

# Move In Assistance & Eviction Prevention Program (MIA&EP)

## GUIDELINES

### Eligibility

- 1. Serious Mental Illness:** Applicant (or household member) must have a diagnosed and documented severe mental illness or co-occurring substance use disorder.
- 2. Behavioral Health Services:** Applicant (or household member) must currently be receiving behavioral health services from a provider/agency within the state of New Mexico.
- 3. Emergency situations:** Grants are for emergency situations related to homelessness, impending homelessness, or utility shut-off.
- 4. Frequency: The maximum amount per grant is \$1,000.** Grants will be awarded to individuals on a basis of one time every 3 years. Each grant is available until the maximum amount of the grant (\$1,000) is expended.
- 5. Housing Stability:** Grants will only be awarded to individuals who are reasonably able and likely to maintain their housing.

### Application and Documentation

#### **1. Application:**

Applicants must complete their application with the assistance of a behavioral health or social services provider (e.g. therapist, case manager), or a representative from the agency where they are receiving services.

**Application Approval:** In order to approve and process the application, ***all*** sections of the application must be filled out completely (with exception of those sections which don't apply) and ***all*** supporting documents must be included ***at time of submission***.

Due to the high volume of MIA&EP inquiries and applications, properly completed application packets will always be prioritized. If the application is incomplete, HopeWorks will provide notification within approximately 3 business days. If applicant does not submit documents to complete the application within 3 business days after being notified, the application will be denied.

***\*\*Applications must be completed properly and with all necessary supporting documents included in order to be reviewed\*\****

*\*Please utilize the application instructions to ensure your application is completed properly in order to avoid denial or significant delay in processing.*

**Application Denial:** In the event of application denial, MIA&EP staff will notify applicant—by phone, email, or mailed letter—within 3 business days of application review.

## 2. Documentation:

**Verification of diagnosis:** All applicants must provide proof of Severe Mental Illness (SMI) and/or Co-Occurring Substance Use disorder diagnosis.

*\*“Qualifying Disability & Services Determination” form attached to application, if needed.*

**Income:** All applicants must provide proof of income or complete the “Housing Stability Plan” (Section F of the application).

*\*Income is not a disqualifying factor*

**For Move-In Assistance:** Applicant must provide a signed lease agreement when seeking move in assistance.

**\* In the event that a signed lease agreement cannot be obtained prior to submission of application:**

1. Applicant should submit application with all other required documentation.
2. If applicant is tentatively approved to receive MIA&EP funds, a promissory letter can be provided by HopeWorks to Applicant/Property Manager to assist with securing a signed lease.
3. Upon receipt of the signed lease, HopeWorks will process the application and check request and mail the funds in a check payable to the Landlord/Property Manager.

**For Eviction Prevention:** Applicant must provide a current eviction notice when seeking eviction prevention funds.

**For Utility Assistance:** Applicant must provide a shut-off notice when seeking utility assistance [notice must include applicant’s name, address, and account number].

*\*Please note: During the coronavirus pandemic, many landlords and utilities are not issuing evictions or shut-off notices. During this time, documentation of amounts past due is appropriate documentation.*

**Applications/supporting documents will need to be submitted in one of the following ways:**

1. Scan and email to mia-ep@hopeworksnm.org
2. Fax to 505-248-1351 (Attn: MIA&EP)
3. Hard copies can be dropped off at HopeWorks Behavioral Health (second floor): 1201 Third St. NW, 87102

*\*Also please note: We cannot accept .jpg or .png files, so do not send photos of the application or supporting documents\**

## Other Important Information:

**1. Checks:** Checks will be made payable directly to the property owner, manager or utility company – *not the applicant.*

**2. Timeframe:** Once the application is approved and processed, checks will be issued within approximately 3 business days.

*\*MIA&EP staff will notify applicant and/or referring provider when checks are mailed, as well as of any unforeseen delays in processing.*

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

**DATE** \_\_\_\_\_

**A. APPLICANT INFORMATION:** [Fill out completely; if you do not have Medicaid, leave blank]

APPLICANT NAME \_\_\_\_\_

APPLICANT'S MEDICAID MEMBER I.D. # \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

\_\_\_\_\_ New Mexico, \_\_\_\_\_

PHONE # \_\_\_\_\_                      EMAIL \_\_\_\_\_

HOUSEHOLD INCOME(S)

\_\_\_\_\_ TOTAL Per/Month \$ \_\_\_\_\_

\_\_\_\_\_ TOTAL Per/Month \$ \_\_\_\_\_

**B. REFERRING PROVIDER INFORMATION:** [To be filled out by applicant's referring provider]

REFERRING AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

STAFF NAME/TITLE: \_\_\_\_\_ EMAIL \_\_\_\_\_

**C. REQUESTING ASSISTANCE WITH:** [Check appropriate box(s) and specify \$ amount(s) being requested. *Also refer to required documents checklist below and submit those applicable to your request*]

**Move In Assistance:**

First Month's Rent (\$ \_\_\_\_\_)  
Damage Deposit (\$ \_\_\_\_\_)  
Application Fee (\$ \_\_\_\_\_)

**Utility Assistance:**

Electric/Gas/Propane/Water (\$ \_\_\_\_\_)

**Eviction Prevention:**

Overdue Rent (\$ \_\_\_\_\_)

Other (specify) \_\_\_\_\_ (\$ \_\_\_\_\_)

## DOCUMENTS REQUIRED FOR A COMPLETE APPLICATION

Please check-off as you attach the below documents to your application. Your application is not complete without the required documentation. ***Incomplete applications will not be reviewed.***

**Box 1:** Both forms of documentation are required and must be submitted with all applications.

**Box 2:** Select type(s) of assistance you are requesting. The corresponding documentation is required and must be submitted with your application, along with "Box 1" documents.

### 1. REQUIRED DOCUMENTATION FOR ALL APPLICATIONS/TYPES OF ASSISTANCE:

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

*\*Qualifying Disability & Services Determination form attached, if needed.*

Proof of Income or housing stability plan (Section F)

### 2. REQUIRED DOCUMENTATION FOR TYPE OF ASSISTANCE REQUESTED:

**For move in assistance:** Signed lease agreement

**For eviction prevention:** Eviction notice

**For utility arrears:** Disconnect notice

**\*\*Please refer to MIA&EP GUIDELINES for other acceptable documentation during the COVID-19 pandemic\*\***

**D. CURRENT HOUSING INFORMATION:** [If applying for move in assistance, indicate rental property information for new lease. If applying for other assistance, indicate current rental property information]

Applicant Rental Property address:

\_\_\_\_\_

\_\_\_\_\_, NM, \_\_\_\_\_

Property Manager's Name: \_\_\_\_\_

Property Manager Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Management Company Name: \_\_\_\_\_

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

**E. HOUSING HISTORY:** [Fill out completely; if a question does not apply, write “N/A”]

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? \_\_\_\_\_

**F. 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]

**G. SIGNATURES** [*Applicant must print/sign name & date; Referring provider must sign & date*]

**Applicant's Signature:**

**Date**

**Applicant's Printed Name:**

**Referring Provider/Staff Signature:**

**Date**

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**H. 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:
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.		
	I. The Applicant has a mental or emotional impairment which:	
A.	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. Note: All three conditions above must be met. II. Additionally, please specify the nature of the Applicant's disability that meets all of the three conditions listed above (Check all that apply): <input type="checkbox"/> Co-Occurring Substance Use Disorder with Serious Mental Illness <input type="checkbox"/> Serious mental illness	
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: