



# Bernalillo County Housing Department

1900 Bridge Blvd., SW  
Albuquerque, New Mexico 87105  
(505) 314-0200  
Fax (505) 462-9737



## DO YOU LIVE IN THE UNINCORPORATED AREAS OF BERNALILLO COUNTY AND HAVE A RESIDENCE THAT IS IN NEED OF REPAIR

Then Contact The

### BERNALILLO COUNTY HOUSING DEPARTMENT

And Ask About Our

### REHABILITATION PROGRAM

The Bernalillo County Housing Department is accepting applications for its Owner-Occupied Rehabilitation Program.

Application packages can be picked up at 1900 Bridge Blvd., SW, Albuquerque, New Mexico or visit us on the web at [www.bernco.gov](http://www.bernco.gov)

In order to participate in this program, applicants must provide **COPIES** of the following documentation when they submit their application:

1. Proof of permanent residency (Electric or Gas Bill)
2. Property Tax Bill (Unincorporated Bernalillo County)
3. Proof of Ownership (Deed)
4. Family Income Verification (Check Stubs - Award Letters, etc.)

Applicants will be placed on the waiting list on a first come, first serve basis. No incomplete application will be accepted.

For further information please contact **IRENE SERNA** at (505) 314-0208 or **MICHELLE LEAL** at (505) 314-0226 and ask for assistance.



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## 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.

1. <i>Applicant's Name</i>			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 ( )
1. <i>Co-Applicant's Name</i>			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	Age	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

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



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## CERTIFICATION OF ASSESTS

I/We certify that during the 2-year (24-month) period preceding the effective date of my certification or recertification for program participation, I/We \_\_\_\_\_

(borrower(s) name(s)) have  have not  disposed of more than \$1,000 in asset(s) for less than fair market value.

If asset (s) were disposed of for less than fair market value, describe:

Asset	Date of Disposition
1.	
2.	
3.	

Amount received for asset (s) disposed of:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

