



Section 1 Applicant Information (Incomplete applications will be returned without action)						Application Date:		Processing Number:					
Financial eligibility is income based for all household members. Income limits are based on HUD Section VIII Income Guidelines and Total Full Value of the property, home ownership, and length of residency, revised annually. These financial eligibility requirements are provided in the program guidelines.													
Applicant Name (Property Legal owner):						Spouse, Partner Name:							
DOB		Government Issued ID # / Type:		Marital Status: <input type="checkbox"/> N/A <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		DOB		Government Issued ID # / Type:					
E-mail address(es):			Phone:			E-mail address(es):			Phone:				
Residential Physical Address:						Mailing Address (if different):							
City:		County:		State:		Zip Code:		City:		State:		Zip Code:	
Name of Title Holder (if different from applicant)						Own, Rent, Real Estate Contract:		If owned, number of years					
Former Address (if residing at present physical address for less than 2 years):						City:		County:		Zip Code:			
UPC (Uniform Property Code): (see tax records, 13 digits #-###-###-####)				Lot Size (0.01 acres):		LW Systems Permit No's. or enter "Unpermitted":			No. of Dwellings on Property:		No. Bedrooms in Dwelling:		
Subdivision:				Unit/Phase:		Block	Lot/Tract	Township	Range	Section			
Section 2 USDA Rural Development Loan or Grant Status and other Sources of Funding													
1	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you applied for a USDA grant or loan? (Recommended, Not Required)										
2	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Was the USDA grant / loan application denied? (Recommended, Not Required)										
3	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	Have you applied for a loan from a loan or banking institution? (Not Required)									
4	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	Was the loan or banking institution application denied? (Not Required)									
Section 3 Employment Information (NMED verifies all information)													
Name and Address of Employer				Position/Title		Type of Business				Business Phone			
1													
2													
3													
4													
5													
Section 4 Plumbing & Utility Connections													
<input type="checkbox"/> No <input type="checkbox"/> Yes		Indoor Plumbing		Sewer Connection Available: <input type="checkbox"/> No <input type="checkbox"/> Yes		Water Source: (check all that apply) <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite <input type="checkbox"/> Storage <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Shared							
Utilities:		Company Name				Account Number:		Monthly Average:		Residence Metered			
1	Electricity:									<input type="checkbox"/> No <input type="checkbox"/> Yes			
2	Water:									<input type="checkbox"/> No <input type="checkbox"/> Yes			
3	Gas:									<input type="checkbox"/> No <input type="checkbox"/> Yes			
4	Garbage:									<input type="checkbox"/> No <input type="checkbox"/> Yes			
Section 5 Household Member Information & Income (NMED verifies all information)													
List income for all household members. Include full and part-time employment, self-employment, welfare, social security, SSI, pensions disability compensation, alimony, child support, income from rentals, dividends, and any other source of regular income not listed. You also need to provide a copy of the latest federal and state tax returns. These documents will be returned to you after copying for NMED records. These records will be kept on a confidential status until destroyed.													
Names: (Owner line 1, Spouse / Partner line 2)		Age		Gross Annual Income Amount			Source:		Dependent				
1								<input type="checkbox"/> No <input type="checkbox"/> Yes					
2								<input type="checkbox"/> No <input type="checkbox"/> Yes					
3								<input type="checkbox"/> No <input type="checkbox"/> Yes					
4								<input type="checkbox"/> No <input type="checkbox"/> Yes					
										No. of dependents living in home:			
Household members over 18 and claiming no income. The person may be claimed as a dependent on the federal income tax return, in which case: A proof of disability/medical hardship for the subject household member shall be provided. In documented disability/medical hardship cases, the person shall be counted in the total number of persons in the household. Or a notarized statement signed by the applicant and the subject household member indicating that there is no income to be provided. In cases of "no income by statement," the household member will not be included in the total number of persons in the household.													
Section 6 Liabilities (NMED verifies all information)													
LIABILITIES: Please list all medical expenses, certain medical expenses may be factored in as a liability or deduction to determine household income. If, you have paid any medical expenses within the last 12 months please list. (Enter "NONE" if you have no liabilities)													
Liability Category (enter "none" if you have no liabilities)				Balance		Institution Name		Payment Frequency		Payment Amount			
1													
2													
3													
4													



Section 7 Additional Information Required: (NMED verifies all information)					
Have you ever obtained a loan/grant from the State of New Mexico?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, describe	
Are you related to a New Mexico Environment Department employee?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, name and relationship	
Section 8 Attachments (Check those that apply)	<input type="checkbox"/> Federal Tax Return	<input type="checkbox"/> State Tax Return	<input type="checkbox"/> IRS Letter / 1722	<input type="checkbox"/> W2	<input type="checkbox"/> 1099
	<input type="checkbox"/> Plat or Survey	<input type="checkbox"/> Property Assessment	<input type="checkbox"/> Warranty Deed	<input type="checkbox"/> Tax Bill	<input type="checkbox"/> Other:
Section 9 Authentication / Verification / Use of Information					
<p>By signing below, I the applicant certify that the information provided in the application is true and correct as of the date set forth opposite my signature and acknowledge that I understand that any intentional or negligent misrepresentation(s) of the information contained in the application may result in non-approval, removal from listing, and possibly civil liability and/or criminal penalties. If an applicant is found to have provided fraudulent information, the application will be denied, with opportunity for hearing. By signing the application, I agree that NMED may seek to recover costs associated with any work performed on my behalf.</p> <p>I authorize NMED to verify and/or investigate all statements on the application and/or to investigate inconsistencies in the application, in income statements, or inconsistencies based on observations made by program staff during field visits.</p> <p>I provide informed consent that authorization, and/or the information obtained with its use, may be given to and used by the LWAFP in the administration and enforcement of the Program's requirements and agree to hold NMED harmless for any liability that could arise in the investigation or verification of such information.</p>					
<input type="checkbox"/> Owner <input type="checkbox"/> Authorized Rep. <input type="checkbox"/> Power of Attorney	Printed Name:		Signature:		Date Signed:
Section 10 NMED Application Review					
<input type="checkbox"/> Approved		<input type="checkbox"/> Incomplete		<input type="checkbox"/> Denied	<input type="checkbox"/> Cancelled
Reasons for Denial:					
LW Program Manager Name Printed:		LWPM Signature:		Date:	
Section 11 Funding					
LW Assistance Funds:		<input type="checkbox"/> Awarded	<input type="checkbox"/> Denied	<input type="checkbox"/> Cancelled	
Reasons for Denial or Disqualification:					
NMED Official Name Title Printed:		NMED Official Signature:		Date:	
<p>The mission of the NMED EHD Liquid Waste Assistance Fund (LWAF) is to help low-income owners with the cost to repair, replace or construct wastewater treatment and disposal systems or alternative systems as necessary to meet requirement of 20.7.3 NMAC or connect to sewer systems. The program strives to ensure that all eligible persons are provided with a safe and sanitary method of liquid waste treatment and disposal.</p> <p>Money in the fund is appropriated to the department for the sole purpose of assisting indigent individuals or households that qualify for funding where there is a real or potential negative impact to public health or water quality from an on-site liquid waste disposal system.</p> <p>The Program is administered through the New Mexico Environment Department (NMED), Environmental Health Division (EHD), Liquid Waste Program (LWP). The EHD Director over sees the LWP Manager (LWPM), who also serves as the Indigent Program Manager (IPM). The acronym IPM will be used generically and is meant to express a relative reporting relationship(s), and to include the positions above, or their successors, as designated under future organizational structures and job titles. The acronym LWPM is meant to refer to the individual(s) who manage the Liquid Waste Program.</p> <p>The Liquid Waste Assistance Fund (Fund) will provide a maximum of \$200,000 per calendar year for the Program. The funds may be composed of appropriations and transfers of money earned from investment of the fund and otherwise accruing to the fund and transfers of money from the environmental health fund pursuant to NMSA 1978, Section 74-1-15.1(A) (2020).</p> <p>Financial eligibility for the Program is based on the income of all household members. The Program determines eligibility based on the U.S. Department of Housing and Urban Development (HUD) Section VIII Income Guidelines as determined in each New Mexico County which is revised annually. These financial eligibility requirements are provided in Appendix C of these guidelines. Additional eligibility criteria include Total Full Value of the property, home ownership, and length of residency.</p>					