



Emergency Rental and Mortgage Assistance Program ("ERMAP")

Grant Application Cover Sheet

Applicant Information

Applicant Name: _____
Date of Birth: _____
Address: _____
Phone Number: _____
Email Address: _____
Number of Household Members: _____

Type of ERMAP Assistance

Emergency Rental Assistance
Emergency Mortgage Assistance

Emergency Rental Assistance Application Checklist

- Application Exhibit A (*Unit and Unit Information*) _____
- Application Exhibit B (*County Vendor Form; to be completed by landlord*) _____
- Applicant Agreement and Acknowledgment Form _____
- Proof of Income (*Pay stubs, child support, SSI, SSDI, Cash Assistance, Unemployment*) _____
- Proof of Residency (*Lease agreement, Receipt of Rent, State DL, Third Party Verification, Self-Certification*) _____
- Asset Verification (*Statements for all checking and savings accounts*) _____
- Verification of Furlough or Loss or Reduction in Employment (*Relevant letters or documentation from employer*) _____
- Proof of Delinquency of Loss of Housing (*Notice of Delinquency, Balance Statement, Court Paperwork, Third Party Verification*) _____

Emergency Mortgage Assistance

- Application Exhibit A (*Unit and Unit Information; include any additional documentation for verification of additional housing expenses such as HOA statement, property tax bill, homeowner's insurance policy statement, etc.*) _____
- Application Exhibit B (*County Vendor Form; to be completed by mortgage company*) _____
- Applicant Agreement and Acknowledgment Form _____
- Proof of Income (*Pay stubs, child support, SSI, SSDI, Cash Assistance, Unemployment*) _____
- Proof of Residency (*Warranty Deed, Mortgage Payment Coupon, County Property Tax Bill*) _____
- Asset Verification (*Statements for all checking and savings accounts*) _____
- Verification of Furlough or Loss or Reduction in Employment (*Relevant letters or documentation from employer*) _____
- Proof of Delinquency of Loss of Housing (*Notice of Delinquency, Balance Statement, Court Paperwork*) _____

Applicant Name

Applicant Signature

Date

For Staff Use Only

Date Received: _____

Completed Packet: Yes No

Staff Signature: _____



Santa Fe County Emergency Rental and Mortgage Assistance

Unit and Utility Information

Applicant Name: _____

Applicant Address: _____

Applicant: own's the home rent's the home

Home Information

Number of bedrooms: 1 2 3 4 5 Other

Monthly Rent Amount: _____ Monthly Mortgage Amount: _____

Monthly Homeowner's Association Fees (*Documentation Required*): _____

Monthly Homeowner's Insurance (*Documentation Required*): _____

Monthly Payment or Rate for Property Taxes (*Documentation Required*): _____

Utility Information

Utility Item	Energy Source				Paid By
Heating	Natural Gas <input type="checkbox"/>	Propane <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/>	
Cooking	Natural Gas <input type="checkbox"/>	Propane <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/>	
Water Heating	Natural Gas <input type="checkbox"/>	Propane <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/>	
Other Electric	Natural Gas <input type="checkbox"/>	Propane <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/>	
Water	Natural Gas <input type="checkbox"/>	Propane <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/>	
Sewer	Natural Gas <input type="checkbox"/>	Propane <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/>	
Trash	Natural Gas <input type="checkbox"/>	Propane <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/>	
Air Conditioning	Natural Gas <input type="checkbox"/>	Propane <input type="checkbox"/>	Electric <input type="checkbox"/>	Other <input type="checkbox"/>	



DO NOT SEND TO IRS - SUBMIT FORM TO SANTA FE COUNTY FINANCE DIVISION
01/2019

**SANTA FE COUNTY
FINANCE DIVISION
SUBSTITUTE FORM W- 9
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER, CERTIFICATION**

PLEASE TYPE OR PRINT NEATLY AND REFER TO INSTRUCTIONS FOR MORE INFORMATION

PART I: VENDOR INFORMATION

Please Check One - New Vendor Change Existing Vendor Information

1. Legal Business Name: (As it appears on the IRS EIN records, CP575, 147C or Social Security Administration records, Social Security Card, certified Form SSA7028.) If an individual name, please enter in LASTNAME, FIRSTNAME, MI format

2. If you use a Doing Business As (DBA) / Trade Name, please enter below:

3. Entity Type (Check only one):

- | | |
|---|--|
| <input type="checkbox"/> Individual / Sole Proprietorship | <input type="checkbox"/> Estate or Trust |
| <input type="checkbox"/> Single Member / LLC (Individual) | <input type="checkbox"/> Government (Local, State, Federal, Tribe) |
| <input type="checkbox"/> Partnership General / LLC | <input type="checkbox"/> Tax-Exempt organization under IRC Section 501 C |
| <input type="checkbox"/> Corporation / Professional Corporation / LLC | <input type="checkbox"/> Santa Fe County Employee |
| <input type="checkbox"/> Non-United States Business Entity | |

4. 1099 Reporting: Services provided to the County by vendor:

- | | | |
|---|--|---|
| <input type="checkbox"/> Health care or medical service | <input type="checkbox"/> Rental of Real Property | <input type="checkbox"/> Santa Fe County Appointed Committee Member / Volunteer |
| <input type="checkbox"/> Attorney / Legal services | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

1. Enter your TIN here (DO NOT USE DASHES)

2. Taxpayer Identification Type (check appropriate box):

Employer ID No. (EIN) Social Security No. (SSN) Individual Tax ID Number (ITIN) N/A (Non-US Business Entity)

PART III: ADDRESS

1. Remittance Address for PAYMENT: Address Line #1	2. Address for Purchase Orders, Correspondence, 1099s (IF DIFFERENT): Address Line #1
Address Line #2	Address Line #2
Address Line #3	Address Line #3
City State Zip	City State Zip

PART IV: CERTIFICATION

Under penalties of perjury, I certify that:

- The number shown on this form is my correct tax payer identification number (or I am waiting for a number to be issued to me), AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, AND
- I am a U.S. Citizen or other U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

Printed Name _____	Printed Title _____	Telephone Number _____
Signature _____	Email _____	Date (mm/dd/yyyy) _____

PART V: OPTIONAL DIRECT DEPOSIT (ACH)

Warning: Santa Fe County will not process International ACH Transactions (IAT). If any payment to you from the County will ever result in an IAT under National Automated Clearing House Association (NACHA) operating rules or if you are not sure if the rules apply to you DO NOT FILL OUT THIS SECTION OF THE FORM. Please be sure to provide a copy of a voided check or a letter from your bank confirming the information indicated above.

Include a voided check or letter from financial institution if requesting ACH payments Type of Account Checking Savings

I acknowledge the IAT warning and authorize Santa Fe County to initiate direct deposit of funds to the account and financial institution indicated, and to recover funds deposited in error if necessary in compliance with NACHA regulations.

Signature _____ Printed Name _____

Mail, Fax or Email to Santa Fe County Finance, PO Box 276, Santa Fe, NM 87504- 0276 / Fax (505) 986- 6277 / vendorforms@santafecountynm.gov

Finance Use Only: Vendor # - Entered by - Date - ACH by - Reviewed by -

Instructions for Completing this Form

This form substitutes for the IRS W-9 form. Complete this form if you will receive payment from Santa Fe County and/or you are a vendor who provides goods and services to Santa Fe County. To comply with the Internal Revenue Service (IRS) regulations regarding 1099 reporting, Santa Fe County is required to collect the following information to be completed on the Substitute W-9 form. The information collected on this form will allow Santa Fe County to confirm that our records contain the official name of your business as well as the Tax Identification Number (TIN) that the IRS has on file for your business and business type. Please fill the form in completely, sign and return.

PART I: VENDOR INFORMATION

1. **New / Change** Check the appropriate box if this form is for a new Santa Fe County vendor or a change of information for an existing vendor. Please fill out the form completely, whether for a new or changed vendor.
2. **Legal Business Name** Enter the legal name as registered with the IRS or Social Security Administration. If using your individual name, please enter it in Last Name, First Name, Middle Initial format.
3. **DBA/Trade Name** Individuals leave blank. Sole Proprietorships: Enter DBA (Doing Business As) name. All Others: Complete only if business name is different than Legal Name.
4. **Entity Type** Check ONE box which describes business entity.
5. **1099 Reporting** Check the appropriate box or boxes that applies to the type of service being provided to Santa Fe County. If the type of service is not specifically listed, then check Other and enter the type of service.

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

1. **Taxpayer Identification Number** Enter TIN with no dashes in the boxes provided
 - a. TIN is always a 9-digit number. Provide the Employer Identification Number (EIN), Social Security Number (SSN) assigned by the Social Security Administration or the Individual Tax Identification Number (ITIN) assigned to the business or other entity by the Internal Revenue Service (IRS).
2. **TIN Identification Type** Check the appropriate box for the Taxpayer Identification Number provided above.

PART III: ADDRESS

1. **Remittance Address** Where payment(s) should be sent.
2. **Address for Purchase Orders, Correspondence, and 1099s** should be sent **ONLY if different** from the Remittance Address.
3. **Zip Code** Include the last 4 digits of the 10-digit zip code if known.

PART IV: CERTIFICATION

By signing this document, you are certifying that all information provided is accurate and complete. The person signing this document should be the partner in the partnership, an officer of the corporation, the individual or sole proprietor noted under legal name above, or the Santa Fe County Employee for which the vendor account is established. Identifying information (Printed Name and Title) is required of the person signing the form.

PART V: OPTIONAL DIRECT DEPOSIT (ACH) You may elect to receive payments from the Santa Fe County through Automated Clearing House (ACH) direct deposit. For this service, please provide a copy of a voided check or letter from financial institution with the banking information and provide a signature for this section. Without **both** of the two items, ACH information **WILL NOT** be entered and payments will be made by warrant. Select the type of account being provided.

Print name and sign to acknowledge the IAT warning and to authorize the Santa Fe County to initiate direct deposit of funds to your financial institution as provided.

Privacy Act Notice Section 6109 requires you to furnish your correct TIN to persons who must file information.

Mail, Fax or Email the signed, completed form to:

Santa Fe County Finance
PO Box 276
Santa Fe, NM 87504-0276

Phone: (505) 986-6375
Fax: (505) 986-6277
Email: vendorforms@santafecountynm.gov

ERMAP Applicant Agreement and Acknowledgment Form

Please read and certify the following information:

The application, including attachments, is subject to disclosure under New Mexico's public records law, subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed without any notice to applicant if a public records request is made for such information. Santa Fe County will not be liable to applicant for such disclosure.

Social Security numbers are collected, maintained and reported by the County in compliance with IRS 1099 reporting requirements and are not considered public records pursuant to [N.M. Stat. Ann. §14-3-7.1](#).

If applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, applicant must include a general description of the information and provide reference to the New Mexico statute or other law exempting such designated information from disclosure in the event of a public records request. Santa Fe County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is exempt and will make disclosure in accordance with applicable law in its sole discretion.

I certify that I am authorized to submit this application and the information provided in this application is true and accurate to the best of my knowledge, and no false or misleading statements have been made in order to secure approval of this application. I understand this grant is for outstanding mortgage/rental payments incurred between March 1, 2020 and December 30, 2020 . I also understand that this grant can be utilized for future mortgage/rent payments incurred between the date of award and December 30, 2020 if my monthly housing expenditure ratio is greater than 30% if I am a renter and 33% if I am a homeowner. Santa Fe County is authorized to make all the inquiries deemed necessary to verify the accuracy of the information contained herein. Additionally, I agree that in the event that a ERMAP grant is awarded pursuant to this application, Santa Fe County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud and ensure compliance with federal requirements. Under penalty of perjury, I declare that the information and verification documentation I have provided in my application are true and correct. I understand that knowingly making a false written declaration is a felony and all expenditures will be reimbursed to Santa Fe County.

Applicant Name:

Applicant Title:

Signature:

Today's Date:

For any questions, correspondence, or additional information, please contact the Santa Fe County Housing Authority at:

52 Camino de Jacobo Santa Fe, NM 87507

TEL: 505-992-3060

[\(update email\)](#)