



Luna County Housing Corporation
312 S. Silver St.
Deming, New Mexico 88030

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Luna County Housing Corporation conditions to rehab a home are as follows:

1. You must be the owner of the home to be rehabbed.
2. Your income must be 49.9% or less of the medium income level. (Proof of income is required.)
3. Repairs must fall within our budget allowance per home.
4. Major repairs will be done first. (Roof, windows, doors, siding, etc.)
5. Owner can help decide what must be rehabbed after major repair cost is allotted for and it falls within our budget allowance.
6. All taxes must be paid up to date.
7. All applications will be kept on file as they are received and you will be called when more funds become available.

Richard Hayes
Luna County Rehab Coordinator

FY 2009 Income Limits Documentation System

FY 2009 Income Limits Summary

Luna County, New Mexico										
FY 2009 Income Limit Area	Median Income	FY 2009 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Luna County	\$31,800	Very Low (50%) Income Limits	\$15,450	\$17,650	\$19,850	\$22,050	\$23,800	\$25,600	\$27,350	\$29,100
		Extremely Low (30%) Income Limits	\$9,300	\$10,600	\$11,950	\$13,250	\$14,300	\$15,350	\$16,450	\$17,500
		Low (80%) Income Limits	\$24,700	\$28,250	\$31,750	\$35,300	\$38,100	\$40,950	\$43,750	\$46,600

ITEMS NEEDED TO BRING BACK WITH APPLICATION

1. APPLICATION
2. LAST 3 CHECK STUBS
3. LAST YEARS INCOME TAX RETURN
4. UTILITY BILL WITH YOUR NAME ON IT
5. PROPERTY TAX DOCUMENT SHOWING TAXES ARE PAID TO DATE
6. SOCIAL SECURITY
7. PICTURE ID
8. COPY OF WARRANTY DEED
9. AGE OF HOME (WHEN WAS IT BUILT?)
10. IF YOU RECEIVE ANY OF THE FOLLOWING:
 1. ALIMONY INCOME (NEED DIVORCE PAPER SHOWING AMOUNT)
 2. CHILD SUPPORT (NEED COURT ORDER SHOWING AMOUNT)
 3. PENSION (LETTER SHOWING AMOUNT)
 4. PUBLIC ASSISTANCE
 - A. TANF (CASH ASSISTANCE)
 - B. UNEMPLOYMENT
 5. SOCIAL SECURITY (LETTER SHOWING YOUR MONTHLY BENEFITS)
 6. SSI (LETTER SHOWING YOUR MONTHLY BENEFITS)

***IF THERE IS ANYBODY 18 OR OLDER LIVING IN THE HOME OR ON THE WARRANTY DEED BESIDES THE HOMEOWNER, I WILL NEED THE SAME INFORMATION ON THEM.**

Thank you



Luna County Housing Corporation Home Rehabilitation Loan Application

The information collected below will be used to determine whether you qualify as a borrower under the Luna County Housing Corporation's Home Rehabilitation Loan Program. It will not be disclosed outside the Corporation without your consent except to your employer for verification of income and employment and to financial institutions for verification of information, and as required and permitted by law. You do not have to provide this information, but if you do not your application for a loan may be delayed or rejected.

APPLICANT

Name	Social Security No	Home Phone	Other Phone
Street Address	City	Zip Code	No. of Years at this address
Mailing Address (if different)			
Former Street Address (if at present address for less than 2 years)	City, State	Zip Code	No. of Years
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, or widowed) <input type="checkbox"/> Separated		No. of Dependents (Living in home)	Ages:
Name and Address of Employer		Type of Business	Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Phone Number	Position/Title	Years on Job	Years in this line of work
Name and Address of Previous Employer (if employed at present position for less than 2 years)		Years with Previous Employer	Business Phone ()

Co-Applicant

Name	Social Security No	Home Phone	Other Phone
Street Address	City	Zip Code	No. of Years at this address
Mailing Address (if different)			
Former Street Address (if at present address for less than 2 years)	City, State	Zip Code	No. of Years
Name and Address of Employer		Type of Business	Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Phone Number	Position/Title	Years on Job	Years in this line of work
Name and Address of Previous Employer (if employed at present position for less than 2 years)		Years with Previous Employer	Business Phone ()

Household Characteristics. (Refer to codes below and enter code number, where applicable)

# of Bedrooms	Occupant	% Med	Hispanic? Y/N	Race	Size	Type	Female Head of Household? Y/N	Is Head Disabled? Y/N

of Bedrooms

0- SRO/Efficiency
1- 1 bedroom
2- 2 bedrooms
3- 3 bedrooms
4- 4 bedrooms
5- 5 or more bedrooms

Occupant

1- Tenant
2- Owner
3- Vacant Unit

Household % of Med

1- 0 to 30%
2- 30+ to 50%
3- 50+ to 60%
4- 60+ to 80%

Household Race

1- White
2- Black or African American
3- Asian
4- American Indian or Alaska Native
5- Native Hawaiian or Other Pacific Islander
6- American Indian or Alaska Native & White
7- Asian & White
8- Black or African American & White
9- American Indian or Alaska Native & Black or African American
10- Other Multi Racial

Household Size

1- 1 person
2- 2 persons
3- 3 persons
4- 4 persons
5- 5 persons
6- 6 persons
7- 7 persons
8- 8 or more persons

Household Type

1- Single, non-elderly
2- Elderly
3- Single parent
4- Two parents
5- Other

ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Member 18 or Older	Total
Salary				
Overtime Pay				
Commissions				
Bonuses				
Tips				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds, Annuities				
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Support				
Welfare Payments				
Disability Income				
Other				
TOTAL				

ASSETS

Type	Cash Value	Annual Income from Assets	Financial Institution	Account No.
Checking Account(s)	\$	\$		
	\$	\$		
Savings Account(s)	\$	\$		
	\$	\$		
Certificate(s) of Deposit	\$	\$		
Investment/IRAs/Retirement Account(s)	\$	\$		
Stocks	\$	\$		
Life Insurance	\$	\$		
Other (i.e., rental property, vehicles)	\$	\$		
	\$	\$		
	\$	\$		
Home:				
Estimated Value	\$			
Mortgage Balance	\$			

LIABILITIES [List outstanding obligations (your debts) including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans.]

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Monthly Alimony \$ _____ Monthly Child Support \$ _____ Monthly Child Care \$ _____

MONTHLY HOUSING EXPENSE

Item	Monthly Payment	Unpaid Principal Balance	Balloon Payment ____ Yes ____ No	Amount Balloon \$ _____	Date Due
a. First Mortgage (P&I)	\$	\$	Describe any special circumstances relative to your housing or its financing:		
b. Other Financing Secured by Property (P&I)	\$	\$			
c. Hazard & Flood Insurance	\$	\$			
d. Real Estate Taxes	\$	\$			
e. Other (please specify)	\$	\$			
f. TOTAL	\$	\$			

HOUSEHOLD COMPOSITION (List the head of your household and all members who live in your home. Give the relationship of each household member to the head.)

Member No.	Full Name	Relationship	Age	Social Security No.
1				
2				
3				
4				
5				
6				
7				

- Does anyone live with you now who is not listed above?
- Does anyone plan to live with you in the future who is not listed above?
(Please explain if you answer "Yes" to either question above.)

____ Yes ____ No
____ Yes ____ No

If a "Yes" answer is given to any questions below please explain below:

1. Do you have any outstanding unpaid judgments? Yes _____ No _____ Amount \$ _____
2. In the past 7 years, have you been declared bankrupt? Yes _____ No _____
3. Are you a party to a law suit? Yes _____ No _____
4. Have you disposed of any assets within the last 2 years? Yes _____ No _____

EXPLANATIONS:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below.

APPLICANT

- ☐ I do not wish to furnish this information
Race/ ☐ American Indian or Alaskan Native
National ☐ Asian or Pacific Islander
Origin ☐ White, not of Hispanic origin
☐ Black, not of Hispanic origin
☐ Hispanic
☐ Other (specify) _____
Sex: ☐ Female ☐ Male

CO-APPLICANT

- ☐ I do not wish to furnish this information
Race/ ☐ American Indian or Alaskan Native
National ☐ Asian or Pacific Islander
Origin ☐ White, not of Hispanic origin
☐ Black, not of Hispanic origin
☐ Hispanic
☐ Other (specify) _____
Sex: ☐ Female ☐ Male

ACKNOWLEDGMENT AND AGREEMENT

The information provided above is true and complete to the best of my/knowledge and belief. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification. Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. And liability for monetary damages to the Luna County Housing Corporation its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon misrepresentation which I/we have made on this application.

Applicant's Signature X		Date	Co-Applicant's Signature X		Date
To Be Completed by Interviewer This application was taken by: <input type="checkbox"/> face-to-face interview <input type="checkbox"/> by mail <input type="checkbox"/> by hand-delivery <input type="checkbox"/> by telephone		Interviewer's Name (print or type) _____		Name and Address of Interviewer's Employer. Luna County Housing Corp. 109 E. Pine Street, Ste 5 Deming, NM, 88030	
		Interviewer's Signature _____ Date _____			
		Interviewer's Phone Number () _____			

HOUSE INFORMATION

(give as much information as possible – this will improve processing of your application)

Do you have a: Deed Yes <input type="checkbox"/> No <input type="checkbox"/> Lease Yes <input type="checkbox"/> No <input type="checkbox"/>	Dated:	Names on Deed or Lease:	When was your house built?
Do you have a mortgage? Yes <input type="checkbox"/> No <input type="checkbox"/>	Balance: \$		Monthly Payment: \$
Property Tax Paid Current? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have property insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		

HOUSE TYPE: (Main Structure)

Site Built ☐ Modular ☐ Mobile Home: Single-Wide ☐ Double-Wide ☐ Triple-Wide ☐

(Additions to Main Structure):

Site Built ☐ Modular ☐ Mobile Home: Single-Wide ☐ Double-Wide ☐ Triple-Wide ☐ NONE ☐

HOUSE CONSTRUCTION: (Check all that apply)

FRAME-STRUCTURE: Wood ☐ Block ☐ Adobe ☐ Other ☐ Condition: _____

EXTERIOR: Stucco ☐ Brick ☐ Siding ☐ Other ☐ Condition: _____

FLOOR: Wood ☐ Concrete Slab ☐ Other ☐ Condition: _____

ROOF: Pitch-Shingle ☐ Pitch-Metal ☐ Flat ☐ Other ☐ Condition: _____

WINDOWS: Wood ☐ Metal ☐ Vinyl ☐ Condition:

Single Story ☐ Two Story ☐ Basement ☐ Crawl Space ☐ Garage ☐ Carport ☐

How is your home heated? Nat. Gas ☐ Propane ☐ Wood ☐ Elec. ☐

Furnace ☐ Wall Heaters ☐ Vented Space Heaters ☐ Unvented Space Heaters ☐ Fireplace ☐

Stove ☐ Boiler ☐ Other ☐

What is your water source? Municipal ☐ Well ☐ Co-Op ☐ Other ☐

Condition: _____

What is your sewer system? Municipal ☐ Septic Tank ☐ Other ☐

Condition: _____

General condition of home:

Needs minor repair ☐ Needs major repair ☐ Needs extreme repair/replacement ☐

Has your home ever been weatherized? Yes ☐ No ☐ Don't Know ☐ If so, when:

Number of Bedrooms: 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other ☐

Number of Bathrooms: 1 ☐ 2 ☐ 3 ☐ Other ☐

WHAT REPAIRS ARE YOU REQUESTING? (Give as much detail as possible)

[illegible]