



Los Alamos Home Renewal Program

To Start, please bring COPIES of the Following to our offices:

- Your Last Three Paycheck stubs
- Copies of your Income Tax Returns for the past Three Years
 - o 1040 Form
 - o W-2's
- Proof of your Assets – Last Three Bank Statements (Saving & Checking)
- Completed Home Renewal Application
- Valid ID
- Completed Affidavit
- Completed Credit Authorization
- Other Benefits Statements
- Warranty Deed
- Most Recent Mortgage Statement
- Assessor's notice of Value or Current Principal
- Current homeowner Insurance Policy
- Copy of Utility Bill (most recent)
- Title Insurance Policy
- Proof of Property Taxes (current)
- Divorce Decree and Child Support (if applicable)

Credit Check Fee **\$33.50** (1 Borrower) & **\$67.00** (2 Borrower's) Cash or Check

We do not have Card Terminals. There is no up charge for the credit report fee. We offer sliding scale for those who are determined to be low income, which can be determined by your counselor at intake.

WHEN YOU HAVE YOUR PAPERWORK DROP IT BY OUR OFFICE. A MEMBER WILL CALL WITHIN 5 DAYS TO MAKE AN APPOINTMENT

**The Housing Trust
6005 Jaguar Drive Suite 101
Santa Fe, NM 87507
(505)- 989-3960
Monday – Thursday
8:00 – 5:00
Friday
8:00 - 4:00**

The mission of The Housing Trust is to promote community development. We do this by helping low- to moderate-income residents of northern New Mexico become economically self-sufficient by giving them access to capital, economic literacy, and affordable housing



THE HOUSING TRUST
P.O. Box 29237
Santa Fe, New Mexico 87592

LOS ALAMOS
where discoveries are made



Return application to:
 The Housing Trust
 6005 Jaguar Dr. Ste. 101
 Santa Fe NM, 87507
 (505)-989-3960
 lmcnathousingtrustonline.org



Housing Renewal Program Application

BORROWER NAME			CO-BORROWER NAME		
LAST	FIRST	MI	LAST	FIRST	MI
MAILING ADDRESS			MAILING ADDRESS		
CITY			CITY		
STATE			STATE		
ZIP			ZIP		
PHONE # _____ WORK # _____			PHONE # _____ WORK # _____		
CELL # _____			CELL # _____		
DOB (MM/DD/YYYY) _____			DOB (MM/DD/YYYY) _____		
SOCIAL SECURITY # _____			SOCIAL SECURITY # _____		
NO. OF DEPENDENTS _____ AGES _____			NO. OF DEPENDENTS _____ AGES _____		
Email address: _____			Email address _____		
INCOME:			INCOME:		
EMPLOYER _____ FT			EMPLOYER _____ FT		
HOW LONG _____ SALARY \$ _____ PT SE			HOW LONG _____ SALARY \$ _____ PT SE		
PREVIOUS EMPLOYER IF LESS THAN TWO YEARS _____			PREVIOUS EMPLOYER IF LESS THAN TWO YEARS _____		
HOW LONG _____ SALARY \$ _____			HOW LONG _____ SALARY \$ _____		
SECOND EMPLOYER _____ SALARY \$ _____			SECOND EMPLOYER _____ SALARY \$ _____		
IF OTHER, EXPLAIN: _____			IF OTHER, EXPLAIN: _____		
ASSETS:			LIABILITIES:		
INSTITUTION OR DESCRIPTION		BALANCE	NAME OF CREDITOR		MONTHLY PMT BALANCE
CHECKING	_____	\$ _____	RENT (APT OR SPACE)	_____	\$ _____ \$ _____
SAVINGS	_____	\$ _____	MOBILE HOME PMT	_____	\$ _____ \$ _____
CDs	_____	\$ _____	CHILD SUPPORT	_____	\$ _____ \$ _____
CASH	_____	\$ _____	AUTO	_____	\$ _____ \$ _____
IRA/RETIREMENT	_____	\$ _____	CR CARD	_____	\$ _____ \$ _____
REAL ESTATE	_____	\$ _____	CR CARD	_____	\$ _____ \$ _____
STOCKS/BONDS	_____	\$ _____	STUDENT LN	_____	\$ _____ \$ _____
OTHER (GIFT)	_____	\$ _____	LOAN	_____	\$ _____ \$ _____
OTHER	_____	\$ _____	OTHER	_____	\$ _____ \$ _____
OTHER	_____	\$ _____	OTHER	_____	\$ _____ \$ _____
OTHER	_____	\$ _____	TOTALS	_____	\$ _____ \$ _____
OTHER	_____	\$ _____			
OTHER	_____	\$ _____			
OTHER	_____	\$ _____			
TOTAL		\$ _____			
AMT. AVAILABLE FOR DOWN PAYMENT \$ _____					
ACKNOWLEDGEMENT			ACKNOWLEDGEMENT		
SIGNATURE BORROWER _____ DATE _____			SIGNATURE CO-BORROWER _____ DATE _____		

Ethnic Background

BORROWER _____ I do not wish to furnish this information

CO-BORROWER _____ I do not wish to furnish this information

Ethnicity: ___Hispanic or Latino ___Not Hispanic or Latino

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Race: ___American Indian ___Asian
 or Alaskan Native
 ___Black or African American
 ___Native Hawaiian or ___White
 Pacific Islander

Race: ___American Indian ___Asian
 or Alaskan Native
 ___Black or African American
 ___Native Hawaiian or ___White
 Pacific Islander



PART I: HOUSEHOLD COMPOSITION AND INCOME

A. Household composition (List income for all members living in your home age 18+)

NAME	AGE	RELATIONSHIP TO BORROWER	GROSS MONTHLY INCOME	SOURCE OF INCOME

Note: if your household's total gross monthly income from all sources exceeds the income limits on this application, you are not eligible for this program.

Are any current household members disabled or have special needs? Y__ N__ If yes, please describe:

Marital Status: Married Single Divorced Widow

Is this property located in Los Alamos County? Yes No (If no, you are not eligible)

I own and currently live in this home, and have executed contract to purchase this home: Yes No (If no, you are not eligible)

B. Asset information (State the estimated net value of each type of asset held for all members living in your home age 18+)

ADULT HOUSEHOLD MEMBER	CHECKING	SAVINGS	OTHER REAL ESTATE	STOCKS & BONDS	OTHER

DO YOU OR ANOTHER MEMBER OF THE HOUSEHOLD OWN MORE THAN ONE PROPERTY: Yes No (If yes, do you receive income or profit from these properties?) Explain:

**LOW INCOME LIMITS BY HOUSEHOLD SIZE FOR LOS ALAMOS COUNTY
(AS OF APRIL 2024)**

NUMBER OF MEMBERS PER HOUSEHOLD

	1	2	3	4	5	6	7
50% AMI	\$54,803	\$62,600	\$70,450	\$78,250	\$84,550	\$90,800	\$97,050
80% AMI	\$87,680	\$100,160	\$112,720	\$125,200	\$135,280	\$145,280	\$155,280
120% AMI	\$131,520	\$150,240	\$169,080	\$187,800	\$202,920	\$217,920	\$232,920

AMI = Percentage of the Area Median Income for Los Alamos County

PART II: MORTGAGE AND FINANCIAL INFORMATION

A. Mortgage and Consumer Department Information

Approximate Mortgage Balance: _____

Monthly Payment: _____

Does your monthly payment include an escrow amount for taxes/insurance: Yes No

Second mortgage Balance: _____

Monthly Payment: _____

B. Property Valuation 2024: (Refer to 2025 if applying after 05/01/2025)

2024 (or 2025) County Assessor Notice of Value: _____ Current Appraisal: _____

Note: Your current home value must not exceed current MFA program limits

C. Financial Information

1. Is your mortgage current? Yes No
2. Are your property taxes current? Yes No
3. Do you have homeowners' insurance? Yes No
4. If you pay utilities, are your bill payments current? Yes No
5. Do you have any non-medical collection accounts? Yes No
6. Do you face any outstanding judgements? Yes No
7. Have you filed for bankruptcy in the past 3 years? Yes No
8. Are you a party to a current lawsuit? Yes No
9. Homeowner Association fees? Yes No

PART III: CHARACTERISTICS OF HOME SUBJECT PROPERTY (IF ONE HAS BEEN IDENTIFIED)

A. Ownership

Name of owner(s) Property:

Is property ownership held in: Fee Simple Condominium Other _____

Type of deed _____. Is a copy of the deed provided with application? Yes No

Have liens other than any mortgage liens been filed? Yes No

Date property acquired _____. If not yet acquired, is property subject to an executed purchase contract? Yes No

Is a copy of the service contract provided with application? Yes No

Is the subject property in foreclosure? Yes No

NOTE: If other liens have been filed on the property and are yet resolved, such as mechanics liens and tax liens, you are not eligible. If the subject property is in foreclosure, you are not eligible.

B. Physical Characteristics

Type of home: Single family detached Town home Condominium Modular Other _____

Property Address: _____

Is the property solely occupied by the owner's household? Yes No

If no, describe the other occupants: _____

Date home constructed _____ Heated square footage _____ Number of bath/bedrooms: _____

If the home is modular, is it on a permanent foundation? Yes No

Is the property under corrective action for violation of County Code? Yes No

If the home is a Condominium, is there a functioning condominium association? Yes No

Note: if the property is not solely in residential use and the non-residential use is found to not have been licensed through the county, you are not eligible. If subject home is a manufactured home that is not on a permanent foundation, you are not eligible.

D. Debt and outstanding loans

Please list any other debt that may include, but not be limited to credit cards, or installment loans:

Total monthly payments: _____

E. Applicant Certification and Authorization

I certify that all the information in this application is true and complete to the best of my (our) knowledge and belief. I authorize verification of employment, and any other information presented herein. I understand that LAHP requires proof of income and assets including my last three paystubs, benefit statements and award letters from social security, Veterans Affairs, court ordered child support, etc., copy of last two Federal Tax Returns and a copy of the last 3 monthly statements for all financial accounts and assets which had been identified in Part 1B. I authorize LAHP to conduct a credit report to verify debt and other financial obligations, including collections and judgements.

Borrower Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____



Information needed for equal credit opportunity, fair housing, and other laws.

The following information is requested by the Federal Government for certain types of loans related to a dwelling 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 discriminate neither based on this information, nor on whether you choose to provide it. If you provide the information, please give both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information based on visual observation or surname. If you do not wish to provide the information, please check the box below.

A. Program Overview and Definitions

There are three types of programs for which you can apply for assistance under the Home Renewal Program: **Energy conservation, Emergency Repair and General Repair.** *You must apply for only one of three programs.* Within the program selected, you may undertake any number of projects or any number of project types. The final scope of work will be determined by the homeowner. The Housing Trust staff members will be subject to the final approved budget.

B. Program Funding Limits

Energy Conservation: This project is an energy efficiency improvement which reduces the amount of gas and electricity consumed in the home. The maximum assistance under this program is **\$14,999**

Emergency Repair: This project is an improvement necessary to remove a substandard condition which poses an immediate threat to the health, safety and welfare of the house's occupants. The maximum assistance for this program is **\$24,999**

General Repair: This project is an improvement necessary to bring a home, or part of the home, into compliance with all applicable State and County Building and Energy Conservation codes, and/or make accessibility improvements which will allow seniors to remain living in their home under safe conditions; and/or to replace or repair siding and stucco. The maximum assistance for this program is **\$45,000**

C. I want to participate in the Energy Conservation Program

- Insulation
- Windows
- Furnace, boilers or other HVAC systems
- Hot water heater
- Exterior doors/frames
- Fireplace and/or wood stove
- Replacement of incandescent lighting with CFL's, or installing solar photovoltaic
- Air leakage reduction

Other: _____

D. I want to participate in the Emergency Repair Program

- Roof and/or other building envelope areas
- Foundation and/or load bearing wall
- Electrical system
- Plumbing and mechanical system
- Furnace, boilers or other HVAC systems
- Mold, asbestos, lead-based paint remediation, and rodent infestation
- Exterior steps, porches, decks and/or walkways
- Sewer or water latera/yard line
- Fire code required upgrades

Other: _____

E. I want to participate in the General Repair Program

- Exterior siding/ stucco
- Accessibility (aging-in-place) improvements
- Roof
- Foundations and/or load bearing wall
- Electrical system
- Plumbing and mechanical system
- Fire code required upgrades
- Exterior steps, porches. Desks and/or walkways
- Demolition of unsafe accessory structure(s)
- Energy conservation improvements

Other: _____

Funding for foundation and/or load bearing wall projects will be evaluated on a case-by-case basis, the scope and cost of the project and amount of available funds.

- For questions or assistance in completing application, please call Lucas McNatt at (505)-989-3960, or email at lmcnatt@housingtrustonline.org

