

Application

Santa Fe County Affordable Housing Roof Repair and Replacement also known as the Happy Roofs Program

Applicant Name: _____ Telephone: _____
 Street Address: _____ PO Box: _____
 City: _____ Zip: _____ County: _____

Rent: _____ Own: _____ Property Owner's Name _____ Telephone: _____

Owner's Address _____ City: _____ Zip: _____

Name and Phone No. of two friends or relatives that we can contact if we are unable to reach you.

(1) NAME: _____ Phone No.: _____

(2) NAME: _____ Phone No.: _____

Type of Heat: Natural Gas _____ LP Gas _____ Electrical _____ Wood _____ Queroseno _____ Other _____

Average Monthly Heating Bill \$ _____ Utility Account No. _____

Is any member of the household disabled? Yes _____ No _____ Type of Disability _____

Has this dwelling received Roof Repair or Replacement or DOE Weatherization in the past? Yes _____ No _____ If Yes date: _____

Single Family Built Home _____ Mobile Home _____ Multi Family _____ Year House was Built _____

Number of elderly in family (60 or over) _____ Size of Household _____

Nationality: Native American _____ Asian _____ Black _____ Hispanic _____ Caucasian _____ Other _____

Name of each Household Member	Date of Birth	Age	Sex	Social Security Number	Relationship to Head of Household	Gross Monthly Income	*Name, Address, Phone No. of Employer or other source of Income

Employment, Social Security, Welfare, Retirement, Veteran's Benefits, Rental Property Income, Bond & Other Securities, Alimony, Child Support etc.

