

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 COVID-19 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*. **Please Note:** A W-9 form from the property manager is required in order to process the check request.

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

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. **Please Note: both conditions A and B must be met.**

A.

I. The Applicant has a mental or emotional impairment which:

1. Is expected to be of long-continued and indefinite duration;
2. Is of a nature that could be improved by more suitable housing conditions.

II. Additionally, please specify the nature of the Applicant's disability. (Check all that apply):

- Co-Occurring Substance Use Disorder with Serious Mental Illness
- 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: