

Move In Assistance and Eviction Prevention Program (MIA&EP) GUIDELINES

1. Grants will be awarded to individuals on a basis of one time every three years. Each grant is available until the maximum amount of the grant is expended.
2. Grants are for emergency situations related to homelessness or impending homelessness only. Documentation of an emergency housing situation must be provided. Emergency situations are defined as temporary situations which include but are not limited to the following:
 - a. The individual or household will become homeless if some kind of financial assistance for housing is not available
 - b. The individual or family is doubled-up with another individual or family and is at risk of homelessness
 - c. Utilities (Electric, Gas/Propane, Water only) will be disconnected due to lack of payment
 - d. A homeless individual or family needs assistance to move in to a new housing unit (application fee, damage deposit, first month's rent)
3. The maximum amount per loan is \$1,000.
4. Applicant must have a diagnosed and documented severe persistent mental illness or co-occurring substance use disorder.
5. Applicant must have proof of income or provide a housing stability plan.
6. Grants are to be used exclusively for rent, damage deposit, utilities, or other approved costs directly related to housing.
7. Grants will only be made to individuals currently receiving behavioral health services.
8. Grants will only be made to individuals who are reasonably able and likely to maintain their housing.

**Move In Assistance and Eviction Prevention Program (MIA&EP)
APPLICATION**

DATE _____

APPLICANT NAME _____

APPLICANT'S MEDICAID MEMBER I.D. # _____

SS#: _____ (last 4 digits) D.O.B. _____

ADDRESS _____ PHONE # _____

_____ New Mexico, _____

HOUSEHOLD INCOME(S) _____ TOTAL Per/Mon \$ _____

_____ TOTAL Per/Mon \$ _____

REFERRING AGENCY: _____ PHONE: _____

STAFF NAME/TITLE: _____

DOCUMENTS REQUIRED FOR A COMPLETE APPLICATION

Please check as you attach the following to your application. Incomplete applications will not be processed.

-Documentation of severe mental illness (SMI)/co-occurring
substance abuse disorder diagnosis (form attached if needed)

One or more of the following:

-For move-in assistance: lease agreement

-Proof of Income (current and future) OR housing stability
plan (below)

-For eviction prevention: eviction notice

-For utility arrears: past due/disconnect notice

REQUEST ASSISTANCE WITH: [check appropriate space(s)]

_____ First Month's Rent

_____ Electric/Gas/Propane/Water

_____ Damage Deposit

_____ Application Fee

_____ Eviction Prevention (Rent)

_____ Other (specify) _____

CURRENT HOUSING INFORMATION:

Applicant' Rental Property address:

_____, NM, _____ Zip: _____

Property Manager's Name: _____

Property Manager Phone: _____ Email: _____

Monthly Rental Rate: \$ _____ Utilities Included: YES NO
 Family Size 1 2 3 4 5
 Roommate YES NO
 No. of Bedrooms in Apts. Efficiency 1 2 3 4

HOUSING HISTORY:

How long have you lived in this apartment/house? _____ (no. of months)

What was your living situation immediately prior to this apartment/house?

If Homeless, how long? _____ (no. of months)

If Homeless, where did you stay? (i.e., shelter, motel, with friends, etc.)

How long have you lived in the community or New Mexico? _____

HOUSING STABILITY PLAN: If you do not have income, please indicate how you plan to pay rent, utilities and other related housing costs in the future.

Applicant's Signature:

Date

Applicant's Printed Name:

Witness, Agency/ Provider Staff:

Date

For Completion by MIA&EP Agency only:

AMOUNT REQUESTED \$ _____ AMOUNT APPROVED \$ _____

REMARKS (Must include amount(s) and date(s) for each type of assistance provided and not exceed the \$1,000 maximum)

MIA/EP
Qualifying Disability and Services Determination

Applicant:	DOB:	Last 4 SSN:
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Option 1: Verification by a qualified State Licensed Professional. - If unable to use this document please attach appropriate documents verifying SMI or Co-Occurring disorder.

Instructions: This section must be completed by a professional licensed by the state of New Mexico to diagnose and treat the disability, and who can attest applicant is currently receiving mental health services.

<input type="checkbox"/> A.	<p>I. The Applicant has a mental or emotional impairment which:</p> <ul style="list-style-type: none"> 1. Is expected to be of long-continued and indefinite duration; 3. Is of a nature that could be improved by more suitable housing conditions. <p>Note: All three conditions above must be met.</p> <p>II. Additionally, please specify the nature of the Applicant’s disability that meets all of the three conditions listed above (Check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Co-Occurring Substance Use Disorder with Serious Mental Illness <input type="checkbox"/> Serious mental illness
<input type="checkbox"/> B.	Applicant is currently receiving mental health services.

Signature of Licensed Professional:	Date:
Printed Name:	Practice/Agency Name:
Professional Credentials (e.g. M.D., LISW, LPCC)	State License Number: