



# New Mexico Home Recovery Program Application



## **Thank you for your interest in the New Mexico Home Recovery Program!**

The New Mexico Home Recovery Program helps homeowners fix or rebuild their homes if they were damaged or destroyed during the 2024 fire or flood events. This program is funded through a Community Development Block Grant for Disaster Recovery (CDBG-DR). It is administered by the New Mexico Department of Homeland Security and Emergency Management (DHSEM).

### **How do I apply to get assistance?**

To get help, you must submit application with all supporting documentation. A checklist with all required documentation is provided at the end of this application packet. The State of New Mexico Disaster Case Management team is available to help you collect documentation to complete an application.

After you send in a complete application with all supporting documentation, DHSEM will review it to see if you qualify. DHSEM will not process applications until they are fully completed. If you are approved, the program may help pay for:

- ✓ Repairs to your home
- ✓ Fixing and improving your home (rehabilitation)
- ✓ Building a new home if yours was destroyed

### **Am I eligible to receive assistance?**

To be eligible for the program, residents must:

- Own a home in Chaves or Lincoln County.
- Have occupied the home at the time of the 2024 disasters.
- Meet household income requirements (see table below).
- Have documented and unrepaired damage from the 2024 disasters.

If you have questions about the application process, please contact the State of New Mexico Disaster Case Management team at 505-670-4662. Please keep in mind that funding is limited and not all qualified residents are guaranteed to receive services.

### **What happens if I qualify?**

If you qualify, DHSEM will send you a letter that explains what you are eligible for. Program assistance will typically range between \$5,000.00 (for minor repairs) and \$350,000.00 (for example, if a home is fully rebuilt). DHSEM runs the program and manages all the work. Money will not be sent directly to homeowners. Instead, the program will pay for the approved repair or construction work to be completed by a state-procured contractor.



# New Mexico Home Recovery Program Application



## What are the income limits?

The U.S. Department of Housing and Urban Development determines income limits which qualify a household as low- to moderate-income, based on household size. To be eligible for the New Mexico Home Recovery Program, a household must be at or below the 120% area median income threshold. Households which meet the low- or very low-income threshold will be prioritized for assistance first.

FY2025 Income Limit Category		Persons in Family							
		1	2	3	4	5	6	7	8
Lincoln County	Extremely Low (30%)	\$15,850	\$18,100	\$20,350	\$22,600	\$24,450	\$26,250	\$28,050	\$29,850
	Very Low (50%)	\$26,400	\$30,200	\$33,950	\$37,700	\$40,750	\$43,750	\$46,750	\$49,800
	Low (80%)	\$42,250	\$48,250	\$54,300	\$60,300	\$65,150	\$69,950	\$74,800	\$79,600
	Eligible (120%)	\$63,350	\$72,400	\$81,450	\$90,500	\$97,700	\$104,950	\$112,200	\$119,450
Chaves County	Extremely Low (30%)	\$14,500	\$16,550	\$18,600	\$20,650	\$22,350	\$24,000	\$25,650	\$27,300
	Very Low (50%)	\$24,100	\$27,550	\$31,000	\$34,400	\$37,200	\$39,950	\$42,700	\$45,450
	Low (80%)	\$38,550	\$44,050	\$49,550	\$55,050	\$59,500	\$63,900	\$68,300	\$72,700
	Eligible (120%)	\$57,800	\$66,050	\$74,300	\$82,250	\$89,150	\$95,750	\$102,350	\$109,000

## Where do I submit my application?

Please contact a Disaster Case Manager at the contact information below, and a member of our team will pick up your completed application. You can also submit your application online at [dhsem.nm.gov/cdbg-dr2025](https://dhsem.nm.gov/cdbg-dr2025).

## Is help available to complete my application?

Disaster Case Managers are available to help residents submit applications and application documentation. Call 505-670-4662 or email [DHSEM-DCM@dhsem.nm.gov](mailto:DHSEM-DCM@dhsem.nm.gov) to work with a Disaster Case Manager.



# New Mexico Home Recovery Program Application



## Instructions

1. **Complete the New Mexico Home Recovery Program Application.** The application may be completed by hand or electronically.

Information should be filled out as completely and accurately as possible. The New Mexico Home Recovery Program team will verify all information. It is important that information is accurate in order to complete the application process. Your application may not be processed if the information provided cannot be verified.

**NOTE: If you need assistance completing this application, complete Section 1. Applicant Information ONLY, and contact the Disaster Case Management team. Our team will assign a staff member to assist you.**

*Warning: Any person who knowingly makes a false claim or statement to the State of New Mexico may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.*

2. **Sign and initial** the New Mexico Home Recovery Program Application and all required forms and certifications, provided at the end of this application..
3. **Gather all required** documentation for an application to be complete. Applications will not be processed until all supporting documentation is received.

A list of acceptable documentation types for each requirement is provided at the end of this application in the Documentation Checklist. State Disaster Case Managers are available to answer any questions about the required documentation and to support documentation collection to support resident applications.



# New Mexico Home Recovery Program Application



## 1. Applicant Information (Must Own Home, Must Be Primary Residence)

**Applicant Full Name:**

**Preferred Language:**

English  Spanish  Other

**Disaster Damaged Property Address, City, State, Zip Code:**

**County of Disaster Damaged Property Address:**

Chaves County  Lincoln County  Other:

**Current Physical Address, City, State, Zip Code:**

Check if same as Disaster Damaged Property Address

**Mailing Address, City, State, Zip Code:**

Check if same as Disaster Damaged Property Address

Check if same as Physical Property Address

**Home Phone:**

**Cell Phone:**

**Email:**

**My preferred method of communication is (Select one):**

Home Phone  Cell Phone  Email  Mail

<b>Is the Applicant a U.S. Citizen or Lawful Permanent Resident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Would you like assistance with completing this application?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If yes, please identify the type of assistance needed.</b></p> <p><input type="checkbox"/> Translation services <input type="checkbox"/> Large print documents <input type="checkbox"/> General assistance</p> <p>If you answered "Yes," stop here and submit this page to the Disaster Case Management team. A team member will contact you to provide the assistance you requested.</p>	



# New Mexico Home Recovery Program Application



## 2. Co-Applicant Information, as applicable (Must Co-Own Home)

**Co-Applicant Full Name:**

Not Applicable (N/A)

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**Preferred Language:**

English  Spanish  Other:

**Disaster Damaged Property Address, City, State, Zip Code:**

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**County of Disaster Damaged Property Address:**

Chaves County  Lincoln County  Other:

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**Current Physical Address, City, State, Zip Code:**

Check if same as Disaster Damaged Property Address

Check if same as Current Physical Address

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**Mailing Address, City, State, Zip Code:**

Check if same as Disaster Damaged Property Address

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**Home Phone:**

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**Cell Phone:**

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**Email:**

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**My preferred method of communication is (Select one):**

Home Phone  Cell Phone  Email  Mail



# New Mexico Home Recovery Program Application



### 3. Communication Designee / Power of Attorney Information

- The applicant would like to appoint a Communication Designee.**  
Applicants can designate a third party, known as a Communication Designee, to obtain information about their program application. The Communication Designee will be authorized to make inquiries about the applicant’s program status in person, via phone, email and/or mail. Communication Designees cannot make decisions on behalf of an Applicant or sign program documentation on behalf of an applicant unless they also hold a valid Power of Attorney.
  
- The applicant has authorized a third party to communicate with the program, make decisions on his/her behalf, and sign program documentation on the applicant’s behalf via a valid Power of Attorney (POA).** Attach a copy of the fully executed POA to this application.
  
- Not applicable (N/A).** The applicant has opted not to appoint a Communication Designee nor Power of Attorney.

**Communication Designee or POA Full Name:**

**Communication Designee or POA Relationship to Applicant:**

- Family Member    Friend    Advocate    Power of Attorney

**Preferred Language:**

- English    Spanish    Other:

**Communication Designee or POA Physical Address, City, State, Zip Code:**

**Communication Designee or POA Home Phone:**

**Communication Designee or POA Cell Phone:**

**Communication Designee or POA Email:**



# New Mexico Home Recovery Program Application



## 4. Disaster-Impacted Home Information

Information about the disaster damaged property should be filled out as completely and accurately as possible.

<b>Was your home damaged due to a disaster?</b> (Check all that apply) <input type="checkbox"/> 2024 South Fork Fire / Salt Fire and Flooding (Lincoln County) <input type="checkbox"/> 2024 Flooding (Chaves County) <input type="checkbox"/> My home was not damaged due to a disaster	
<b>Date you first occupied the damaged residence (Month/Date/Year):</b>	
<b>Was the damaged home your primary residence on the date of the disaster event?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did you own your home at the date of the disaster event?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did you receive a Substantial Damage or Substantial Improvement (SD/SI) Notification/Letter from your local city or county after your home was damaged by the disaster?</b>  If yes, attach a copy of the SD/DI Notification/Letter to this application	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you currently living in the disaster damaged property?</b> If no, please list the reason:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you currently own the damaged home (the physical structure)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you currently own the land where the home is located?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are there any other names listed on ownership documents for the damaged home in addition to the Applicant or Co-Applicant?</b>  If yes, then please list all names:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have a mortgage?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, are you up to date on your mortgage payments?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you up to date on your property tax payments?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the damaged property have any liens?</b>  If yes, then list all lienholders:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the damaged property foreclosed on or in the process of foreclosure?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No



# New Mexico Home Recovery Program Application



**5. Household Composition and Characteristics**  
List all current household members.

Household Member Name	Male/Female	Relationship to Head of Household	Age	Valid ID?
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>
6.				<input type="checkbox"/>

**6. Prioritization Criteria**  
The New Mexico Home Recovery Program prioritizes households for services based on their date of application and a list of criteria including household vulnerability factors, income, and the extent of damage to the home. Please select all of the following vulnerability factors that apply to any member of your household.

- Seniors (age 62 or older) \_\_\_\_\_ Number of Seniors in Household
- Person with Disabilities\*
- Child (under the age of 18) \_\_\_\_\_ Number of Children in Household

**Household Income**

List the following income information for all household members aged 18 and older.

Household Member Name	What was your total income in 2025?
1.	
2.	
3.	
4.	
5.	
6.	

**Total Household Income:**

**\*Disability Definition:** For the purposes of the program, “disability” is consistent with federal law under The Social Security Act, as amended, 42 U.S.C. §423(d), The Americans with Disabilities Act of 1990, as amended, 42 U.S.C. §12102(1)-(3), and in accordance with HUD regulations at 24 CFR §§5.403 and 891.505.



# New Mexico Home Recovery Program Application



7. Characteristics of Disaster Damaged Home	
Approximate Year Built:	<input type="checkbox"/> Unsure
Approximate Square Footage:	<input type="checkbox"/> Unsure
<b>Structure Type (Select one):</b>	
<input type="checkbox"/> Single Family, Detached	
<input type="checkbox"/> Single Family, Attached	
<input type="checkbox"/> Condo	
<input type="checkbox"/> Townhome	
<input type="checkbox"/> Duplex	
<input type="checkbox"/> Triplex	
<input type="checkbox"/> Four-plex	
<input type="checkbox"/> Multiple Units (more than 4)	
<b>Number of Units (Select one):</b>	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
<b>Number of Occupied Units (Select one):</b>	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
<b>Number of Occupied Units by Category:</b>	
_____ Owner Occupied	
_____ Renter Occupied	
_____ Vacant	
<b>Construction Type (Select one):</b>	
<input type="checkbox"/> Stick-built (built on site)	
<input type="checkbox"/> Modular (built off site and transported)	
<input type="checkbox"/> Mobile Home	
<b>Number of rooms with furniture (does not include Bathrooms, Closets or Hallways):</b>	



# New Mexico Home Recovery Program Application



<b>List all rooms in the home prior to the disaster (Select all that apply):</b>			
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Dining Room	<input type="checkbox"/> Bedrooms	<input type="checkbox"/> Other:
<input type="checkbox"/> Living Room/Den	<input type="checkbox"/> Office	<input type="checkbox"/> Basement	

**Number of bedrooms:**

**Number of bathrooms:**

**Does anyone in the household have special needs that require additional assistance?**

Yes  No

**If yes, select the American with Disabilities Act (ADA) accessibility features that are needed:**

- Entrance Ramp
- Accessible Bathroom(s)
- Accessible Kitchen
- Other (please describe):

*Note: The New Mexico Home Recovery Program will not collect any medical documentation protected by HIPAA, but will need to verify the need for assistance by any household members.*

**How did the disaster damage your property?**

**Status of the repairs to the damaged property:**

- Not Started (0%)
- Started (less than 50% complete)
- Started (more than 50% complete)
- Construction (100% complete)

What types of disaster-related repairs have you completed?

**Estimated dollar amount of disaster related repairs completed (if applicable):**      \$ \_\_\_\_\_



# New Mexico Home Recovery Program Application



## 8. Duplication of Benefits Review

The New Mexico Home Recovery Program is required by HUD to review all previously received federal assistance (both before and at the time of the 2024 disasters), as well as all insurance coverage that was in place for the property.

Has federal assistance ever been provided for your property at any time prior to the 2024 disasters? Federal assistance is described as money received from any federal agency for the purpose of repairs, weatherization, elevation, or reconstruction.

Yes  No

If yes, please identify what assistance was received in the sections below.

Federal Emergency Management Agency	What year did you receive assistance?	What was the purpose of the funding you received?	
Note: please include any assistance received for disasters <u>prior to 2024</u> , such as the 2022 McBride Fire			
Small Business Administration	What year did you receive assistance?	What was the purpose of the funding you received?	
Note: please include any assistance received for disasters <u>prior to 2024</u> .			
HOME Repair Program	What year did you receive assistance?	What was the purpose of the funding you received?	
Weatherization Program	What year did you receive assistance?	What was the purpose of the funding you received?	
USDA Rural Development	What year did you receive assistance?	What was the purpose of the funding you received?	
Note: please include any assistance received for disasters <u>prior to 2024</u> .			
Other	Which agency provided assistance?	What year did you receive assistance?	What was the purpose of the funding you received?
Note: please include any assistance from a federal agency received for your home that is not already listed above.			
As a result of <u>any</u> of the assistance listed above, were you required to carry flood insurance on your property?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, did you have flood insurance coverage at the time of the 2024 disasters?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please describe the reason:			



# New Mexico Home Recovery Program Application



<b>Was the damaged property covered by flood insurance <u>at the time of the 2024 disaster?</u></b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach a copy of the Declaration Page and provide the following information:	Name of Insurance Provider:	
	Policy Number:	
	Expiration Date:	
If yes, did you file a claim for damage due to the disaster?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you filed a claim for damage, did the insurance provider pay your claim?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much did you receive from your insurance provider?		
What is the outstanding amount pending with your provider (if any)?		
Are you currently disputing the claim with your insurance provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the reason:		
<b>Was the damaged property covered by homeowner's insurance <u>at the time of the 2024 disaster?</u></b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach a copy of the Declaration Page and provide the following information:	Name of Insurance Provider:	
	Address of Insurance Provider:	
	Policy Number:	
	Expiration Date:	
If yes, did you file a claim for damage due to the disaster?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you filed a claim for damage, did the insurance provider pay your claim?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much did you receive from your insurance provider?		
What is the outstanding amount pending with your provider (if any)?		
Are you currently disputing the claim with your insurance provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the reason:		



# New Mexico Home Recovery Program Application



<b>Was the damaged property covered by the National Flood Insurance Program (NFIP) at the time of the 2024 disaster?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach a copy of the Declaration Page and provide the following information:	Name of Insurance Provider:	
	Address of Insurance Provider:	
	Policy Number:	
	Expiration Date:	
If yes, did you file a claim for damage due to the disaster?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you filed a claim for damage, did NFIP pay your claim?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much did you receive from NFIP?		
What is the outstanding amount pending with NFIP (if any)?		
Are you currently disputing the claim with NFIP?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the reason:		
<b>Did you apply for Increased Cost of Compliance (ICC) funding for the damaged address?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>(ICC coverage is one of several resources for flood insurance policyholders that need additional help rebuilding after a flood. It will provide up to \$30,000 to help cover the cost of mitigation measures that will reduce flood risk.)</small>		
If yes, list the ICC application number:		
If yes, was the ICC assistance provided?		
If yes, provide the amount of ICC assistance that was approved:	\$	
Provide the amount of ICC assistance provided to date:	\$	
List any outstanding balance:	\$	



# New Mexico Home Recovery Program Application



## Disaster Recovery Benefits Received from Other Resources

Use this section to disclose all forms of assistance provided for repairs, elevation or reconstruction of the damaged property resulting from the 2024 disasters. Information must be complete and as accurate as possible. The New Mexico Home Recovery Program will verify all information. It is important that the names and addresses of all providers are accurate in order to complete the application process. Your application may not be processed if the information provided cannot be verified.

Warning: Any person who knowingly makes a false claim or statement to the State of New Mexico may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

### State Private Property Debris Removal Program (PPDR)

<b>Did you register for the State Private Property Debris Removal Program?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, was your property cleared of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, did you choose to unenroll in the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, you unenrolled from the program, did you receive other assistance removing debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there debris on your property currently that needs removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### FEMA Individual Assistance (IA)

<b>Did you register for Federal Emergency Management Agency - Individual Assistance (FEMA-IA) assistance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list FEMA-IA Registration ID Number:	
If yes, was FEMA-IA assistance approved for the damaged property? If yes, please attach a copy of your FEMA-IA registration and/or benefits letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Amount of FEMA IA assistance approved:	\$ _____
Amount of FEMA IA assistance provided to date:	\$ _____
List any outstanding balance:	\$ _____



# New Mexico Home Recovery Program Application



Small Business Administration (SBA)	
Did you apply for a Small Business Administration (SBA) Disaster Assistance Loan to repair or rebuild the damaged property?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, list SBA ID/Application number:

If yes, was the <b>SBA</b> loan approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach a copy of your SBA Disaster Assistance Loan approval letter.	

Amount of SBA assistance approved: \$ \_\_\_\_\_

Type of SBA assistance provided:

- Loss of Employment
- Reduction in Income
- Over 30% of gross income spent on housing
- Substantial increase in debt since SBA Disaster Assistance Loan qualification
- Other:

List any outstanding balance: \$ \_\_\_\_\_

If yes, and you did not receive assistance, did you decline assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What was the amount of the loan? \$ \_\_\_\_\_

What was the type of loan?

- Loss of Employment
- Reduction in Income
- Over 30% of gross income spent on housing
- Substantial increase in debt since SBA Disaster Assistance Loan qualification
- Other:

Why did you decline the loan?

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# New Mexico Home Recovery Program Application



Other Assistance	
<b>Have you received any additional assistance from a Voluntary Organization Active in Disasters (VOAD), non-profit, or other type of federal or local organization to repair or rebuild your damaged property?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, list all other organizations that have provided assistance for the repair or rebuilding of the damaged address and the amount/estimated amount of the assistance:

Name of Organization	Contact Name	Contact Phone Number	Type of Assistance <i>(Money, Gift Card, Voucher, Volunteer Labor/Materials, or Other)</i>	Amount of Assistance or Estimated Value of Labor/Materials
				\$
				\$
				\$
				\$
				\$
<b>TOTAL</b>				\$

If the assistance provided was labor, list repairs made to the damaged address:

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# New Mexico Home Recovery Program Application



## 9. Race and Ethnicity

This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

Providing this information is optional. Should you wish not to provide this information, please mark “*Decline to Report.*”

### Race of Head of Household (Select one):

- Black/African American
- Black/African American & White
- Native Hawaiian/Pacific Islander
- American Indian/Alaskan Native
- American Indian/Alaskan Native & Black/African American
- American Indian/Alaskan Native & White
- Asian
- Asian & White
- Other/Multi-Racial
- White
- Decline to Report

### Total Number of Household Members by Race

List total number of household members by race.

#### Number of Household Members:

- \_\_\_ Black/African American
- \_\_\_ Black/African American & White
- \_\_\_ Native Hawaiian/Pacific Islander
- \_\_\_ American Indian/Alaskan Native
- \_\_\_ American Indian/Alaskan Native & Black/African American
- \_\_\_ American Indian/Alaskan Native & White
- \_\_\_ Asian
- \_\_\_ Asian & White
- \_\_\_ Other/Multi-Racial
- \_\_\_ White
- \_\_\_ Decline to Report

### Ethnicity of Head of Household (Select one):

- \_\_\_ Hispanic
- \_\_\_ Non-Hispanic
- \_\_\_ Decline to Report



# New Mexico Home Recovery Program Application



## Total Number of Household Members by Ethnicity

List total number of household members by ethnicity.

### Number of Household Members:

- \_\_\_\_\_ Hispanic
- \_\_\_\_\_ Non-Hispanic
- \_\_\_\_\_ Decline to Report



# New Mexico Home Recovery Program Application



## 10. Stop Work Construction Notice

Federal rules require applicants who are seeking New Mexico Home Recovery Program assistance to stop rehabilitation or construction work on their property once an application has been submitted and until the federally required environmental review is complete. Applicants must not perform any demolition, repair, or reconstruction activities after they apply to the program unless the work is temporary and is required to prevent additional damage to the home or is required to make the home safe to live in.

Applicants are required to stop work because certain types of construction activities may change the condition of the property and result in environmental harm. Performing certain types of work such as permanent repair, modification, or demolition during this required "stop work" period will make an applicant ineligible to receive assistance from the program.

### TYPES OF WORK ALLOWED AFTER APPLICATION

- Applicants or volunteer organizations may perform temporary repairs to prevent further damage to the home such as temporarily patching a leaking roof.
- Applicants or volunteer organizations may perform temporary repairs to allow for safe occupancy and to address health and safety hazards such as fixing a broken heater to restore heat, removing mold or repairing unsafe wiring.
- It is important to limit repairs to temporary measures until the program can provide a permanent solution.
- Applicants should follow all applicable permitting requirements when performing temporary repairs, particularly for repairs relating to electrical and plumbing work.

HUD rules and regulations that govern the environmental review process can be found at **24 CFR Part 58**. The provisions of the National Environmental Policy Act (NEPA) and the Council on Environmental Quality (CEQ) regulations in 40 CFR Parts 1500 through 1508, as well as other state and federal laws and regulations (some of which are enforced by state agencies) also may apply depending upon the type of project and the level of review required.

To be compliant with 24 CFR Part 58, activities that have physical impacts or which limit the choice of project **alternatives cannot be undertaken, even with an applicant's own funds**, prior to obtaining environmental clearance. If prohibited activities are undertaken after submission of an application but prior to receiving approval from the New Mexico Home Recovery Program (New Mexico Home Recovery Program), the applicant is at risk for the denial of CDBG-DR assistance. The reason is that these



# New Mexico Home Recovery Program Application



actions interfere with the state and the Program's ability to comply with NEPA and Part 58.

To be eligible for New Mexico Home Recovery Program, Applicants must:

- **Stop all on-going construction activities at the time of application to New Mexico Home Recovery Program, except those listed above as allowed activities.**
- **Wait until the environmental clearance prior to initiating program approved work on the property.**

Applicants who do not comply with these requirements will be ineligible for assistance and may be subject to repayment of New Mexico Home Recovery Program funding, if already received.

The applicant acknowledges that he/she has received and reviewed the New Mexico Home Recovery Program's Stop Work Construction Notice. Further, the applicant agrees to stop any current construction work on the damaged property except for any temporary or emergency repairs required to preserve the property.

<b>Initial Here:</b>     
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# New Mexico Home Recovery Program Application



## 11. Applicant Acknowledgement of Program Notifications

**I/we swear or affirm that I/we have:**

Applied for the New Mexico Home Recovery Program assistance at the following damaged address:

\_\_\_\_\_ *Street Address*

\_\_\_\_\_ *Unit #*

\_\_\_\_\_ *City, State, ZIP Code*

I/We acknowledge the receipt of the following Program notifications (initial each item):

\_\_\_\_\_ Protect Your Family from Lead in Your Home HUD Brochure (Section 16 of this application)

\_\_\_\_\_ New Mexico Home Recovery Program Appeals/Grievance Procedures (Section 17 of this application)

\_\_\_\_\_ Stop Work Construction Notice (Section 10 of this application)



# New Mexico Home Recovery Program Application



## 12. Applicant Release of Information Authorization Form

All members of the household who are over the age of 18 must authorize DHSEM and its representatives to obtain information that is pertinent to determining eligibility for participation in the New Mexico Home Recovery Program.

- I/We acknowledge a photocopy of this form is as valid as the original; AND
- I/We have the right to review information received using this form; AND
- I/We have the right to receive a copy of information provided to the entity and to request correction of any information I/we believe to be inaccurate; AND
- I/We will sign this form and cooperate with the eligibility verification process; AND
- I/We understand that documents may become electronically permanent.

Household members aged 18 and older must verify that information is allowed to be released for all applicable items listed below by initialing each cell. Proof of income includes 1040 tax returns, pay stubs, and letters verifying benefits, such as SSI. A full list of proofs of income can be found in the checklist at the end of this application.

Household Member Name	Occupation	Income	Proof of Income
1.			
2.			
3.			
4.			
5.			
6.			

*Privacy Act Notice Statement:* DHSEM requires the collection of the information listed in this form to determine an applicant’s eligibility for the CDBG-DR Program. This information will be used to establish the level of benefits for which the applicant is eligible to receive and to verify the accuracy of the information furnished. Information received from an applicant as a result of verifying an applicant’s eligibility may be released to the appropriate federal, state, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval.



# New Mexico Home Recovery Program Application



## 13. Application Certification and Signatures

I understand that this application does not guarantee my eligibility to receive CDBG-DR funding.	<b>Initial Here:</b>
--	----------------------

By signing this application, the applicant(s) authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Under penalties of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in Programs that will accept this application.

**Warning: Any person who knowingly makes a false claim or statement to HUD or causes another to do so may be subject to civil or criminal penalties under 18 U.S.C. 2,287, 1001 and 31 U.S.C. 3729.**

**Applicant Printed Name:** \_\_\_\_\_

**Date:**

**Applicant Signature:** \_\_\_\_\_

**Co-Applicant Printed Name:** \_\_\_\_\_

**Date:**

**Co-Applicant Signature:** \_\_\_\_\_

***Disclaimer: New Mexico Department of Homeland Security and Emergency Management has made every effort to ensure the information contained on this form is accurate and in compliance with the most up-to-date CDBG-DR federal rules and regulations, as applicable. It should be noted that DHSEM assumes no liability or responsibility for any error or omission on this form that may result from the interim period between the publication of amended and/or revised federal rules and regulations and DHSEM standard review and update schedule.***



# New Mexico Home Recovery Program Application



## 14. New Mexico Home Recovery Program Right of Entry Form

Homeowner(s) Information		
Homeowner Name:	Co-Homeowner Name:	
Property Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	

I/we,

\_\_\_\_\_ ,  
 certify that I am / we are the owner(s), or authorized agent of the owner(s), of the real property located at the above address (hereinafter "Owner"). I hereby certify that I/we have full power and authority to execute this Right of Entry Permit (ROE) without the need for any further action, including, but not limited to, notice or approval from any other party.

I / we hereby grant the New Mexico Home Recovery Program and its authorized representatives (collectively referred to as "New Mexico Home Recovery Program") a right to enter upon the real property specified above by the address (hereafter the "Property") and will guarantee access to the property for the activities described listed in this right of entry permit.

1. **Purpose:** The New Mexico Home Recovery Program is granted this Right of Entry (ROE) to complete the following activities:
  - a. **Environmental Conditions Assessment:** a more detailed, site-specific review that evaluates specific localized environmental conditions on the subject property. These inspections are exterior of home only and will not require entry into the dwelling structure.
  - b. **Property Damage Assessment:** a process for evaluating property damage and unmet needs to inform eligibility for different levels of repair, construction, and reconstruction under the New Mexico Home Recovery Program. This requires full access to all areas of the interior of the home and will be conducted on a pre-scheduled, agreed-upon basis with the property owner.
  - c. **Rehabilitation, Reconstruction, and New Construction:** activities the New Mexico Home Recovery Program will conduct at the Property of eligible



# New Mexico Home Recovery Program Application



homeowners after the Program determines the type of assistance for which the homeowner is eligible.

- d. **Environmental Hazard Inspections:** activities that the New Mexico Home Recovery Program will undertake to test and identify environmental hazards such as lead based paint, asbestos containing materials, and/or radon. These activities are not required on every home, but when they are, testing and monitoring may be required in the interior of the home. Such testing and monitoring will be conducted on a pre-scheduled, agreed upon basis with the property owner or during construction activities when the property owner has vacated the property.
  - e. **Construction Inspections:** activities that the New Mexico Home Recovery Program and local jurisdictions will conduct at the Property of the eligible homeowners throughout the rehabilitation, reconstruction, and new construction process to ensure adherence to safety, quality, and regulatory requirements.
2. **Time Period:** This ROE shall expire twenty four (24 hours) after the turnover of the property to the homeowner after construction completion; immediately when the homeowner withdraws from the program or is deemed ineligible for assistance; or when the owner submits an executed *Withdrawal Form* (see below) to [DHSEM-DCM@dhsem.nm.gov](mailto:DHSEM-DCM@dhsem.nm.gov).
  3. **Authorized Activities:** Owner hereby grants to the New Mexico Home Recovery Program, the right to determine, in the New Mexico Home Recovery Program's sole discretion, which structures, materials, and items on the Property will be assessed, removed, repaired, rehabilitated, reconstructed, or newly constructed as part of its Program. Submission of this ROE authorizes the New Mexico Home Recovery Program to conduct Damage Assessments, environmental condition assessments, and Repair, Reconstruction, and New Construction activities on the Property. Owner may withdraw from the entirety of the Home Recovery Program by cancelling this ROE pursuant to Section 10. If Owner withdraws after work commences under the Program, the New Mexico Home Recovery Program may seek reimbursement for expenses incurred up to the point of withdrawal.
  4. **Release and Waiver of Liability:** Owner acknowledges that the New Mexico Home Recovery Program's decisions about when, where, and how to conduct Authorized Activities on Owner's property are discretionary functions. Owner hereby



# New Mexico Home Recovery Program Application



acknowledges that the Government is not liable for any claim based on the exercise or performance, or failure to exercise or perform, a discretionary function, and promises not to make such a claim. **Owner further releases the New Mexico Home Recovery Program from all liability for any damage to property or bodily injury or death to persons on the property that may occur during or after the Program. Please also see Sections 5 and 6, below.** Owner therefore waives any claims, or legal action against the Government, in accordance with state and federal law, including the New Mexico All Hazard Emergency Management Act, and the Stafford Act, 42. U.S.C. § 5148. Nothing in this Agreement shall be construed as a waiver of any sovereign immunity of the United States. The Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2671-2680 provides the exclusive monetary damages remedy for allegedly wrongful or negligent acts or omissions by federal employees within the scope of their employment.

- 5. Indemnification:** Owner agrees to indemnify and hold harmless the New Mexico Home Recovery Program from any and all claims, damage, or losses arising out of the Program activities carried out pursuant to this ROE. This indemnification is required by state and federal law, including but not limited to the Stafford Act, 42 U.S.C. § 5173. Please see Section 6 below.
  
- 6. Markings of Infrastructure Facilities:** Owner agrees to make their best efforts to mark subgrade utility lines (sewer, water, electricity, gas, cable, etc.) and to mark the location of septic tanks, leach fields, water wells, hand dug wells/cisterns, or other subgrade structures. Owner should carefully complete the attached *Property Information Form* and **append any maps, diagrams, or legible notes** that may be useful to the New Mexico Home Recovery Program's contractor in locating subgrade structures and instructing the crews which items the Owner may want to remain on the Property following the Program. The New Mexico Home Recovery Program will endeavor to avoid all marked structures; however, **Owner acknowledges pursuant to Section 4, that they release the New Mexico Home Recovery Program from any liability for damages to marked or unmarked structures.** Owner further acknowledges pursuant to Section 5 that they indemnify, hold and save harmless the New Mexico Home Recovery Program from any claims or losses due to any damages to marked or unmarked structures.
  
- 7. Driveway, Roadway, and Other Incidental Damage:** Multi-ton construction equipment, such as excavators, may be needed to perform repair, reconstruction,



# New Mexico Home Recovery Program Application



and/or new construction activities. The scale and weight of this equipment, and the weight of loaded trucks hauling materials from the Property, often exceeds the design capacity of residential driveways, sidewalks, and roadways. Crews will take reasonable precautions to mitigate against damage. However, Owner acknowledges cracking and damage to asphalt and concrete pavement is a common and unavoidable consequence and is therefore considered incidental to the Program. By signing this ROE and opting into the Program at this Property, the Owner acknowledges the risk of such incidental damage as well as their responsibility for the cost of any repairs to private property or jointly-owned private roadways that may be caused by New Mexico Home Recovery Program contractors in the performance of the Program operations. Owner acknowledges pursuant to Section 5, they indemnify, hold and save harmless the New Mexico Home Recovery Program from any repair claims described above, or any other incidental and unavoidable damage occurring as a result of routine operations associated with the Home Recovery Program.

- 8. Damage to Improved Property:** Repair, reconstruction, and new construction crews will attempt to minimize impacts to improved property that was not damaged by flood or fire. Owner may submit a complaint regarding any improved property that Owner believes was damaged during the Program operations to [DHSEM-DCM@dhsem.nm.gov](mailto:DHSEM-DCM@dhsem.nm.gov). However, Owner acknowledges Section 4 of this ROE limits the liability of the New Mexico Home Recovery Program with respect to such damage, if any.
- 9. Modification:** The provisions of this ROE may not be modified. Owner may cancel this ROE only by submitting an executed *Withdrawal Form* (see below) [DHSEM-DCM@dhsem.nm.gov](mailto:DHSEM-DCM@dhsem.nm.gov).
- 10. Fraudulent or Willful Misstatement of Fact:** An individual who fraudulently or willfully misstates any fact in connection with this ROE may be subject to penalties under state and federal law, including civil penalties, imprisonment for not more than five (5) years, or both, as provided under 18 U.S.C. § 1001.
- 11. Public Records Act:** Owner acknowledges that completed ROE forms may be subject to public disclosure under the New Mexico Inspection of Public Records Act, NMSA 1978, Section 14-2-1 to -12. Other state and federal laws may apply. Pursuant to Section 14-2-1.1, the following protected personal identifiable information will be redacted: (1) all but the last four (4) digits of a taxpayer identification number, financial



# New Mexico Home Recovery Program Application



account number, or driver's license number; all but the year of a person's date of birth; and a social security number.

## Disaster Impacted Property Information

Please complete the Disaster Impacted Property Information section to the best of your knowledge. The purpose of this section is to support property assessments that will take place as part of the New Mexico Home Recovery Program process and to identify any vehicles, underground tanks, and underground structures on the property that may impact site preparation.

Please identify all that apply on the property:

Vehicles	Location	Description	Comments
Car			
Boat or Trailer			
Other vehicles (ATVs, motorcycles, trailers, vans, motorhomes, recreational vehicles, trailers, etc.)			
Other (farm equipment, construction equipment, etc.)			

Underground Tanks	Location	Construction Date (if known)	Comments
Septic Tanks and Leach Fields			



# New Mexico Home Recovery Program Application



<b>Fuel/Oil/Kerosene/Propane Tanks</b>			
<b>Water Tanks</b>			
<b>Other</b>			

Underground Structures	Location	Construction Date (if known)	Comments
<b>Basement</b>			
<b>Root Cellar</b>			
<b>Other (water wells, cisterns/dug wells, mine shafts, bomb shelters, etc.)</b>			
<b>Former or active buried trash and debris piles</b>			



# New Mexico Home Recovery Program Application



**Insert or Draw Map of Property**

**Additional Property Information**



# New Mexico Home Recovery Program Application



Signatures	
<b>Printed name of Homeowner:</b>	
<b>Signature of Homeowner:</b>	<b>Date:</b>
<b>Printed name of Co-Homeowner:</b>	
<b>Signature of Co-Homeowner:</b>	<b>Date:</b>
<b>Email Address:</b>	<b>Phone Number:</b>
<b>Property Address:</b>	



# New Mexico Home Recovery Program Application



## 15. Option to Participate in Media

DHSEM requests your permission to share your personal story, project updates, photographs, and related information to help communicate community progress, highlight recovery efforts, and support public awareness. Your participation is voluntary. By signing this form, you agree that the agency may use the materials you provide in public communications such as:

- The agency's official website
- Press releases and media briefings
- Social media platforms
- Newsletters, reports, and outreach materials
- Public presentations and community engagement activities

No information will be published without your consent.

### Permission to Share My Story

I authorize DHSEM to share my personal recovery story, written statements, or interview content.

- Yes  
 No

### Permission to Share Photos or Videos of Me / My Property

I authorize the agency to use photos or videos that I provide or that are taken with my permission.

- Yes  
 No

### Permission to Share Project Updates

I authorize the agency to share updates and information related to my recovery project, assistance received, or progress reports.

- Yes  
 No

### Permission for Public Use Across Media Platforms

I authorize the agency to use my information on the following platforms (initial all that apply):

<b>Website</b>	
<b>Press releases / media briefings</b>	
<b>Social media</b>	
<b>Printed materials (newsletters, flyers, reports)</b>	
<b>Community presentations</b>	

### Conditions of Use

- I understand that my participation is voluntary and I may withdraw my consent at any time by submitting a written request to the agency.
- I understand that once information or photos are published online or released to the media, the agency cannot control further distribution.
- I understand that I will not receive compensation for the use of my story, photographs, or project information.

### Consent Acknowledgment

I have read and understand this consent form. I voluntarily give permission for the Department of Homeland Security and Emergency Management to use my story, photos, and/or project information as indicated above.



# New Mexico Home Recovery Program Application



**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_

## Agency Contact

If you have questions or wish to withdraw consent, please contact:

The Disaster Case Management Team  
505-670-4662 or  
DHSEM-DCM@dhsem.nm.gov



# New Mexico Home Recovery Program Application



## 16. Protect Your Family from Lead in Your Home HUD Brochure

HUD requires all CDBG-DR funded housing programs to provide residents with the Protect Your Family from Lead in Your Home brochure.

The Protect Your Family from Lead in Your Home Brochure is available on the Environmental Protection Agency's website at [Protect Your Family from Lead in Your Home \(English\) | US EPA](#)

To review the Brochure in English, please follow the link here: [lead-in-your-home-portrait-color-508\\_mar2021\\_0.pdf](#)

To review the Brochure in Spanish, please follow the link here: [pyf-spanish-color-2020-portrait-508.pdf](#)

To receive a paper copy of the Protect Your Family from Lead in Your Home, please contact a Disaster Case Manager at 505-670-4662 or [DHSEM-DCM@dhsem.nm.gov](mailto:DHSEM-DCM@dhsem.nm.gov)



# New Mexico Home Recovery Program Application



## 17. New Mexico Home Recovery Program Appeals and Complaints Procedures

The New Mexico Department of Homeland Security and Emergency Management (DHSEM) and its New Mexico Home Recovery Program are committed to providing a fair complaints and appeals process.

The New Mexico Home Recovery Program Complaints and Appeals policy and the New Mexico Home Recovery Program Complaints Form are available on DHSEM's website at [www.dhsem.nm.gov](http://www.dhsem.nm.gov). Paper copies of the New Mexico Home Recovery Program Complaints Form may be requested by contacting a Disaster Case Manager at 505-670-4662 or [DHSEM-DCM@dhsem.nm.gov](mailto:DHSEM-DCM@dhsem.nm.gov).

The New Mexico Home Recovery Program defines complaints and appeals as follows:

**Appeal:** A formalized written request by an applicant asking for a reversal or revision of a program's determination that affects their eligibility and/or amount of assistance they receive from the program.

**Complaint:** Process by which citizens can express their New Mexico Home Recovery Program concerns and complaints including but not limited to an allegation, whether written or oral, formal or informal, asserting fraud, waste, abuse, mismanagement, discrimination, violation of program policies or procedures, failure to comply with applicable federal or state requirements, or other improper conduct in the administration or implementation of Community Development Block Grant for Disaster Recovery Programs (CDBG-DR) programs.

### Appeals

Applicants to the New Mexico Home Recovery may submit a written appeal related to any determination made by the New Mexico Home Recovery Program that affects the resident's eligibility or assistance they may receive, except in cases of potential fraud, recapture, or revocation of assistance, as determined by DHSEM.

Appeals must be submitted in writing within thirty (30) calendar days from the date of the Award Determination Letter and prior to the execution of an Award Determination Letter and other legally binding documents unless otherwise allowed by federal regulatory obligations. The written request should include specific information related to specific facts or circumstances, along with supporting documents, to substantiate the request.

A resident who wishes to submit a written appeal may do so using any of the following methods:

**Online:** Complete the complaint form online at [www.dhsem.nm.gov/cdbq-dr2025](http://www.dhsem.nm.gov/cdbq-dr2025)



# New Mexico Home Recovery Program Application



**By mail:** Department of Homeland Security and Emergency Management

Attention: New Mexico Home Recovery Program, Appeals

PO Box 27111

Santa Fe, NM 87502

The New Mexico Home Recovery Program will acknowledge receipt of the appeal request in writing no later than fifteen (15) working days after the request is received, when feasible. The response may include one of the following actions:

- An acknowledgment of receipt of the appeal request, along with a notification that reviewing the applicant's file may take longer than fifteen (15) working days.
- A request for additional supporting documentation or information from the applicant.
- An update on the investigation status and an estimated timeframe for a decision.
- A final determination regarding the request, which may include:
  - The New Mexico Home Recovery Program agreeing with the request and implementing the necessary adjustments; or
  - The New Mexico Home Recovery Program disagreeing with the request and providing the rationale for the denial.

Throughout the appeals process, the New Mexico Home Recovery Program decisions regarding applications and/or projects will be made based on relevant statutes, federal regulations, local administrative codes, and state and local guidelines, as interpreted by the program.

During the appeal evaluation, the New Mexico Home Recovery Program will review only the facts and information already part of the applicant's file unless the applicant provides new documentation. The New Mexico Home Recovery Program has the discretion to accept or reject any new documents based on their relevance to the appeal.



# New Mexico Home Recovery Program Application



## Complaints

A resident who wishes to submit a concern or complaint may do so using any of the following methods:

**In person:** At a publicly noticed meeting. All scheduled public meetings are posted to DHSEM's website at [www.dhsem.nm.gov/cdbg-dr2025](http://www.dhsem.nm.gov/cdbg-dr2025)

**Online:** Complete the New Mexico Home Recovery Program Complaint Form online at [www.dhsem.nm.gov/cdbg-dr2025](http://www.dhsem.nm.gov/cdbg-dr2025)

**By email:** [DHSEM-DCM@dhsem.nm.gov](mailto:DHSEM-DCM@dhsem.nm.gov)

**By mail:** Department of Homeland Security and Emergency Management  
Attention: New Mexico Home Recovery Program, Complaints  
PO Box 27111  
Santa Fe, NM 87502

**By Phone:** Call a program representative by calling the State Disaster Case Management mainline at 505-670-4662 for assistance.

The New Mexico Home Recovery Program will provide a written response to all complaints within fifteen (15) working days of receiving them. After the initial response, they will make every effort to resolve complaints within the same fifteen (15) working day timeframe. If a resolution cannot be reached within this period, the complainant will receive a status update regarding their issue(s) and, if feasible, an estimated time period when a resolution can be expected.

A New Mexico Home Recovery Program representative will monitor response times to ensure compliance and may adjust timelines for additional responses, as necessary.

All complaints and inquiries received will be reviewed by DHSEM staff for the following actions:

- Investigation, if necessary;
- Resolution; or
- Follow-up actions.

Each complaint and inquiry will be documented in a tracking system. New Mexico Home Recovery Program staff will maintain electronic files that contain:

- The name and contact information of the complainant;



# New Mexico Home Recovery Program Application



- The date the complaint was received;
- A description of the complaint;
- The names of all individuals contacted regarding the complaint;
- A summary of the outcome and the response date to the complainant; and
- An explanation of the resolution.

New Mexico Home Recovery Program staff will conduct monthly reviews of these complaints and inquiries to identify any emerging patterns and determine if these issues require a policy change or additional training.

In cases of concerns and complaints with unsatisfactory resolutions, the New Mexico Home Recovery Program will reasonably assist the complainant in submitting the complaint to the appropriate agency. The individual(s) filing the complaint have the option of filing directly with the U.S. Department of Housing and Urban Development (HUD), the New Mexico Department of Homeland Security and Emergency Management (DHSEM), or with both agencies simultaneously.

## Fair Housing Rights Violations

The New Mexico Housing Program complies with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). Complaints alleging violation of fair housing laws will be directed to the U.S. Department of Housing and Urban Development (HUD) for immediate review.

Any person who feels that their housing rights have been violated may submit a complaint to U.S. Department of Housing and Urban Development using any of the following methods:

**Online:** <https://www.hud.gov/fairhousing/fileacomplaint>

**By mail:** Office of Fair Housing and Equal Opportunity Department of Housing and Urban Development Room 5204 451 Seventh Street SW Washington, DC 204102000

**By phone:** 202-708-1112 or 800-669-9777

The Department of Homeland Security and Emergency Management (DHSEM) certifies that the New Mexico Home Recovery Program will be conducted and administered in conformity with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601-3619), and implementing regulations, and that it will affirmatively further fair housing practices.



# New Mexico Home Recovery Program Application



## Fraud, Waste, and Abuse

The Department of Homeland Security and Emergency Management (DHSEM) is committed to making the New Mexico Home Recovery Program and Program processes more effective, available, and accessible to all New Mexico residents. DHSEM encourages any resident, stakeholder, or employee to report concerns regarding fraud, waste, and abuse within DHSEM operations. The New Mexico Office of the State Auditor (OSA) Special Investigations Division is responsible for the investigation of allegations involving state or local government misuse of public funds. Reports can be anonymous and are treated with confidentiality.

Any person who suspects fraud, waste, or abuse may report a concern to the New Mexico Office of the State Auditor using any of the following methods:

**By phone:** Call the Fraud Hotline (toll free) 1-866-OSA-FRAUD (1-866-672-3728 OR 505-476-3800

**Online:** File a complaint using the OSA Fraud Hotline web portal at <https://www.osa.nm.gov/auditing/special-audits-and-investigations/>

All reported cases of fraud, waste, or abuse of government funds will be forwarded to the United States Department of Housing and Urban Development (HUD), Office of Inspector General (OIG) Hotline online at [www.HUDOIG.gov/hotline/report-fraud](http://www.HUDOIG.gov/hotline/report-fraud) or via telephone at 800-347-3735.



# New Mexico Home Recovery Program Documentation Checklist



The New Mexico Home Recovery Program Documentation Checklist serves as a tool for residents to support their applications to the New Mexico Home Recovery Program. The Department of Homeland Security and Emergency Management's (DHSEM) goal is to accept the minimum amount of documentation while still complying with federal requirements. The list of documents below provides residents with information on documentation requirements while providing options for each documentation category. State Disaster Case Managers are available to answer any questions about the documentation required and to support documentation collection.

Applications to the New Mexico Home Recovery Program will be reviewed when complete and on a first come, first serve basis. An application is not considered complete and will not be reviewed for eligibility until an application and all of the required supporting documentation have been submitted.

## Valid Photo ID

**One (1) of the following for all legal owners of the residence:**

### Preferred:

- Current Driver's License or Non-Driver Photo ID Card or
- Current U.S. Passport or Passport Card

### Other types of acceptable documentation:

- Valid U.S. Birth Certificate with:
- Government-Issued or State-Issued Photo Identification or
- Military ID Card
- Permanent Resident Card, Resident Alien Card, or Certificate of Naturalization\* with
- Government-Issued or State-Issued Photo Identification
- Confirmed assistance using FEMA Individual Assistance or Small Business Administration (SBA) data.

*\*Please note that the U.S. Department of Housing and Urban Development requires New Mexico Home Recovery Program staff to verify the immigration status of noncitizen applicants for housing assistance programs through the SAVE system.*

## Income Documentation

**One (1) of the following for all household members 18 years of age or older**



# New Mexico Home Recovery Program Application



**Preferred:**

- 2025 1040 tax return (IRS 1040, 1040A or 1040 EZ) signed and submitted OR

**Other types of acceptable documentation:**

- Social security income or disability income statement
- 1099
- Unemployment benefit statement or letter of termination from most recent employer
- Current and consecutive paycheck stubs for three (3) months. The number of paychecks required to substantiate three (3) months varies based on the pay schedule. For example, an adult paid biweekly will need to provide six (6) pay statements
- Pension or retirement income statement showing current monthly or yearly gross amount

## Home Ownership Documentation

**One (1) of the following**

Proof of ownership must be at the time of the 2024 disaster, and the applicant must have maintained ownership as of the date of application.

**Preferred:**

- 2024 Property Tax Record

**Other types of acceptable documentation if the program is unable to verify ownership via the 2024 tax rolls:**

- Mortgage Statement
- Deed
- Court order or judgement granting ownership/possession of the property
- Act of Donation
- Life Estate/Trust

**AND one (1) of the following:**

- Copy of the most recent mortgage statement
- Copy of the formal payment plan if applicable



# New Mexico Home Recovery Program Application



- A recent letter from the mortgage company indicating the mortgage status
- Certification of No Mortgage Form

## Primary Residency Documentation

### One (1) of the following

Primary residency must be at the time of the 2024 disaster, and the applicant must have lived at the damaged property at the time of the 2024 disaster.

#### Preferred:

- 2024 Property Tax Record

#### Other types of acceptable documentation:

- Copy of water, electric, or gas bill(s) showing service for the six (6) months prior to disaster date and showing usage consistent with primary residency as judged by the Program's eligibility review team
- Letter from a water, electric, or gas service provider stating that service was provided in the name of the applicant(s) for the six month period prior to the disaster with usage that is consistent with primary residences.

## Insurance Documentation

If an applicant had homeowner and or flood insurance at the time of the 2024 disaster(s), he/she must provide a copy of the claim summary (outlining structural payments vs. contents) including the date of the claim, applicant name, damaged residence address, and net claim amount.

- Homeowner's Insurance Policy Number
- Flood Insurance Policy Number
- If an applicant is located within a Special Flood Hazard Area (SFHA) and at any time has received federal disaster relief assistance that was conditioned on the person first having obtained flood insurance under applicable federal law, then proof of flood insurance obtained after receipt of Federal disaster relief assistance and a copy of the applicant's current proof of flood insurance will be required.

## Proof of Damage

### Provide all that apply:

- Insurance claim information
- FEMA award letter
- SBA award letter



# New Mexico Home Recovery Program Application



- Certification of damage

## Additional Documentation (As Applicable)

If the applicant intends for a third party to act on his or her behalf related to the program, provide Power of Attorney documentation.

If the household has children under the age of 18, the applicant must provide the birth certificate, U.S. Passport or State-issued ID for each child.

If a household member is disabled, provide one of the following:

- SSDI Statement
- Letter from doctor stating household member qualifies as disabled
- Disability exemption on property tax documentation
- Home Recovery Program Verification of Disability form

## What happens after I submit an application?



**Step 1:** Once your application is received, a Disaster Case Manager will review your application for completeness. If there is information needed to process your application, a Disaster Case Manager will work with you to submit any additional information that is needed.

A full application includes the application and all supporting documentation. An application will not be reviewed for New Mexico Home Recovery Program eligibility until the application is complete.

**Step 2:** Once a complete application is received, an Eligibility Specialist will review your application and all supporting documentation to determine whether you are eligible for the program, verify income, and other types of disaster assistance received (duplication of benefit).

**Step 3:** The New Mexico Home Recovery Program will send inspectors to your home to conduct assessments. Inspectors review the disaster-related damage to your home, take photos and notes, and develop a cost estimate for rehabilitation, reconstruction, or new construction of your home.

**Step 4:** DHSEM will provide an Award Determination Letter that details the type of assistance you are able to receive through the New Mexico Home Recovery Program (Minimum Award



# New Mexico Home Recovery Program Application



\$5,000.00; Maximum Award \$350,000.00). The Award Determination Letter can be contested or signed and executed.

**Step 5:** Once the Award Determination Letter is signed and executed, DHSEM will assign a contractor to work on your home.