the San Mateo-Osuna exit. Turn left (west) at the light onto Osuna Rd. After crossing the Jefferson intersection continue driving west until you reach Gulton Court. Turn left on Gulton Court then, take the first left into the parking lot. The sign outside of the building reads “**Adelante**”. Enter the building through the west entrance and follow the pink arrows to the community room.



1. Client Name: _____ DOB: _____ Sex: _____
2. Additional Client Name: _____ DOB: _____ Sex: _____
3. Address: _____
 City _____ State _____ Zip _____ County _____
4. Home Phone: _____ Work Phone: _____ Cell Phone: _____
5. Email: _____
6. Do you have a legal guardian? Yes or No
 If yes, What is your legal guardian's name? _____
7. Marital Status:
 Married Unmarried Separated Divorced
8. Who in the household has a disability? _____ How old is this person? _____
9. How many people live with you? _____
10. Please list the ages of everyone who live with you: _____
11. Where do you live now? (*check only one*)
 Rent Apartment/House With family Group home Other
12. Do you currently pay rent? Yes or No Amount? \$ _____
13. Are you currently participating in the Section 8 Program? _____
 If yes, which of the following Housing Authorities are you with:
 - Bernalillo County Housing Department located at 1900 Bridge SW _____
 - Albuquerque Housing Services located at 1840 University SE _____
 - If you are with a different housing authority please specify _____
14. Have you owned a home within the last 3 years? _____
15. Do you need any special accommodations in order to meet with us? _____

17. **How did you hear about HOME-New Mexico?** _____

16. Employment History

Main Applicant

Current Employer Name: _____

Hourly rate of pay: _____ Hours worked per week: _____

How long have you worked with this company? _____

Co-Applicant

Current Employer Name: _____

Hourly rate of pay: _____ Hours worked per week: _____

How long have you worked with this company? _____

18. Financial Information

In order to best help you, we will need to know your TOTAL MONTHLY GROSS income:

Main applicant:

Co-Applicant

- | | | | |
|-----------------|----------|---------------|----------|
| • Wages/Salary | \$ _____ | Wages/Salary | \$ _____ |
| • SSI | \$ _____ | SSI | \$ _____ |
| • SSDI | \$ _____ | SSDI | \$ _____ |
| • Retirement | \$ _____ | Retirement | \$ _____ |
| • Child Support | \$ _____ | Child Support | \$ _____ |
| • Alimony | \$ _____ | Alimony | \$ _____ |
| • TANF/AFDC | \$ _____ | TANF/AFDC | \$ _____ |
| • Food Stamps | \$ _____ | Food Stamps | \$ _____ |
| • Other | \$ _____ | Other | \$ _____ |

If other, please specify: _____

TOTAL \$ _____ + \$ _____ = _____

19. Please list all of your MONTHLY DEBT:

- | | Monthly Payment | Balance |
|---------------------------|------------------------|----------------|
| • Vehicle payment(s) | \$ _____ | \$ _____ |
| • Student loan payment(s) | \$ _____ | \$ _____ |

	Monthly Payment	Balance
• Personal/Signature loan payment(s)	\$ _____	\$ _____
• Combined Credit Card Minimum Payment(s)	\$ _____	\$ _____
• Other _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

I hereby authorize HOME-New Mexico to share this information to all persons, agents, corporations agencies or institutions that may be able to assist me in the home buying process. I understand that HOME-New Mexico is a nonprofit organization that cannot guarantee approval of a mortgage or funds for down payment and closing costs assistance.

I release from liability and will permanently hold harmless HOME-New Mexico, their agents and assigns from any claim which might arise from the homebuyer counseling that I receive, from any mortgage application I submit and from any real estate contract that I might sign.

Client signature: _____ **Date:** _____

Additional Client signature: _____ **Date:** _____

Guardian signature (if applicable): _____ **Date:** _____

OPTIONAL

The following information is requested to help monitor Equal Opportunity and Federal Fair Housing. You are not obligated nor can be discriminated against if you do not wish to provide this information. However, it will be helpful in our reporting requirements.

CLIENT

Race (check all that apply to you):

- _____ American Indian/Alaska Native
- _____ Asian
- _____ Black/African American
- _____ Native Hawaiian or other Pacific Islander
- _____ White

Ethnicity:

- _____ Hispanic
- _____ Not Hispanic

ADDITIONAL CLIENT

Race (check all that apply to you):

- _____ American Indian/Alaska Native
- _____ Asian
- _____ Black/African American
- _____ Native Hawaiian or other Pacific Islander
- _____ White

Ethnicity:

- _____ Hispanic
- _____ Not Hispanic

Hispanic is defined as a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish Culture or Spanish origin, REGARDLESS OF RACE.

Type of Disability

- _____ Physical
- _____ Developmental
- _____ Mental Illness
- _____ Learning



Certification of Status as an Individual with a Disability
(as defined by ADA)

In the “Americans with Disabilities Act of 1990,” the term “disability” means, with respect to an individual:

- (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment.

Note: *Major Life Activities* include caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working and other functions that the average person in the general population can perform.

As a medical/social service professional with the knowledge necessary to make such a determination, I certify that _____ qualifies as an individual with a PERMANENT disability as defined above.

CLIENT’S NAME: _____

CLIENT’S ADDRESS: _____

CERTIFIED BY:

PRINT NAME

PROFESSIONAL TITLE

COMPANY/AGENCY

SIGNATURE

DATE