BernCo Relief of Emergency Needs for Tenants Assistance (RENT) Program

Assistance Program

The BernCo Relief of Emergency Needs for Tenants (RENT) Assistance Program provides one-time emergency rental and utility assistance to Bernalillo County households experiencing financial hardship as a result of the COVID-19 crisis.

All applications will be reviewed on a first come, first served basis.

Eligibility criteria for BOTH Tenant AND Landlord are outlined in the two sets of criteria below. Before proceeding, it is recommended that both parties discuss and agree that they are both willing and able to proceed and that both will complete the online application, provide all required items, and abide by all required terms.

Amount of Rental Assistance

Funds from this program will be applied towards past rent and certain utilities starting March 2020 and through September 2025, rental and utility assistance payments. Rental payments will be processed with all past due rent plus 3 future months. Applicants may request additional funds for future rent payments and past due or current utility payments for 3 months at a time per Federal Guidelines, Recertification and proof of eligibility is required.

NOTE: Funds for this Emergency Rental Assistance program do not include Mortgage Relief Payments.

Eligibility Requirements

To be eligible to participate in the BernCo RENT Assistance program, applicants must meet the following conditions:

Rental Assistance

- Grants are strictly limited to qualified tenants residing at rental properties physically located outside of both Tribal Lands, and the City of Albuquerque limits, but within Bernalillo County.
- One or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak.
- One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability.
- The household income must be at or below 80% of the Area Median Income Level (AMI).
- Must currently be on a rental lease, which includes:
  - Written and Verbal Leases;
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- Hotel room rental that is a primary residence;
- Rent to own agreement, under which the renter has the option or obligation to purchase the property, is not a party to the mortgage, and has not executed the purchase option; and
- Land lease for a manufactured home

- The rent must have been current as of March 1st, 2020.
- Must read and agree to full Terms & Conditions that are outlined prior to submission of the application.

Utility Assistance

- Address on the utility bills must match applicant’s address.
- Utilities must be past due or at risk of being disconnected.

Required Documentation – Rental Assistance

If you are requesting assistance under this program, please provide the following documentation:

- Proof of Identity (one of the following):
  - A copy of your Government Photo ID;
  - Permanent Resident Card;
  - Passport or;
  - Birth certificate

- Current lease or pages of current lease showing address of home, amount of lease rent, term of lease or if lease is on a month-to-month basis. Must include signature of applicant and landlord.

- Proof that one or more members of the applicant’s household either (i) qualified for unemployment benefits or (ii) experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak.
  - If the applicant is applying based on section (i) for this determination, the applicant must either provide a written attestation signed by the applicant or other relevant documentation regarding the household member’s qualification for unemployment benefits.
  - If the applicant is applying based on section (ii) for this determination, Federal guidance requires the applicant to provide a written attestation signed by the applicant that one or more members of the household meets this condition.
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- Proof that one or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability, which may include
  - A past due utility or rent notice or eviction notice,
  - Written attestation of unsafe or unhealthy living conditions, or
  - Written attestation or other evidence of risk.

- Proof of Income including written attestation of income and also documentation available such as:
  - Forms IRS W2
  - Form 1099
  - Bank Statements
  - 2 Months of Pay stubs;
  - Letter from employer confirming wages;
  - Pay stubs noting decrease of hours or wages;
  - Letter from employer that notes decrease of hours or wages;
  - State of New Mexico unemployment benefits document.

- Applicants must be on a lease or month-to-month rental agreement, and not have their rent fully covered by other federally subsidized rental assistance programs (such as project-based voucher assistance, a housing choice voucher, or public housing).

If you are not currently working and have no income or support, please complete Certification of Zero Income form. The Zero Income Certification Form is for purposes of eligibility income compliance and must be used for household members who receive or earn no income.

In order to receive rental assistance, your landlord will be required to submit a separate application, which will be provided by Bernalillo County. Landlords will also be required to supply the documentation noted below.

**Required Landlord Documents:**

- Invoice with past due amount(s)
- **Proof of Ownership**
  - Bernalillo County Property Tax Bill
- Bernalillo County Master Vendor Form
- W9
• A copy of your Government Photo ID

Landlords must submit their W9, Vendor Master Form, and Proof of Ownership such as tax documentation to Bernalillo County Economic Development or the application will be considered incomplete.

The landlord must attest to releasing the lessee of any remaining obligation for any past due or current rent payment for which Bernalillo County pays the landlord. The landlord also commits to not seek eviction for nonpayment tenants for at least three (3) months after the date when eviction moratoriums have expired, and evictions may otherwise legally proceed; this commitment applies even if the lease has expired and/or is up for renewal, or if the rental term is currently in a month-to-month status.

Required Documentation – Utility Assistance
If you are requesting utility payment assistance, in addition to the information requested in the “Requesting Assistance” section above, please provide documentation showing the need for utility assistance, such as:

• Current Utility Bill
• Disconnect Notice

Incomplete applications and failure to provided required information and/or documents could result in denial.

NOTE: Much of the correspondence for this Program is via EMAIL, so please check your Spam email folder if you have not received any emails from Neighborly Software or from EMAIL.
A. Eligibility

The following questions will help determine whether your household meets basic eligibility for the Bernalillo Emergency Rental Assistance program.

A.1. Is your household income at or below the 80% area median income level?
   □ Yes □ No

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1 people</th>
<th>2 people</th>
<th>3 people</th>
<th>4 people</th>
<th>5 people</th>
<th>6 people</th>
<th>7 people</th>
<th>8 people</th>
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<tr>
<td>AMI 80%</td>
<td>$42,300.00</td>
<td>$48,350.00</td>
<td>$54,400.00</td>
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<tr>
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<td>$34,000.00</td>
<td>$37,750.00</td>
<td>$40,800.00</td>
<td>$43,800.00</td>
<td>$46,850.00</td>
<td>$49,850.00</td>
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A.2. Are you delinquent on your rent and/or utility payments or know you won’t be able to pay next month’s rent? NOTE: Funds for this Emergency Rental Assistance program do not include Mortgage Relief assistance.
   □ Yes □ No

A.3 Are you a resident of Bernalillo County and live outside of both Tribal Lands, and the boundaries of the City of Albuquerque?
   □ Yes □ No

A.4. Have you qualified for unemployment benefits OR Do you have proof that you have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due directly to the coronavirus outbreak that can be documented?
   □ Yes □ No

IF YOU ANSWERED NO TO ANY OF THESE QUESTIONS, YOU MAY NOT BE ELIGIBLE FOR EMERGENCY RENTAL ASSISTANCE. YOU CAN CONTINUE THE APPLICATION, AND WE WILL NOTIFY YOU OF YOUR ELIGIBILITY BASED ON YOUR COMPLETED APPLICATION.
B. Applicant Information

Please provide the following information. Please provide the following information.

PRIMARY APPLICANT
B.1. Applicant First Name: CO-APPLICANT (IF APPLICABLE)
B.8 Co-Applicant First Name

B.2. Applicant Last Name B.9 Co-Applicant Last Name

B.3. Home Address B.10 Home Address

B.4. Mailing Address B.11 Telephone Number

B.5. Telephone Number B.12 E-Mail

B.6. E-Mail

B.7 Is any household member currently receiving unemployment compensation for at least 90 days?
C. Household Members

PRIMARY HOUSEHOLD MEMBER

First Name:
Middle Name:
Last Name:
Birthdate:

EMPLOYMENT

☐ Check here if not employed

Employment History

Employer 1: Address 1:
Start Date: Address 2:
Phone: City, State, Zip

Employer 2: Address 1:
Start Date: Address 2:
Phone: City, State, Zip

DEMOGRAPHICS

Relationship to Head of Household

☐ Self
☐ Head of household’s child
☐ Head of household’s spouse or partner
☐ Head of household’s other relation member (other relation to head of household)
☐ Other; non-relation member

Race

☐ Multi-Racial

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☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Refuse to Answer

Ethnicity
☐ Hispanic or Latino
☐ Non Hispanic or Latino
☐ Refuse to Answer

Gender
☐ Male
☐ Female
☐ Gender Non-Conforming
☐ Trans Male (Female to Male)
☐ Trans Female (Male to Female)

Additional HOUSEHOLD MEMBER(S)

First Name:
Middle Name:
Last Name:
Birthdate:

EMPLOYMENT
☐ Check here if not employed

Employment History

Employer 1: Address 1:
Start Date: Address 2:
Phone: City, State, Zip

Employer 2: Address 1:
Start Date: Address 2:
Phone: City, State, Zip

DEMOGRAPHICS

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Relationship to Head of Household

☐ Self
☐ Head of household’s child
☐ Head of household’s spouse or partner
☐ Head of household’s other relation member (other relation to head of household)
☐ Other; non-relation member

Race

☐ Multi-Racial
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Refuse to Answer

Ethnicity

☐ Hispanic or Latino
☐ Non Hispanic or Latino
☐ Refuse to Answer

Gender

☐ Male
☐ Female
☐ Gender Non-Conforming
☐ Trans Male (Female to Male)
☐ Trans Female (Male to Female)

Additional HOUSEHOLD MEMBER(S)

First Name:
Middle Name:
Last Name:
Birthdate:

EMPLOYMENT

☐ Check here if not employed

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Employment History

Employer 1: Address 1:
Start Date: Address 2:
Phone: City, State, Zip

Employer 2: Address 1:
Start Date: Address 2:
Phone: City, State, Zip

DEMOGRAPHICS

Relationship to Head of Household
  □ Self
  □ Head of household’s child
  □ Head of household’s spouse or partner
  □ Head of household’s other relation member (other relation to head of household)
  □ Other; non-relation member

Race
  □ Multi-Racial
  □ American Indian or Alaska Native
  □ Asian
  □ Black or African American
  □ Native Hawaiian or other Pacific Islander
  □ White
  □ Refuse to Answer

Ethnicity
  □ Hispanic or Latino
  □ Non Hispanic or Latino
  □ Refuse to Answer

Gender
  □ Male
  □ Female
  □ Gender Non-Conforming
  □ Trans Male (Female to Male)

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□ Trans Female (Male to Female)

Additional HOUSEHOLD MEMBER(S)

First Name:  
Middle Name:  
Last Name:  
Birthdate:

EMPLOYMENT

□ Check here if not employed

Employment History

Employer 1:  
Start Date:  
Phone:  
Address 1:  
Address 2:  
City, State, Zip

Employer 2:  
Start Date:  
Phone:  
Address 1:  
Address 2:  
City, State, Zip

DEMOGRAPHICS

Relationship to Head of Household

□ Self  
□ Head of household’s child  
□ Head of household’s spouse or partner  
□ Head of household’s other relation member (other relation to head of household)  
□ Other; non-relation member

Race

□ Multi-Racial  
□ American Indian or Alaska Native  
□ Asian  
□ Black or African American  
□ Native Hawaiian or other Pacific Islander  
□ White  
□ Refuse to Answer

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Ethnicity

□ Hispanic or Latino
□ Non Hispanic or Latino
□ Refuse to Answer

Gender

□ Male
□ Female
□ Gender Non-Conforming
□ Trans Male (Female to Male)
□ Trans Female (Male to Female)

Documentation

☐ Attach valid Photo ID for all adult household members (18 years of age or older) *Required

D. Household Income Verification

You have two options for reporting/entering your household income. The two options are outlined below and you can select one of the options and follow the instructions for that option.

Option 1: Enter the combined "adjusted gross income" from your 2021 tax return filed with the IRS and attach the first four pages of the 1040 portion of your household tax return.
OR
Option 2: Enter income information for every household member for each type of income following the instructions below. Note: You will need to upload supporting documents for each type of income for each family member.

Follow the instructions below to add at least one source of income for each household member over 18 years of age. If a household member has zero income, then add "Zero Income" as an income source from the menu. If you are not currently working and have no income or support, please complete the Certification of Zero Income form. The Certification of Zero Income form is for purposes of eligibility income compliance and must be used for household members who receive or earn no income.

☐ I will certify my household annual income by using my 2021 Federal Income Tax Return (upload required)

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□ I DO NOT have my 2021 Federal Income Tax Return and will certify my household annual income by
documenting each household members income source(s) below:

HOUSING MEMBER

First & Last Name:
Age:
Total Income:

Income Source:
□ Alimony
□ Child Support
□ Gross Pay
□ Investment Income
□ No Income
□ Other
□ Pension
□ Retirement
□ Social Security
□ Unemployment Comp

Additional Information:

Annual Income:

Failure to include ALL income information for every household member may prevent assistance from
being provided OR you may be required to REPAY assistance if you are found to be ineligible after
assistance is granted.

E. COVID-19 Impact

E.1 Has the leaseholder or other members of the leaseholder household lost income or experienced
financial hardship during the COVID-19 pandemic?
□ Yes

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☐ No

E.2. Please check each condition that applies to the leaseholder or other members of leaseholder household (check all that apply):

☐ Have been laid off temporarily or permanently
☐ Have had work hours reduced
☐ Were about to start a new job but could not, or were terminated from a new job before establishing sufficient work history to be eligible for regular benefits.
☐ Are self-employed, and their business is no longer supplying them with income or such income has been reduced.
☐ Are independent contractors or gig workers who have not been able to earn fees, or whose fees have been reduced.
☐ Have become sick themselves or have been advised by a governmental or medical professional to self quarantine.
☐ Have had to leave a job or reduce hours in order to care for a person who is sick.
☐ Have had to leave a job or reduce hours to care for dependents whose ordinary situations (such as school or daycare) have been disrupted.
☐ Have reasonable concern over the risk of infection at work, for themselves or someone in their household. (Examples include individuals who themselves or live with someone who is elderly, have underlying conditions that render them more vulnerable, or are immunocompromised).
☐ I had an unexpected COVID related medical or funeral expense
☐ Have other conditions resulting in loss of income due to the COVID-19 pandemic. (Please describe below).

If you selected "Other," please describe the situation below:

E.3 Please provide a short description of your financial impact during the COVID-19 pandemic:

Supporting documentation

☐ Please attach COVID-19 Loss of income documentation such as letter from employer, description of loss of self-employment income, letter showing reduction in hours or description of

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financial impact that led to past due rent/utilities. **NOTE document needs a hand-written signature**

### F. Assistance Request

Fill out the amount that you are requesting for each month of housing payments that you require assistance for due to your household’s COVID-19 impact. For instance, if you require assistance for $1,000 of rent missed in November 2020, but only $500 of rent missed in December 2020, then you would fill out $1,000 in November 2020 and $500 in December 2020. Rental payments will be processed with all past due rent plus 3 future months.

Applicants may request additional funds for future rent payments and past due or current utility payments for 3 months at a time per Federal Guidelines, Recertification and proof of eligibility is required.

**RENTAL ASSISTANCE REQUESTED**

Are you requesting rent assistance?
- [ ] Yes  [ ] No

If you are requesting rent assistance, you must attach your rental agreement. If you do not have a written lease, please complete the Certification of Verbal Lease form.

- [ ] Most Recent Rent Statement (Must show name, address, and rental amount due) *Required

- [ ] Rental Agreement / Documentation that Shows Rental Arrangement *Required

**LANDLORD INFORMATION**

F.6. Landlord/Entity Name:

F.7. Landlord Phone Number:

F.8. Landlord Email:

F.9. Landlord Address:

Has your household received an eviction notice from your landlord?
- [ ] Yes  [ ] No

If Yes, you must attach the eviction notice.
- [ ] Eviction Notice

Updated 11/10/2021
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G. Water/Sewer, Gas/Propane & Electric Utility Assistance

This program will only pay past due and current utilities directly to the Utility Company. No future months of utility expenses are paid.

Applicants may request additional funds for future rent payments and past due or current utility payments for 3 months at a time per Federal Guidelines, Recertification and proof of eligibility is required.

**WATER/SEWER ASSISTANCE REQUESTED**

Are you requesting Water/Sewer Utility Assistance?
- ☐ Yes
- ☐ No

**GAS/PROPANE ASSISTANCE REQUESTED**

Are you requesting Gas/Propane assistance?
- ☐ Yes
- ☐ No

**ELECTRIC ASSISTANCE REQUESTED**

Are you requesting electric utility assistance?
- ☐ Yes
- ☐ No

**WATER COMPANY:**

_________________________

**ACCOUNT NUMBER:**

_________________________

**UTILITY REQUESTS BY MONTH:**

**WATER ASSISTANCE REQUEST**

- July 2022
- August 2022
- September 2022

**GAS ASSISTANCE REQUEST**

- July 2022
- August 2022
- September 2022

**ELECTRIC ASSISTANCE REQUEST**

- July 2022
- August 2022
- September 2022

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October 2022

November 2022

December 2022

Water/Sewer Late Fees:

Total Water/Sewer Request:

If you are requesting water/sewer assistance, you must attach your most recent water/sewer utility statement.

☐ Water/Sewer Utility Statement *Required

Total Gas/Propane Late Fees:

Total Gas/Propane Request:

If you are requesting gas/propane assistance, you must attach your most recent gas/propane utility statement.

☐ Gas/Propane Utility Statement *Required

Electric Late Fees:

H. Internet and Trash Service Assistance Request

This program will only pay past due and current utilities directly to the Utility Company. No future months of utility expenses are paid.

Applicants may request additional funds for future rent payments and past due or current utility payments for 3 months at a time per Federal Guidelines, Recertification and proof of eligibility is required.

INTERNET SERVICE ASSISTANCE REQUESTED

TRASH SERVICE ASSISTANCE REQUESTED

Are you requesting internet assistance?

☐ Yes ☐ No

Are you requesting trash assistance?

☐ Yes ☐ No

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Internet Service Provider: 

If Other, enter Internet Service Provider Name: 

Internet Service Provider Account Number: 

Internet service request by month: 

July 2022 

___________________________ 

August 2022 

___________________________ 

September 2022 

___________________________ 

October 2022 

___________________________ 

November 2022 

___________________________ 

December 2022 

___________________________ 

Late Internet Fees: 

Total Internet Service Request: 

If you are requesting internet service provider assistance, you must attach your most recent internet service provider statement. 

☐ Internet Service Provider Statement *Required

Trash/Waste Service Provider: 

If Other, enter Trash/Waste Service Provider Name: 

Trash/Waste Service Provider Account Number: 

Trash service request by month: 

July 2022 

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August 2022 

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September 2022 

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October 2022 

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November 2022 

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December 2022 

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Late Trash Fees: 

Total Trash Service Request: 

If you are requesting trash/waste assistance, you must attach your most recent trash/waste service provider statement. 

☐ Trash/Waste Utility Statement *Required

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I. Prior Assistance Received

Assistance provided under the Emergency Rental Assistance Program for households economically impacted by COVID-19 may not exceed a household’s monthly unmet housing cost needs. List all other sources of rent or utility assistance received from local governments, the State, Owner Preservation Program, non-profit organizations, faith-based organizations, or friends and family.

PRIOR HOUSING ASSISTANCE RECEIVED

I.1 Has anyone in your household applied for, or received any rental and/or utility assistance from any source (local, state, federal, private) FOR THE MONTHS *YOU ARE* APPLYING TO ERA FOR? If yes, proceed with this section. If No, you do not have to complete nor submit this section of the application. If you are answering No, you are certifying that you have completed the Section I that you have not received prior assistance received.

List the housing assistance that you have already received each month, where applicable. List all of the sources of financial and/or housing assistance (the name of the local, state, federal or private organization) FOR ONLY THE MONTHS YOU ARE APPLYING TO FOR EMERGENCY RENT (UTILITY) ASSISTANCE.

<table>
<thead>
<tr>
<th></th>
<th>March Assistance Source</th>
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Once an application is submitted, it can only be "Re-opened" by an Administrator. Also note: please check your Spam email folder if you have not received any emails from Neighborly.

I hereby certify that I am not able to pay my full rent and/or utilities due to financial hardship during the COVID-19 pandemic.
  □ Yes □ No

I certify that I currently have not received any prior government assistance to help pay my rent or utilities. (Examples: Housing Choice Voucher program (Section 8), VASH, FUP, Mainstream, Project-based Section 8, HOME-TBRA, Continuum of Care, Public Housing, LiHeap). If you are answering No, you are certifying that you have received assistance and have completed the section I with dollar amount(s) of rental and/or utility assistance that you have received and accompanying documentation. If you are selecting Yes, you are certifying that you have not received any government assistance. (prior to applying for this Bernalillo County Rent Assistance Program.)
  □ Yes □ No

I understand that I am applying for Emergency Rental and Utility Assistance from Bernalillo County. I certify to Bernalillo County that I am qualified to receive BernCo RENT Assistance Program funds and I understand the guidelines for the program. I further understand that Bernalillo County will seek to prosecute me to the fullest extent of the law and take other actions to recover all funds and penalties should I misrepresent any information on my application, knowingly accept funds for which I am not entitled, or otherwise attempt to defraud or abuse the program.
  □ Yes □ No

I understand the information provided above is collected to determine if I am eligible to receive assistance under the BernCo RENT Assistance Program for the COVID-19 public health emergency
  □ Yes □ No

I hereby certify that the current physical address listed in my application is my primary residence.
  □ Yes □ No

I hereby certify that all the information provided herein is true and correct.
  □ Yes □ No

Updated 11/10/2021
I understand that providing false statements or information is grounds for denial and is punishable under federal law.
☐ Yes ☐ No

I authorize the above-referenced Bernalillo County and any of its duly authorized representatives to verify all information provided in this application.
☐ Yes ☐ No

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. The landlord acknowledges, understands, and agrees that, except as noted below, all information and attachments will be disclosed without notice to applicant if a public records request is made for such information. The County will not be liable to applicant for such disclosure.

Social Security/TIN 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. Sat. Ann. §14-3-7.1.

☐ I certify that the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. I certify that I will notify Bernalillo County at six months and one year of receiving funds to certify my residential address. Bernalillo County is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein. Bernalillo 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 I have read the foregoing application and that the facts stated in the application are true and correct. I understand that knowingly making a false written declaration is a felony.

_________________________            ___________________________       ________________
Signature of Applicant/Tenant   Printed Name of Applicant/Tenant   Date