

**B. Program Funding Limits**

- 1. **Energy Conservation.** Maximum assistance under this program is **\$14,999.**
- 2. **Emergency Repair.** Maximum assistance under this program is **\$24,999.**
- 3. **General Repair.** Maximum assistance under this program is **\$45,000.**

The listing of projects within each program category below is not an exhaustive list; if your type of project is not listed here, please use the "Other" category.

**C.  I want to participate in the Energy Conservation Program**

Please mark the desired type of project improvements from the following list:

- Insulation
- Exterior doors and/or frames
- Replacement of incandescent light bulbs with CFLs, or installing Solar photovoltaic and solar hot water systems
- Windows
- Fireplace and/or wood stoves
- Furnace, boilers or other HVAC systems
- Air leakage reduction (caulking, weatherstripping, thresholds, etc.)
- Hot water heater
- Other \_\_\_\_\_

**D.  I want to participate in the Emergency Repair Program**

Please mark the desired type of project improvements from the following list:

- Roof and/or other building envelope areas
- Mold, asbestos, lead-based paint remediation, and rodent infestation
- Foundation and/or load bearing wall\*
- Exterior steps, porches, decks and/or walkways
- Electrical system
- Sewer or water lateral/yard line
- Plumbing and mechanical system
- Fire code required upgrades
- Furnace, boilers or other HVAC systems
- Other \_\_\_\_\_

**E.  I want to participate in the General Repair Program**

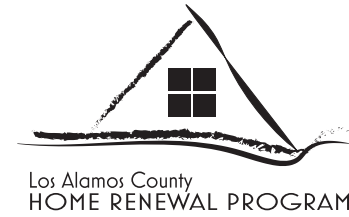
Please mark the desired type of project improvements from the following list:

- Exterior siding/stucco
- Plumbing and mechanical system
- Accessibility (aging-in-place) improvements
- Fire code required upgrades
- Roof
- Exterior steps, porches, decks and/or walkways
- Foundation and/or load bearing wall\*
- Demolition of unsafe accessory structure(s)
- Electrical system
- Energy conservation improvements
- Other \_\_\_\_\_

\*Funding for foundation and/or load bearing wall projects will be evaluated on a case by case basis, given the scope and cost of the project and amount of available funds.

**PART V: NEXT STEPS**

- A. For questions or assistance in completing application, please call Steve Brugger at LAHP at 662-8918.
- B. Applications will be reviewed for completeness and program eligibility within 5 business days after receipt and applicants will be notified of their project status
- C. LAHP may request additional information to validate the information presented herein and as required to further process the application
- D. Complete applications which meet all HRP eligibility requirements will be placed on a waiting list
- E. Applications for projects under the Emergency Repair Program will be placed on a separate waiting list
- F. LAHP staff will schedule a site visit to prepare a scope of work and general cost analysis for applicant desired improvements
- G. Based on project scope of work and general cost analysis, LAHP staff will create a project funding plan and request funding from County and/or other sources
- H. Upon commitment of funds, LAHP staff will prepare bid package and distribute to qualified contractors
- I. Homeowner will select contractor based on evaluation of bid responses and execute a construction contract
- J. Upon approval of any required permits, contractor is given notice to proceed and project begins



**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