


THOMAS DEVELOPMENT CO.
The Leader in Sustainable Real Estate Development

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MEMORANDUM

TO: Ms. Leslie Kryder
(via email)
CC: Barbara Mannschreck, Michelle Landay, Laurie Frappier, Patricia Archuleta, Zach Gruen, Tom Gifford
FROM: Tom Mannschreck, Thomas Development Co
DATE: November 18, 2019
RE: Responses to October 16, 2019 Santana Neighborhood Meeting



Questions and Answers to Leslie Kryder and Neighbors

Architecture:

- Height – four stories to Copper Avenue setback per IDO requirements, five stories trending to south.
- The architecture meets the IDO guidelines without a Workforce Housing Bonus.
- Unit mix – 111 units consisting of:
 - 38 one bedroom, one bath.
 - 69 two bedroom, two bath.
 - 4 three bedroom, two bath.
- Parking – 96 surface spots including ADA compliant spots.
- Landscaping
 - There will be a landscaped downlighted strip on Central and on Adams.
 - A pocket public landscaped amenity on Adams approximately 100 feet north of the intersection will be constructed and will include park benches creating a community conversation area.
- Amenities
 - Fitness center.
 - Computer room.
 - Kitchen/living area trending to an outside patio for birthday parties, etc.
 - Bicycle storage.
 - Outside barbecues.
 - Children's play areas for children of varying ages.

The architecture is being refined and will be presented at or before the December 2019 meeting.

Apartment unit rental mix:

- 17 market rate.
- 72 affordable with incomes and rents ranging between \$24,000 and \$44,000 per year.
- These numbers are annually adjusted by HUD.
- According to the Albuquerque Journal's article dated October 16th, 2019, the average renter's income is \$31,953 which is right in the middle of our page – see following link, https://www.abqjournal.com/1378308/rents-on-the-rise-in-metro-albuquerque.html?utm_source=email-a-story&utm_medium=email&utm_campaign=email-a-story.

- 22 units reserved for individuals and families with physical and mental challenges. Supportive Housing Coalition of New Mexico (“SHC”) will provide onsite services including but not limited to financial counseling, goal setting, medical care coordination, and job counseling.

Question: Will the rental profile identified above change?

Answer: The Developers request that New Mexico Mortgage Finance Authority (“NMFA”) allow us to take some units up to 80% Area Median Income.

Relative to the 72 units of low and moderate incomes; these will remain as noted above, perhaps subject to some final tweaks to refine economic viability, for a period of 40 years. This agreement is recorded as an encumbrance against the property just as a home loan would be. If we don’t comply, just as if one does not make their home mortgage payments, we have foreclosure risk with NMFA.

Question: Who are our residents?

Answer:

- Starting schoolteachers and counselors.
- Hospital, medical, and dental employees such as CNA’s LPN’s, dental assistants, and others who do not hold a professional license such as MD, DDS, RN, etc.
- Retail and service workers.

See attachments detailing wages by occupation for more detailed information.

Supportive Housing Coalition (“SHC”):

The resident lease qualification requirements related to the 22 units of Permanent Supportive Housing (“PSH”) begin with an application process conducted using the attached application materials which include:

- Credit report.
- Background check.
- Checking with past landlords.
- Income verification.

The following questions are noted to make it clear as to whether SHC will make a “rent to this person” or “don’t rent to this person” decision.

Question: Will SHC rent to someone convicted of violent crime including burglary, homicide, domestic violence, rape, etc.?

Answer: Declined.

Question: Will SHC rent to someone convicted of drug use, manufacturing, intent to distribute, etc.?

Answer: Declined.

Question: Will SHC rent to someone convicted of domestic violence including stalking, etc.?

Answer: Declined.

Question: Will SHC rent to someone convicted of non-violent property crime such as vandalism or trespassing?

Answer: Generally, yes.

Eviction:

Question: What are examples of causes for eviction?

Answer:

- Nonpayment of rent.
- Illegal drug use, possession, intent to distribute.
- Lease and rules violations including but not limited to the following:
 - Allowing people not on the lease to reside in the apartment for more than 14 days.
 - Lease and rules violations as noted on the attached lease and rules document.
 - Ex-boyfriend/girlfriend/wife/husband residing on the property more than 14 days identical to that as noted above.
 - Anyone residing on or visiting the property who is not on the lease and is subject to a restraining order – this is very difficult to police as it requires the resident to provide management with a copy of the restraining order. If provided, management will actively intercede with the Albuquerque Police Department.
 - Tobacco smoking in the entirety of the apartment building or outside other than in designated smoking areas – this will be a no smoking property.

Question: What is the eviction process?

Answer:

- AB was released on parole, was homeless and was approved for our program. AB was able to maintain for about 6 months. Then he became physically ill. While he was being treated for his illness he relapsed and became dependent on pain pills. This dependency then led to the use of other substances. The service coordinator offered resources and services to assist with his dependency, which he refused. Due to the use of substances, AB's behavior became disruptive to the community. Because of these disruptive behaviors, AB was issued notices for lease violations. This led to AB being evicted from the property, to ensure the safety of the other residents and the community.
- SHC employs the legal process through the court system for the eviction process.

Question: What will happen to the residents in the 22 Permanent Supportive Housing units if the social service funding from the variety of government sources SHC has identified either decreases or is eliminated?

Answer: The funds for these programs, like any other government funded programs, are subject to periodic (generally annual) re-appropriation. SHC and Thomas Development Co. will keep very careful records (as SHC does on their other similar facilities) and TDC does on the 40 unit Permanent Supportive Housing ("PSH") facility completed November 18th, 2018 in Boise, Idaho.

This information will be provided no less than annually to the existing funders and proposed new funders to verify the value of these 22 units.

If funding resources are diminished or eliminated, the Development Team will aggressively seek appeals and/or other funding sources to keep the funds necessary to provide these needed services.

In the event funding is eliminated, the residents in the 22 units will be relocated throughout the submarket or other agreed locations in the City of Albuquerque where, hopefully, further support services can be provided.

In the event such event happens, the owners will work with the City of Albuquerque, Bernalillo County, and NMHFA to revise this restriction on these 22 units to delete the PSH provisions nonetheless keeping the units rented only to low and moderate income individuals.

Discussion topics for the group:

- SHC lease violations, eviction notices, etc. are attached.

Additional Due Diligence needed from the Development Team:

TDC

- Commission traffic study.
- Provide empirical research demonstrating that affordable housing has no impact on surrounding property values.
- Commission market study which will not be shared with the neighbors.
- Handle the items described above.

SHC

- Provide the information requested above.
- Identify other Albuquerque facilities which have PSH units, average occupancy.
- Spread across the rent spectrum from PSH to market rate.
- Verify funding for support services through first year of operations.

TCM:dlr

Attachments: As noted above.

The table on this page was taken from the Bureau of Labor Statistics website listed below:
https://www.bls.gov/regions/southwest/news-release/occupationalemploymentandwages_albuquerque.htm

Table A. Occupational employment and wages by major occupational group, United States and the Albuquerque Metropolitan Statistical Area, and measures of statistical significance, May 2018

Major occupational group	Percent of total employment		Mean hourly wage		
	United States	Albuquerque	United States	Albuquerque	Percent difference (1)
Total, all occupations	100.0	100.0	\$24.98	\$22.53*	-10
Management	5.3	4.7*	58.44	50.74*	-13
Business and financial operations	5.3	5.1	36.98	33.22*	-10
Computer and mathematical	3.0	2.3*	44.01	38.27*	-13
Architecture and engineering	1.8	3.0*	42.01	47.66*	13
Life, physical, and social science	0.8	1.1*	36.62	36.21	-1
Community and social service	1.5	1.7*	23.69	21.82*	-8
Legal	0.8	0.9	52.25	41.54*	-20
Education, training, and library	6.1	5.3*	27.22	24.99	-8
Arts, design, entertainment, sports, and media	1.3	1.4	28.74	25.49	-11
Healthcare practitioners and technical	6.0	6.4*	39.42	38.74	-2
Healthcare support	2.8	3.4*	15.57	14.67*	-6
Protective service	2.4	3.1*	23.36	18.84*	-19
Food preparation and serving related	9.2	9.8*	12.30	10.72*	-13
Building and grounds cleaning and maintenance	3.1	2.9	14.43	12.52*	-13
Personal care and service	3.8	5.2*	13.51	11.57*	-14
Sales and related	10.0	10.3	20.09	16.47*	-18
Office and administrative support	15.1	16.5*	18.75	17.42*	-7
Farming, fishing, and forestry	0.3	0.1*	14.49	13.49	-7
Construction and extraction	4.1	5.1*	24.62	20.16*	-18
Installation, maintenance, and repair	3.9	3.4*	23.54	21.13*	-10
Production	6.3	3.2*	18.84	17.86*	-5
Transportation and material moving	7.1	5.2*	18.41	16.90*	-8

Footnotes:

(1) A positive percent difference measures how much the mean wage in the Albuquerque Metropolitan Statistical Area is above the national mean wage, while a negative difference reflects a lower wage.

* The mean hourly wage or percent share of employment is significantly different from the national average of all areas at the 90-percent confidence level.

2018 Annual Wages for Albuquerque provided below by the New Mexico Department of Workforce Solutions at their website address: <https://www.dws.state.nm.us/en-us/Researchers/Data/Occupations-Wages>

2018 Annual Wages for Albuquerque MSA

SOC	Occupation Title	Employment	Entry	Average	Experienced	10th Pctl
110000	Management Occupations	18,030	\$54,820.00	\$105,550.00	\$130,910.00	\$49,440.00
130000	Business & Financial Operations Occupations	19,670	\$39,760.00	\$69,090.00	\$83,760.00	\$35,220.00
150000	Computer & Mathematical Occupations	8,690	\$43,220.00	\$79,600.00	\$97,800.00	\$36,080.00
170000	Architecture & Engineering Occupations	11,620	\$56,850.00	\$99,140.00	\$120,280.00	\$48,560.00
190000	Life, Physical, & Social Science Occupations	4,280	\$40,470.00	\$75,330.00	\$92,750.00	\$35,540.00
210000	Community & Social Services Occupations	6,490	\$28,820.00	\$45,380.00	\$53,660.00	\$26,310.00
230000	Legal Occupations	3,300	\$40,010.00	\$86,400.00	\$109,600.00	\$34,630.00
250000	Education, Training, & Library Occupations	20,620	\$23,440.00	\$51,970.00	\$66,240.00	\$18,810.00
270000	Arts, Design, Entertainment, Sports, & Media Occupations	5,250	\$19,960.00	\$53,030.00	\$69,570.00	\$18,040.00
290000	Healthcare Practitioners & Technical Occupations	24,580	\$40,310.00	\$80,580.00	\$100,710.00	\$32,880.00
310000	Healthcare Support Occupations	13,190	\$22,270.00	\$30,510.00	\$34,630.00	\$21,090.00
330000	Protective Service Occupations	11,870	\$22,570.00	\$39,190.00	\$47,500.00	\$20,000.00
350000	Food Preparation & Serving-Related Occupations	37,990	\$17,770.00	\$22,300.00	\$24,570.00	\$17,020.00
370000	Building & Grounds Cleaning & Maintenance Occupations	11,190	\$19,130.00	\$26,040.00	\$29,490.00	\$17,990.00
390000	Personal Care & Service Occupations	19,980	\$17,700.00	\$24,070.00	\$27,250.00	\$17,120.00
410000	Sales & Related Occupations	39,850	\$19,450.00	\$34,250.00	\$41,660.00	\$17,910.00
430000	Office & Administrative Support Occupations	63,800	\$24,140.00	\$36,230.00	\$42,280.00	\$21,760.00
450000	Farming, Fishing, & Forestry Occupations	500	\$17,620.00	\$28,050.00	\$33,260.00	\$16,920.00
470000	Construction & Extraction Occupations	19,850	\$28,180.00	\$41,940.00	\$48,810.00	\$25,960.00
490000	Installation, Maintenance, & Repair Occupations	13,060	\$26,040.00	\$43,940.00	\$52,890.00	\$22,850.00
510000	Production Occupations	12,220	\$22,150.00	\$37,150.00	\$44,640.00	\$20,600.00
530000	Transportation & Material Moving Occupations	20,030	\$20,810.00	\$35,150.00	\$42,320.00	\$18,980.00

The information on the following two pages two was obtained from indeed's website listed below:
<https://www.indeed.com/cmp/Bernalillo-County/salaries?location=US%2FNM%2FAlbuquerque>

Bernalillo County Salaries in Albuquerque, NM

Salary estimated from 1,343 employees, users, and past and present job advertisements on Indeed in the past 36 months. Last updated: October 5, 2019

Job Category	Location
Administrative Assistance	Albuquerque

Popular Jobs

Job Title	Average Salary	Salary Distribution
Administrative Officer 32 salaries reported	\$40,185 per year	\$14,900 - \$79,900
Special Projects Coordinator 11 salaries reported	\$61,638 per year	\$14,900 - \$119,900
Accountant 10 salaries reported	\$49,593 per year	\$25,000 - \$83,900
Program Officer 11 salaries reported	\$28,417 per year	\$14,900 - \$47,900
Building Maintenance 15 salaries reported	\$35,236 per year	\$14,900 - \$61,900

Administrative Assistance

Job Title	Average Salary	Salary Distribution
Administrative Officer 32 salaries reported	\$40,185 per year	\$14,900 - \$79,900
Administrative Assistant 9 salaries reported	\$23,304 per year	\$14,900 - \$40,900
Special Projects Coordinator 11 salaries reported	\$61,638 per year	\$14,900 - \$119,900
Communications Operator 8 salaries reported	\$38,480 per year	\$14,900 - \$79,900
Appraiser 7 salaries reported	\$34,714 per year	\$14,900 - \$70,900

Installation & Maintenance

Job Title	Average Salary	Salary Distribution
Building Maintenance 15 salaries reported	\$35,236 per year	\$14,900 - \$61,900
Technician 15 salaries reported	\$26,542 per year	\$14,900 - \$31,900
Senior Technician 7 salaries reported	\$28,518 per year	\$14,900 - \$31,900
Senior Inspector 9 salaries reported	\$46,634 per year	\$14,900 - \$81,900
Service Technician 11 salaries reported	\$27,476 per year	\$14,900 - \$51,900

Security & Public Safety

	AVERAGE SALARY	SALARY DISTRIBUTION
<u>Correctional Records Technician</u> 5 salaries reported	\$24,968 per year	
<u>Lifeguard</u> 5 salaries reported	\$9.68 per hour	
<u>Correctional Officer</u> 7 salaries reported	\$30,304 per year	
<u>Crossing Guard</u> 7 salaries reported	\$8.76 per hour	
<u>Firefighter/Paramedic</u> 6 salaries reported	\$14.11 per hour	

Community & Social Service

	AVERAGE SALARY	SALARY DISTRIBUTION
<u>Substance Abuse Counselor</u> 8 salaries reported	\$34,123 per year	
<u>Recreation Specialist</u> 5 salaries reported	\$19,395 per year	
<u>Recreation Leader</u> 9 salaries reported	\$9.32 per hour	
<u>Program Supervisor</u> 7 salaries reported	\$53,176 per year	
<u>Social Worker</u> 9 salaries reported	\$47,124 per year	



**SHC-NM Downtown @ 700-2nd
PSH (30%) FILE CHECKLIST**

Tenant Name: _____ Case Manager: _____

Phone#: _____ E-MAIL: _____ @ _____

Date of full application: _____ Move In Date: _____

Date of Exit from Program and Reason _____

I. HMIS:

_____ HMIS Consent Form HMIS #: _____
_____ HMIS Entry Print Out (8 or above, per VI-SPDAT) VI-SPDAT Score: _____
_____ HMIS Program Entry Print Out

Application Documentation

_____ Rental Application (5 pages)
_____ Background Authorization Form
_____ Income Verification (award letters) or Employment Verification/check stubs
_____ Copy of Social Security Cards
_____ Photo ID
_____ Criminal Background Check/Verified Credit Check
_____ Security Deposit \$ _____ Receipt# _____
_____ Pro-Rated Rent \$ _____ Receipt# _____

HUD Documentation

_____ Disability Verification Form (Client signs section above, below section is for provider)
_____ Disability Documentation (Diagnosis signed by Dr.)
_____ Homelessness Checklist/Homeless Verification
_____ Chronically Homeless Qualification Checklist (4 pages; Pg. 1-13)
_____ Homeless Documentation (CSW letter on agency letterhead; Shelter letters, etc.)

Bernalillo County Application Documentation

_____ Completed Original Bernalillo County Application (9 Pages)
_____ Identification Verification:
 ___ Copy of ID, Driver's License
 ___ Proof of Birth Certificate or Baptismal Certificate
 ___ Copy of Social Security Card
 ___ Proof Material Status (License, Divorce, or Separation Papers)
 ___ Proof of Residency *Only if family members are non-citizens*
 ___ Proof of Veterans Status *Only if served Military*
_____ Income Verification
 ___ Current copy of Social Security Benefits and/or Veterans Award Letter
 ___ Letter from Current Employer
 ___ Print out Cash Assistance or General Assistance (GA) Benefits Printout

I certify all Application, HUD and Bernalillo County documentations are complete and ready for Submission and filing:

Intake Administrator: _____ **Date:** _____

Property Manager: _____ **Date:** _____



EMPLOYMENT VERIFICATION

This section to be completed by Owner/Agent and Applicant/Tenant

The Owner/Agent must mail, fax or email this form directly to the Applicant's/Tenant's employer.

EMPLOYER:
 Company Name: _____
 Address: _____

 Email: _____
 Fax#: _____

PROPERTY:
 Property Name: Downtown @ 700-2nd Apartments
 Address: 700 2nd Street NW
Albuquerque, NM 87102
Attention: Property Manager
 Email: dlozano@shcnm.org
 Fax#: 888-370-3898

**APPLICANT/TENANT (Employee)
 Authorization for Release of Information**

Printed Name of Applicant/Tenant _____ SSN Last Four Digits Unit # (if assigned) _____

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent a unit at the property identified above and as required by the funding program/s associated with it.

Signature of Applicant/Tenant _____ Date _____

The above named applicant/tenant has applied for or currently resides in rental housing in a community that operates under a state and/or federal housing program that requires verification of income. The information you provide will remain confidential and will only be used to determine the applicant's/tenant's eligibility to reside at this property.

Employer – please complete the following: (Mark items N/A if not applicable)

Employee Name: _____ Job Title: _____
 Currently Employed: YES: _____ Date of Hire _____ NO: _____ Date Employment Ended _____

Regular WAGES: \$ _____ Per Hour Week Bi-Weekly Semi-Monthly Month Year
 Average # of Regular Hours/Week: _____ Employee Works Overtime: Yes No
 Average # of Overtime Hours/Week: _____ Overtime Rate: \$ _____ /hour > Included in YTD? Yes No NA
 Avg # of Shift Differential Hours/Week: _____ Shift Differential Rate: \$ _____ /hour > Included in YTD? Yes No NA
 Commissions/Bonuses: \$ _____ /Hour/Week/Month Tips: \$ _____ /hour/week/month > Included in YTD? Yes No NA
Gross Year-to-Date (YTD) Earnings: \$ _____ Earned From: ____/____/____ to ____/____/____

Any anticipated changes in this employee's wages within the next 12 months: Yes No
 List upcoming change/s: _____ Effective Date: _____
 Employee's work is Seasonal or Sporadic: Yes No If Yes, indicate lay-off period/s: _____
 Employee participates in a 401K / Retirement Account: Yes No Can employee access funds in the account? Yes No
 If the account can be accessed, how much can the employee withdraw without retiring or losing employment? \$ _____

I hereby certify, by my signature below that the information I have supplied is true and correct:

Printed Name of Verifier _____ Title of Verifier _____ Phone Number _____
 Signature of Verifier _____ Date _____ Email _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



Office Use Only
Date & Time Application received: _____
Entered into Onsite by: _____ _____ % AMI Rent: \$ _____
Income Limit: \$ _____

RENTAL APPLICATION

Please check the property for which this rental application is for:

<input type="checkbox"/>	Chuska Apartments (Gallup, NM)
<input type="checkbox"/>	Downtown 700 (Albuquerque, NM)

The Supportive Housing Coalition operates these properties under the rules and regulations of the Low Income Housing Tax Credit program within Section 42 of the Internal Revenue Code, HOME, and/or HUD CoC guidelines which require that we obtain written confirmation of the income of all applicants and other household members. In order to comply with federal regulations requesting verification of all income, assets and allowances for residents housing, please complete the following form in full and return it to the office at your earliest convenience. Please write "N/A" for not applicable if the question does not pertain to you.

HOUSEHOLD INFORMATION:

Please list all persons who will be living in your unit.

Race and Ethnicity: I/We prefer not to answer or disclose.

Race: Enter each household member's race by using one of the following coded definitions:

1 – White; 2 – Black/African American; 3 – American Indian/Alaska Native; 4 – Asian; or 5 – Native Hawaiian/Other Pacific Islander

(Optional) Ethnicity: Enter each household member's ethnicity by using one of the following coded definitions:

1 – Hispanic or Latino; 2 – not Hispanic or Latino

Household member's full name	Relationship to Head of Household	Date of Birth MM/DD/Y Y	Race	Ethnicity	Disabled? Y = Yes N = No	Full time Student Status Y = Yes N = No	Social Security Number
	Head of Household (self)						

HOMELESSNESS:

Are you currently experiencing homelessness? Yes No If yes, how many months? _____

CONTACT INFORMATION:

Current Mailing Address: _____

City, State & Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

IDENTIFICATION:

Household Member's Full Name	Identification Card/ Driver License Number and State

REASONABLE ACCOMMODATIONS:

The Supportive Housing Coalition complies with Fair Housing Act and offers reasonable accommodations/modifications to persons with disabilities.

Accessibility: Do you or a household member require any modifications or accommodations? • Yes • No

If yes, please explain:

PET AND/OR SERVICE ANIMAL DECLARATION:

Do you or any member of your household have a pet? • Yes • No

Service/Companion Animal? • Yes • No

Type of pet: _____ Breed: _____ Size: _____ lbs. Height: _____ inches

A companion or service animal may be approved with a reasonable accommodation for disability at properties with a no pet policy.

AUTOMOBILE(S):

Make: _____ Model: _____ License Plate: _____ Driver License: _____

Make: _____ Model: _____ License Plate: _____ Driver License: _____

HOUSEHOLD INCOME:

Sources of Income: Includes but not limited to: Employment (full or part time), self-employment, welfare assistance, social security, pensions, SSI, SSDI, military pay/benefits, unemployment, child support, alimony, student grants/loans, lottery income, income from sale of property, income from trust, and any other income received from people not residing with you.

INCOME INFORMATION:

Identify each source of income currently received or anticipated to receive in the next 12 months	Circle Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
Wages, bonuses, tips, from employment	Yes or No	\$
Self-Employment	Yes or No	\$
Not Employed	Yes or No	\$
Unemployment Compensation	Yes or No	\$
Disability/Worker's Compensation/Severance Pay	Yes or No	\$
Social Security/SSI Benefits	Yes or No	\$
VA Benefits	Yes or No	\$
Pension/Annuity	Yes or No	\$
Military Pay	Yes or No	\$
Public Assistance (i.e. GA/AFDC/TANF)	Yes or No	\$
Child Support/Alimony/Family Maintenance	Yes or No	\$
Recurring Gift/Contribution	Yes or No	\$
Rental Income	Yes or No	\$
Lottery Winnings Paid Periodically	Yes or No	\$
Adoption Assistance	Yes or No	\$
Trust Income	Yes or No	\$
Other Income (i.e. inheritance, insurance policies)	Yes or No	\$
Zero Income (No income from any source)	Yes or No	\$
Does anyone pay any of your bills for you?	Yes or No	\$

ASSETS:

Do you or any household members have income from assets? Yes No (Assets include, but is not limited to checking, savings, CDs (certificates of deposit) real estate, stocks, bonds, treasury bills, annuities, pensions, personal property held as investments (antique cars, art or coins), 401K, 403b, IRA, Keogh accounts, or cash value of life insurance policies, etc.)

Type of Asset	Current Balance/Value of account	Held Jointly? Yes or No	Name of Financial Institution
	\$		
	\$		
	\$		

Are the assets listed above for the entire household more than \$5,000? Yes No

OTHER ASSETS:

Do you or any household members own any real property? • Yes • No

If yes, please list type and address:

Do you or any household members have any other assets not listed? • Yes • No

If yes, please list: Source _____ Type of Account _____ Balance \$ _____

Have you or any household member sold/dispensed of any property/assets within the last two (2) years? • Yes • No

If yes, type of asset: _____

Market value when sold: \$ _____ Amount sold/dispensed for: \$ _____

Date of transaction: _____

RENTAL HISTORY:

Please list current address first. **NOTE:** Lack of rental history is not a reason for denial of application.

1. Current address _____ City _____ State _____ ZIP _____

Move-In date _____ Owner/Manager _____ Phone _____

2. Previous address _____ City _____ State _____ ZIP _____

Move-In date _____ Owner/Manager _____ Phone _____

3. Previous address _____ City _____ State _____ ZIP _____

Move-In date _____ Owner/Manager _____ Phone _____

Have you or anyone in your household ever been evicted? • Yes • No

If yes, please explain: _____

Have you or your co-head/spouse been sued for nonpayment of rent or damages to a rental property? • Yes • No

If yes, please explain: _____

Have you notified your current landlord/manager you are planning on moving? • Yes • No

Reason for moving: _____

OTHER INFORMATION:

Have you or any member of your household ever engaged in drug-related activity, such as use, possession, distribution, trafficking, or manufacturing of an illegal drug? • Yes • No

If yes, explain circumstances, outcome and present status: _____

Have you or any member of your household ever engaged in, been arrested, and/or convicted of any other criminal activity?

• Yes • No If yes, explain circumstances, outcome and present status: _____

Are you or any member of your household required to register as a Lifetime Sex Offender? • Yes • No

Will your household be receiving Section 8 rental assistance at the time of move-in? • Yes • No

Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

• Yes • No Explain _____

Have you ever received rental assistance? • Yes • No If Yes, explain _____

If so, has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? • Yes • No

If Yes, explain _____

Are you or anyone in your household a veteran of the United States Armed Forces? • Yes • No

EMERGENCY CONTACT:

Name: _____ Phone Number: _____

Address _____ City _____ State _____ ZIP _____

Relationship _____

In the event of serious illness or death of resident, the above named person to notify may or may NOT enter, remove and/or store all contents found in the dwelling, storerooms, and mailboxes. **Please Initial** _____

APPLICATION AGREEMENT:

The Owner or agents and the Applicant (including all co-applicants) agree as follows:

1. APPLICATION TO RENT. The Applicant hereby applies to rent the Unit in accordance with the terms and conditions contained in Owner’s customary form of Rental Agreement.
2. APPLICATION FEE. (Not Refundable). Applicant agrees to pay a non-refundable application fee in the amount set forth below which partially defrays Owner’s administrative cost in processing this Application.
3. RECEIPT OF APPLICATION FEE. Owner hereby acknowledges the receipt of the following on or before the date of the Owner’s signature below:

Application Fee (Not Refundable)	\$32.00	
Total received by Owner/Owner’s Agent	\$ _____	Date: _____

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and complete to the best of knowledge and understand that this information will be used to verify income eligibility for the low income housing tax credit, HOME, or HUD 811 program under which I/we applied. I further understand and agree that the owner/management agent will use this information to investigate my/our credit worthiness through credit bureau, criminal checks and landlord verification. I/we further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/we understand that we may be subject to eviction or punishable by law. I/we further understand that acceptance of the application is not binding on apartment owner or agent until approved in writing.

Signature of Applicant: _____ **Date:** _____

Signature of Co-Head: _____ **Date:** _____

Signature of Management: _____ **Date:** _____



The Supportive Housing Coalition is an equal housing opportunity provider. We do not discriminate against applicants on the basis of race, color, creed, national origin, religion, sex, sexual orientation, gender identity, familial status (includes marital status), or disability condition in any phase of the occupancy process.



Supportive Housing Coalition of New Mexico AUTHORIZATION AND RELEASE OF INFORMATION

CONSENT

I/We, the undersigned, authorize and direct any Individual, Business, Organization, Federal, State or Local Agency to release and/or verify any information which is deemed necessary in connection with the processing of my/our application for residency.

INFORMATION COVERED

I/We understand that, depending on policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- | | |
|--------------------------------|------------------------------------|
| Identity and Marital Status | Medical Allowances |
| Residences and Rental Activity | Employment, Income and Assets |
| Activity | Credit and Criminal Student Status |

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

- | | |
|-----------------------------|--|
| Court and Post Offices | Law Enforcement Agencies |
| Medical Providers | Retirement Systems |
| Utility Companies | Credit Providers and Credit Bureau |
| Past and Present Employers | Welfare Agencies |
| State Unemployment Agencies | Social Security Administration |
| | Veterans Administration |
| | Banks and Other Financial Institutions |
| | Previous Landlords |
- (including Public Housing Agencies)

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in the effect for two years from the date signed. I understand I have the right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

(Signature) (Print Name) (Date)

(Co-Signature) (Print Name) (Date)

Note: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for copy of tax form", must be prepared and signed separately.

PO Box 36330 Albuquerque, NM 87176
(505) 323-2500 Fax: (505) 323-2600