State of New Mexico – Emergency Rental Assistance Program

Tenant Certification for Utility Assistance

I, ________________________________ (print name), certify that the following is true and correct:

My date of birth is (MM/DD/YYYY): __________________

My (check only one) New Mexico driver’s license ___ or ID card number ___ is: __________________

My (check only one) Individual Tax ID Number ___ or Social Security Number ___ is: __________________

I currently live at the following address:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other than me, ____ other people regularly live at this address.

I rent this property from a landlord (check only one) – YES ___ or NO ___.

I am a customer of __________________________________________ (utility company), my account number is ____________________, and my account is currently past due in the amount of $____________.

(check/complete only one of the following) ___ This past-due amount represents about _____ months of charges OR ___ I do not know how many months this past-due amount represents.

________________________________

For more information, visit RentHelpNM.org.
My household income is *(check and complete only one box)*:

☐ $_____________ in adjusted gross income as reported on Form 1040 from 2020 taxes
filed with the IRS; OR

☐ $_____________ per *(check only one)* WEEK __ or MONTH __ or YEAR __ from
wages/paychecks, cash for performing work, tips, self employment (including
ride-sharing, food delivery, Avon/Mary Kay, etc.), unemployment or disability payments,
public assistance, and any other sources not named above.

Both of the following are true for my household:

a. one or more individuals within the household has qualified for unemployment
benefits or experienced a reduction in household income, incurred significant
costs, or experienced other financial hardship due, directly or indirectly, to the
COVID-19 outbreak; and

b. one or more individuals within the household can demonstrate a risk of
experiencing homelessness or housing instability.

I am requesting that the New Mexico Department of Finance and Administration (“DFA”) pay
_______________ *(utility company)* my past-due balance up to 12 months into the past and
my average monthly charge (based on the past 12 months) up to 3 months into the future, each
from the date of this certification and in DFA’s discretion based on its review of the information
above.

By signing below, I authorize _______________ *(utility company)* to disclose to DFA any
nonpublic personal information concerning my account, including the information above, that
may be needed to process my application for assistance. I also authorize DFA to make the above
utility payments on my behalf and to disclose to the U.S. Department of the Treasury or any
other federal agency or auditor any nonpublic personal information it receives that may relate to
DFA’s compliance with this program.

For more information, visit RentHelpNM.org.
I understand and agree that by providing this certification, if DFA cannot otherwise confirm that my income qualifies me for rental assistance, I must submit a form certifying my income every three months to continue to qualify.

My household has not received, and does not expect to receive, another source of public or private subsidy or assistance for the utility charges described above. Any knowing or intentional misstatement above may subject me to criminal or civil liability.

________________________________________
Signature

________________________________________
Print name

________________________________________
Date

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