

## New Mexico Special Needs Housing Initiative Bernalillo County 2011-2012



### For Applications and Information contact:

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**HELP-NM Main Office**

5101 Copper NE  
Albuquerque, NM 87108

# NEW MEXICO SPECIAL NEEDS HOUSING PROGRAM REFERRAL PACKET

***Please read carefully prior to completing the Application***

How to make a Referral to the New Mexico Special Needs Housing Program to HELP-NM  
for  
Silver Gardens II, Bernalillo County

## **Referral Process for Referring Agencies:**

**STEP 1: Assess the consumer's potential for success in independent housing with access to the available supports and services in your county/service area that are necessary and appropriate for the household.**

**STEP 2: Review the Special Needs Housing Program with the consumer and the available housing options.** Explain the Housing Program to the person and review housing options within your service area. Referral Agencies may only refer persons to **HELP-NM** for properties within Bernalillo County.

**STEP 3: Determine if the consumer meets Special Needs Housing Program eligibility criteria.** The Special Needs Housing Program eligibility criteria is determined by the list of eligible disabilities and/or determination of homelessness; the property's income guidelines; and; according to the individual property manager's screening criteria (e.g. background, credit checks, etc.). **Note: Consumers must be eligible for and interested in and able to live at the properties to which they can be referred. The development must have the size of units needed by the applicant (e.g. 3 bedrooms if the applicant needs a 3 bedroom).**

**STEP 4: Complete the Special Needs Housing Referral Forms (aka "pre-application form"). Consumer and Household Information** is necessary for processing referrals. The Referring Agency Point or Back-up person, identified on the referring agency's Agreement to Participate, signs this form.

**STEP 5: Referral Agencies may fax, mail or drop off Referral Forms to the HELP-NM Case Manager – Rick Burton. If faxing use attached fax cover sheet.** All referral forms from your agency must be reviewed, signed and coordinated by the Referral Agency Point or Back-up person.

**STEP 6 :** Complete the Letter of Referral with the appropriate signatures and attach it to the application

**STEP 7: HELP-NM will contact the consumer once the Letter of Referral is sent to the Property Manager.** The Consumer should proceed in directly applying for housing at the property by contacting the Silver Gardens II property manager; identifying himself or herself as referred by **HELP-NM**; and then submit the rental property application to the property manager within 3 days of notification of the referral. *Applications received after 3 days may not be accepted.*

**STEP 8: Referral Agency should assist the Consumer with the property application**

**process depending on the person's needs.** The Property Manager processes the application just as they would for a non-special needs referred person including income verification and rental, credit and criminal background checks (fees may apply).

**STEP 9A: If the application is approved, the Property Manager will notify the *HELP-NM* and the consumer of the decision and *HELP-NM* Coordinator will notify the Referral Agency.** The Referral Agency assists the consumer to successfully move into the housing unit. The Consumer needs to be prepared to pay a security deposit and utility deposits/fees and may need assistance in understanding the lease when the Property Manager reviews it with him or her. They may also need other help from the Referring Agency such as assistance to move in, and/or acquiring the necessary household goods and furniture for their apartment.

**STEP 8B: If the application is denied, *HELP-NM* will contact the Referral Agency who will then contact the consumer about the decision and then determine if he or she is eligible for and, would like to request a Reasonable Accommodation. If so, the Referral Agency will notify the *HELP-NM* Case Manager of the decision.** Requests must be submitted to Property Manager within 10 days of housing denial notification. The Property Manager will hold the application/unit open until the Reasonable Accommodation process is complete.

**NOTICE:**

**This application will be added to the waiting list.**

**Approval requires that all necessary documentation prior to review.**

**The Apartment Unit: Silver Gardens II  
100 Silver S.W.  
Albuquerque, New Mexico**

**Check List (√) Must be completed and submitted as Application**

<input type="checkbox"/>	Applicant name and phone number	page 3
<input type="checkbox"/>	Referral Agency	page 3
<input type="checkbox"/>	Referral Agency Contact and phone number	page 3
<input type="checkbox"/>	List all household members	page 4
<input type="checkbox"/>	Family size	page 4
<input type="checkbox"/>	Number of bedroom desired	page 4
<input type="checkbox"/>	Reason for qualification of Special Needs	page 4
<input type="checkbox"/>	Documentation of Special needs included	page 4
<input type="checkbox"/>	Totally Monthly Income	
<input type="checkbox"/>	Household Income (list all revenue)	page 4/5
<input type="checkbox"/>	None cash benefits	page 5
<input type="checkbox"/>	Completed Letter of Referral	Section 1, 2 & 3
<b><i>Do <u>not</u> attach the following pages when submitting your application:</i></b>		
	Cover letter	page 1
	Time line	page 2
	Instructions	page 9/10

***Incomplete Applicant and Household Information forms or Letters of Referral may delay placement of persons on the Supportive Housing waitlists. Please review Referral forms and all information for accuracy and completion prior to faxing them to the Local Lead Agency Coordinator in your area.***

# NEW MEXICO SPECIAL NEEDS HOUSING PROGRAM REFERRAL & PRE-APPLICATION FORM

<b>Receipt of Complete Application: Date and Time Stamp:</b>
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## Consumer/Applicant and Household Information

**Note: The Referring Agency is to assist Applicant in completing this form**

*The Information below is required for purposes of processing Special Needs Housing Unit referrals.*

<b>Referral Agency Name:</b>	<b>Date Completed:</b>
Referral Agency Point or Back-up person name:	Phone no:
Referral Agency Point or Back-up person signature required:	Email

1. Consumer/Applicant name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ Last 4 digits of SSN: XXX – XX – \_\_\_\_\_

3. Contact Information : Must be up to date. Required for immediate communication

Applicant Contact Information	<u>Must Provide</u> Emergency Contact Information
Address:	Address:
Phone:	Phone:
Cell Phone:	Cell Phone:
Email:	Email:

4. Total Number of household members (do not include live-in aides): \_\_\_\_\_

No. of live-in aides: \_\_\_\_\_.

5. List all household members: including Sex, Age and relationship of each household member to the Applicant.

Name	Age	Sex	Relationship to Head of Household

Number of bedrooms desired: \_\_\_\_\_

Number of bedrooms required: \_\_\_\_\_

6. Type of special needs that would qualify Applicant for Special Needs housing unit:

<p><b>2010 QAP "Special Needs Households"</b></p> <p><input type="checkbox"/> Serious Mental Illness</p> <p><input type="checkbox"/> Addictive Disorder</p> <p><input type="checkbox"/> Developmental Disability</p> <p><input type="checkbox"/> Physical, sensory, or cognitive disability (after 22)</p> <p><input type="checkbox"/> Disability caused by chronic illness</p> <p><input type="checkbox"/> Age-related</p> <p><input type="checkbox"/> Homeless individual or family</p>
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Attach evidence of Special Need, i.e. Diagnosis, SSI Disability Letter, etc. Documentation must be from an individual or organization licensed or authorized to provide said documentation.

7. Household Income (list a sources of income)

A. Cash Income: please check all applicable sources of income and include the amount per month. Provide a description if appropriate; if the income belongs to a household member other than the Applicant, please note that in the Description field (Note: documentation will be required for all income sources) .

Have you received income from any source in the past 30 days?

Yes [ ] No [ ] Don't Know [ ] Refuse to Answer [ ]

Type Please provide a description where appropriate and Amount Per

MONTHLY \_\_\_\_\_

- [ ] Employment Income \_\_\_\_\_ \$ \_\_\_\_\_
- [ ] Child support \_\_\_\_\_ \$ \_\_\_\_\_
- [ ] Social Security Disability (SSDI) \_\_\_\_\_ \$ \_\_\_\_\_
- [ ] Supplemental Security Income (SSI) \_\_\_\_\_ \$ \_\_\_\_\_

- [ ] Social Security retirement income \_\_\_\_\_ \$ \_\_\_\_\_
- [ ] TANF \_\_\_\_\_ \$ \_\_\_\_\_
- [ ] Veteran's pension \_\_\_\_\_ \$ \_\_\_\_\_
- [ ] Veteran's disability payment \_\_\_\_\_ \$ \_\_\_\_\_
- [ ] Unemployment Insurance \_\_\_\_\_ \$ \_\_\_\_\_
- [ ] Alimony/other spousal support \_\_\_\_\_ \$ \_\_\_\_\_
- [ ] Pension from a former job \_\_\_\_\_ \$ \_\_\_\_\_
- [ ] Worker's compensation \_\_\_\_\_ \$ \_\_\_\_\_
- [ ] Private disability insurance \_\_\_\_\_ \$ \_\_\_\_\_
- [ ] Other sources of income \_\_\_\_\_ \$ \_\_\_\_\_

**B. Non-cash benefits:** please check all applicable sources of non-cash benefits and services and include the amount per month. Provide a description if appropriate; if the assistance belongs to a household member other than the Applicant, please note that in the Description field.

**Have you received non-cash benefits or services in the past 30 days?**

- Yes [ ]                      No [ ]                      Don't Know [ ]                      Refuse to Answer [ ]

**Type Description** (list names of each household member receiving the assistance)

- [ ] Food stamps (a.k.a. SNAP) \_\_\_\_\_
- [ ] Medicaid \_\_\_\_\_
- [ ] Medicare \_\_\_\_\_
- [ ] WIC \_\_\_\_\_
- [ ] TANF Child Care Services \_\_\_\_\_
- [ ] TANF Transportation Services \_\_\_\_\_
- [ ] Other TANF-funded Services \_\_\_\_\_
- [ ] Children's Health Insurance Program \_\_\_\_\_
- [ ] VA Medical Services \_\_\_\_\_
- [ ] Other Assistance Source \_\_\_\_\_

**8. What is the total Annual gross household income from all sources and all persons living in the household** (earned income, social security, SSDI, retirement, government benefits, unearned income, etc.)? **ANNUAL; \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ (Monthly Income must total Annual):**

**9. Indicate whether or not the household needs the following type of apartments:**

- a. Handicapped Unit (wider doors, grab bars) ..... Yes  No
- b. Fully Accessible Unit (curbless shower) ..... Yes  No
- c. Visual/Audio Accessible Unit ..... Yes  No
- d. Ground floor unit necessary, if no elevator.....Yes  No
- e. Does household has medical reasons for an extra bedroom..... Yes  No

**10. Other special considerations for units:**

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## SPECIAL NEEDS HOUSING PROGRAM LETTER OF REFERRAL

### SECTION 1 *(Completed by the Referral Agency)*

*The applicant must sign a Letter of Referral for each property to which he/she wishes to apply. Referral Agencies can only refer applicants to properties within the agency's service area.*

Referral of \_\_\_\_\_ to \_\_\_\_\_.  
*Consumer/Applicant Name Property Name (one only)*

**Please indicate that each of the following statements is accurate by initialing below.**

1. \_\_\_\_\_ Applicant/ Consumer meets Special Needs Unit eligibility criteria as specified in the Stakeholder Agreement.
2. \_\_\_\_\_ Applicant household is not comprised solely of full-time students. *(If the household is comprised solely of full-time students, contact LLA for assistance.)*
3. \_\_\_\_\_ I verified Section 8 status with \_\_\_\_\_  
*Name of Local Public Housing/Section 8 Agency*  
on \_\_\_\_\_. The applicant:  
*Date*  
\_\_\_\_\_ is on the Section 8 waitlist  
\_\_\_\_\_ is not eligible for Section 8  
\_\_\_\_\_ cannot apply for Section 8 at this time, because the waitlist is closed

*(Application to Section 8 and status verification is required prior to referral, but status does not affect Special Needs Housing Program eligibility.)*

### SECTION 2 *(Completed by the Referral Agency and the Applicant. Applicant signature required.)*

I authorize \_\_\_\_\_ HELP-NM \_\_\_\_\_, the Local Lead Agency associated with the property for which I am applying, to communicate with the property management company for the following reasons:

- (1) processing my application for housing including reasonable accommodations, and
- (2) addressing issues related to my tenancy including reasonable accommodations.

I understand that this authorization may be withdrawn by me at any time by notifying the agency that assisted me with this Letter of Referral, and that such a decision will not affect my tenancy.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

### SECTION

Referral Verification

\_\_\_\_\_  
*Referral Agency Staff Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Fax number*

**LIHTC Special Needs Housing Eligibility and Services Verification Form – 2010 QAP**

**This form must be completed and signed by authorized individuals listed below to certify the applicant meets the requirements of the Low Income Housing Tax Credit Program (LIHTC) Special Needs Housing Program and that requested services will be provided.**

I, \_\_\_\_\_ (Services Agency Caseworker), herein certify that \_\_\_\_\_ (Applicant): a) meets the target population eligibility of the 20\_\_ QAP for the LIHTC program; b) is in need of permanent supportive housing; and, c) that the required support services will be available by the Referring Services Agency to this applicant while living in the permanent supportive housing unit.

**Part I: Required Target Population**

Documentation shall be provided by a licensed professional (caseworker, physician, etc.) that the Applicant qualifies based on: (check one or more)

       **Homeless or Precariously Housed**

A Household/individual is considered homeless or precariously housed if, without this assistance, he/she/ they would have to spend the night in a homeless shelter or in a place not meant for human habitation. This includes:

- Persons living on the street, in emergency shelters, or in transitional housing programs for the homeless;
- Persons with a legal eviction notice, or other similar legal circumstances in which they are to lose their housing imminently; and
- People with disabilities who are inappropriately living in an institution or other facility may be considered homeless if no other housing placement is available or appropriate.

       **Serious Mental Illness**

       **Addictive Disorder** (i.e., individuals in treatment and demonstrated recovery from a substance abuse disorder);

       **Developmental Disability** (i.e., mental retardation, autism, or other disability acquired before the age of 22);

       **Physical, sensory, or cognitive disability** occurring after the age of 22;

       **Disability caused by chronic illness** (i.e., people with HIV/AIDS, who are no longer able to work);

       **Age-related Disability** (i.e., frail elderly, or, young adults with other special needs who have been in the foster care or juvenile services system),

**Part II: Commitment of Support Services Provision**

As a result of this applicant's homeless or disability status, the household requires the following types of support services to maintain stable tenancy. Please briefly describe: a) the support services that are necessary by type and frequency; and, b) how the Agency will assist the applicant to live successfully in their own housing in the community:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Local Support Services Provider** responsible for providing the services needed by the Applicant:

Provider/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Case Manager/ Support Services Worker Name: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**I certify that the foregoing information is true and accurate to the best of my knowledge and that services will be available as needed and requested by the Applicant.**

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Signature of Support Services Worker

Print Name

Date

**NEW MEXICO SPECIAL NEEDS HOUSING PROGRAM  
REFERRAL**

**Fax Cover Sheet**

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**To:** Rick Padilla Burton  
HELP-NM Office: 505-766-4907

**From:**

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**Fax:** 505-349-2303

**Pages:**

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**Re:** Special Needs Housing Program Referral  
To HELP-NM

**Date:**

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**Comment:**