



# Bernalillo County Housing Department

1900 Bridge Blvd., SW  
Albuquerque, New Mexico 87105  
(505) 314-0200  
Fax (505) 842-8149



**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**

PLEASE SEE NOTICE BELOW

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:

**Proof of permanent residency (Electric or Gas Bill)**  
**Property Tax Bill (Unincorporated Bernalillo County)**  
**Proof of Ownership (Deed)**  
**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 **DAVID KORTZ** at the Bernalillo County Housing Department, his number is (505) 314-0208.

Equal Housing Opportunity



**BERNALILLO COUNTY HOUSING DEPARTMENT  
APPLICATION/ADDENDUM FOR  
REHABILITATION PROGRAM**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK /MESSAGE PHONE \_\_\_\_\_

Are you in need of a roof replacement \_\_\_\_\_ Age of Home \_\_\_\_\_

Are you in need of a heater replacement \_\_\_\_\_

U.S. CITIZEN YES NO BEDROOM SIZE \_\_\_\_\_ CENSUS TRACK \_\_\_\_\_

**FAMILY STATUS:** CIRCLE ONE YES or NO

**HOME OWNERSHIP STATUS:**

ELDERLY YES NO

OWN HOME YES NO

HANDICAP YES NO

LIVING IN HOME YES NO

DISABLED YES NO

**CURRENT MORTGAGE** \_\_\_\_\_

**MONTHLY UTILITIES** \_\_\_\_\_ Gas, Eclectic, Water

**ANNUAL INCOME:** \_\_\_\_\_ **INCOME SOURCE: CIRCLE YES OR NO**  
**INDICATE AMOUNT**

SSI YES NO \$ \_\_\_\_\_ SOC SECURITY YES NO \$ \_\_\_\_\_

VA YES NO \$ \_\_\_\_\_ TANF/GEN. ASSIST. YES NO \$ \_\_\_\_\_

WAGES YES NO \$ \_\_\_\_\_ OTHER: \_\_\_\_\_ YES NO \$ \_\_\_\_\_

**RACE:** WHITE \_\_\_\_\_ BLACK \_\_\_\_\_ AMERICAN/ALASKAN INDIAN \_\_\_\_\_ ASIAN/PACIFIC ISLAND

**ETHNICITY:** HISPANIC \_\_\_\_\_ NON-HISPANIC \_\_\_\_\_

**How did you learn about the Rehabilitation Program** \_\_\_\_\_

**Note:** In order to insure that your application is processed in a timely manner, please make sure you have answered all questions.

-----**CERTIFIED STATEMENT**-----

**Section 35(a) of the U.S. Criminal Code makes it a criminal offense, punishable by a maximum of ten years imprisonment, \$10,000 fine or both, to make a false statement or representation to any department of the U.S. as to any matter within their jurisdiction.**

**Knowing the penalty for making a false statement under the United States Criminal Code, I hereby certify that the above information is a true and full statement.**

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Dept. Signature: \_\_\_\_\_

% OF AREA MONTHLY  
MEDIAN : \_\_\_\_\_ INCOME: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

*Equal Housing Opportunity*



**FAMILY MEMBER INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BIRTH PLACE: (CITY) \_\_\_\_\_ STATE \_\_\_\_\_ SEX: M / F

US CITIZEN: YES/NO RELATIONSHIP: \_\_\_\_\_

ELDERLY: YES/NO HANDICAP: YES/NO DISABLED: YES/NO

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LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BIRTH PLACE: (CITY) \_\_\_\_\_ STATE \_\_\_\_\_ SEX: M / F

US CITIZEN: YES/NO RELATIONSHIP: \_\_\_\_\_

ELDERLY: YES/NO HANDICAP: YES/NO DISABLED: YES/NO

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US CITIZEN: YES/NO RELATIONSHIP: \_\_\_\_\_

ELDERLY: YES/NO HANDICAP: YES/NO DISABLED: YES/NO

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**PROVIDE ADDITIONAL FAMILY MEMBER INFORMATION ON SEPARATE SHEET**

\*EMPLOYER INFORMATION:

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ DATE HIRED: \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_

I DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE ABOUT MY FAMILY MEMBERS AND ME IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT **ALL CHANGES** IN INCOME OF ANY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE IMMEDIATELY REPORTED IN WRITING TO THE BERNALILLO COUNTY HOUSING DEPARTMENT.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_