

CITY OF LAS CRUCES

MOBILE HOME RAMP INSTALLATION PROGRAM PRE-APPLICATION

The information will be used to determine whether you qualify to be placed on the waiting list for the the City of Las Cruces' Home Rehabilitation Program. It will not be disclosed outside the City of Las Cruces without your consent. You do not have to provide the information, but if you do not your application for a loan may be delayed or rejected.

| APPLICANT INFORMATION | | Staff Use Only: APPLICATION # | | |
|---|---------------------|--------------------------------------|-----------------------------------|--|
| APPLICANT'S NAME: (Last) (First) (MI) | | Home Phone # | | |
| Present Address: | | City: | State | Zip Code |
| | | | | <input type="checkbox"/> Own your home # of Years _____ |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, widowed) <input type="checkbox"/> Separated | | # of dependents living in home: | Ages: | |
| Currently Employed/Self-Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Applicant Email Address: | | |
| Names of other persons we can contact on your behalf, if any: | | | | |
| Name: | # | Work / Home / Cell | | |
| Name: | # | Work / Home / Cell | | |
| CO-APPLICANT INFORMATION (if any) | | | | |
| CO-APPLICANT'S NAME: (Last) (First) (MI) | | Home Phone # | | |
| Present Address: | | City: | State | Zip Code |
| | | | | <input type="checkbox"/> Own your home # of Years _____ |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, widowed) <input type="checkbox"/> Separated | | # of dependents living in home: | Ages: | |
| Currently Employed/Self-Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Co-Applicant Email Address: | | |
| TOTAL ANNUAL INCOME (Most recent year) | | | | |
| Applicant | Co-Applicant | Other Household Member 18+ | Other Household Member 18+ | Total Household Income |
| | | | | |
| HOUSEHOLD COMPOSITION | | | | |
| <small>(List the head of your household and all members who live in your home. Give the relationship of each household member to the head.)</small> | | | | |
| Member # | Full Name | Relationship | Age | Date of Birth |
| 1 | | Head | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |

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| ACKNOWLEDGMENT AND AGREEMENT | | | |
|---|------|--------------------------|------|
| The information provided above is true and complete to the best of my knowledge and belief. I / We consent to the disclosure of such information for purposes of income and verification related to my / our application for financial assistance. I / We understand that any willful misrepresentation(s) of the information contained in this application may result disqualification from the program. | | | |
| Applicant's Signature | Date | Co-Applicant's Signature | Date |
| X | | X | |

Please return form via one of the following methods:

By Mail: City of Las Cruces
 Community Development
 ATTN: Home Rehab
 P.O. Box 20000
 Las Cruces, NM 88004

In person: 700 N. Main Street, Suite 1100, Las Cruces, NM 88001

By E-mail: homerehab@las-cruces.org

By Phone: 575-528-3022 (voice) or 575-528-3157 (TTY-hearing impaired)

Your pre-application will be processed and you will be notified of your status. If you have any questions or wish to check the status of your application please call the Home Rehab office at 575-528-3022.

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Voluntary Information for Government Monitoring Purposes

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. **You are not required to furnish this information, but are encouraged to do so.** The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. **If you do not wish to furnish the information, please check the box below.**

APPLICANT

I do not wish to furnish this information

RACE

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- Am. Indian/Alaskan Native & Black/African Amer.
- Other Multi-Race

ETHNICITY

- Hispanic
- Non-Hispanic

GENDER

- Female
- Male

CO-APPLICANT

I do not wish to furnish this information

RACE

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- Am. Indian/Alaskan Native & Black/African Amer.
- Other Multi-Race

ETHNICITY

- Hispanic
- Non-Hispanic

GENDER

- Female
- Male

Does any member of the household have a disability?

Yes No I do not wish to furnish this information If Yes, how many? ____

THE FOLLOWING IS NOT PART OF THE FEDERAL GOVERNMENT REPORTING REGULATIONS AND WILL NOT HINDER YOUR APPLICATION EVALUATION.

Has any member of the household:

Been convicted of a felony for violent crimes against another person or serious property damage?

Yes No I do not wish to furnish this information

Been currently listed or have a lifetime registration requirement as a sexual offender?

Yes No I do not wish to furnish this information

Been convicted of a felony drug conviction or evicted from a federally-assisted site for drug activity within the last 5 years?

Yes No I do not wish to furnish this information

