



RETURN APPLICATION TO:
LOS ALAMOS HOUSING PARTNERSHIP, INC.
 1362 Trinity Drive, Unit C-1
 Los Alamos, NM 87544
 OFFICE: (505) 662-8918
 HOURS: Monday-Friday 8:30–5:30
 Saturday (By appointment)
 Los Alamos County and LAHP are Equal Housing Lenders



APPLICATION FOR ASSISTANCE

Date of application _____

Applicant Name _____ Applicant SSN _____

Co-applicant Name _____ Co-applicant SSN _____

Property Address _____

Property located in Los Alamos County Yes No *(If no, you are not eligible)*

I own and live in this home or have an executed contract to purchase this home Yes No *(If no, you are not eligible)*

Applicant Telephone Number _____ Applicant E-Mail _____

Co-applicant Telephone Number _____ Co-applicant E-Mail _____

Marital Status Married Unmarried Separated

PART I: HOUSEHOLD COMPOSITION AND INCOME

A. Household Composition and Income (list income for all members living in your home age 18 and older)

NAME	AGE	RELATIONSHIP	GROSS MONTHLY INCOME	SOURCE OF INCOME

Note: If your household's total gross monthly income from all sources exceeds the income limits on page 2 of this application, you are not eligible for this program.

Are any household members disabled and/or special needs? Yes No If Yes, list the type of disability and/or special needs:

Nationality: Native American Asian Black Anglo Hispanic Other Decline to State

B. Asset Information (If applicable, state estimated net value of each asset type held)

ADULT HOUSEHOLD MEMBERS	CHECKING	SAVINGS	OTHER REAL ESTATE	PENSION RETIREMENT	STOCKS & BONDS