

Application

Santa Fe County Affordable Housing Roof Repair and Replacement also known as the Happy Roofs Program

Date of Application: _____
 Applicant Name: _____ Telephone: _____
 Street Address: _____ PO Box: _____
 City: _____ Zip: _____ County: _____

If mailing address is different please state address where you live: _____

Type of Home: Single Family Mobile Home Multi Family Year home built: _____
 If Mobile Home is it on permanent foundation? Yes No

(Please provide copy of utility bills)

I own my home: _____ I rent my home: _____ (You are not eligible for assistance under this program if you are renting)

Name and Phone No. of two friends or relatives that we can contact if we are unable to reach you.

(1) NAME: _____ Phone No.: _____

(2) NAME: _____ Phone No.: _____

Has this dwelling or have you received Roof Repair or Replacement or Grants from the Santa Fe County in the past?
 Yes _____ No _____ If Yes date: _____

Name of each Household Member	Date of Birth	Age	Sex	Social Security Number	Relationship to Head of Household	Gross Monthly Income	*Name, Address, Phone No. of Employer or other source of Income

If you need additional space please attach another sheet of paper.

Employment, Social Security, Welfare, Retirement, Veteran's Benefits, Rental Property Income, Bond & Other Securities, Alimony, Child Support etc.

CLIENT CONFIDENTIALITY STATEMENT

All information requested by Santa Fe County is for the purpose of qualifying clients for the Santa Fe County Affordable Housing Roof Repair and Replacement Ordinance also known as "Happy Roofs Program" and is subject to the Inspection of Public Records Act, Section 14-2-1, NMSA 1978 et seq.. My signature below signifies that I have read and understand this statement.

APPLICATION RELEASE TO OBTAIN VERIFICATION

As an applicant for the "Happy Roofs Program" I do hereby give my permission to the program staff administering this grant , or their designee, to verify all household income prior to the starting date of this work to be done. (Each household member 18 years old or over must sign below for verification of income.)

I understand that services cannot be provided if health and safety problems are beyond the scope of this program. It is the responsibility of the applicant to correct unsafe conditions or to contact alternative funding sources for assistance.

I grant permission for the Santa Fe County and/or its designee to enter my property and to make applicable repairs for the weatherization, roof repair or replacement of my home. I also release and pledge to hold harmless Santa Fe County from any liability resulting from these repairs or roof replacement.

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____	_____
Signature of Applicant	Date
_____	_____
Signature of Household Member	Date
_____	_____
Signature of Household Member	Date
_____	_____
Signature of Household Member	Date

Directions to your home if you do not have a street address:

FOR OFFICE USE ONLY

Method of Income Verification _____

Applicant is: Eligible _____ Ineligible _____ Reason for Ineligibility _____

Source of Income Documentatation _____

I certify that I have verified and found accurate the income of the applicant.

_____	_____
Signature of Staff Member	Date