

Eligibility Requirements

To qualify for our home repair program:

- Be 62 or older
- Live in the home or rental as your primary residence
- Be on the title or lease and have lived there for 12+ months
- Be current on mortgage or rent (no active bankruptcy)
- Be current on all federal and state taxes
- Have household income at or below 80% of Area Median Income (based on HUD's 2025 limits)
- Property must be located in New Mexico outside of Bernalillo County

Want to learn more or see if you qualify?

Reach Us

Contact us today for details and assistance!



www.nonmetroaaa.com



Santa Fe Office
505-920-9257

Las Cruces Office:
505-690-3387



Main Office
644 Don Gaspar Ave.
Santa Fe, NM 87505

Program funded through HUD



U.S. Department of Housing and Urban Development



Older Adult Home Repair & Modification Program

Non-Metro Area Agency on Aging



What We Offer

Our program offers home repairs and accessibility modifications for both homeowners and renters to help maintain independence, prevent falls, and ensure safe living environments. We cover up to \$5,000 for minor home safety repairs, making your home more secure and comfortable.



Home Assessment

Before work begins, a health care professional evaluates the home and meets with the homeowner to identify repairs and modifications.

Repairs

All home repairs and accessibility modifications are assigned to pre-approved, licensed contractors to ensure quality, safety, and peace of mind.



EXAMPLES OF COMMON REPAIRS

- Flooring repairs to enhance safety, prevent falls, and improve mobility
- Installation of adaptive devices such as doorbells, peepholes, carbon monoxide detectors, smoke detectors, GCFI outlets and light switches.
- Cabinet adaptations and improvements for convenience
- Installation of grab bars
- Ramp and/or stair modifications and repairs
- Poor lighting, signs of pest activity



Non-Metro New Mexico Area Agency on Aging



OLDER ADULT HOME MODIFICATION PROGRAM (OAHMP)

What Is the Older Adult Home Modification Program?

Aging in place means receiving the care and support you need to live safely in your home. The Older Adult Home Modification Program is available to low-and moderate-income New Mexico residents (**both** renters and homeowners) who are **62 years of age or older** and live outside Bernalillo County. The program provides home assessments, essential repairs, safety improvements, and accessibility modifications that help older adults continue living independently and comfortably in their homes.

Examples of Eligible Repairs:

1. Flooring repairs to improve safety, prevent falls, and enhance mobility.
2. Roll-in showers, sink cutouts, bathtub modifications, and raised or ADA-compliant toilets.
3. Door widening, grab bars, handrails, and installation of accessible entryways.
4. Cabinet adjustments for better reach and access.
5. Wheelchair-accessible ramps for home entrances and interior navigation.
6. Poor lighting, signs of pest activity, or visible water leaks.
7. Installation of adaptive devices such as doorbells, peepholes, carbon monoxide detectors, smoke detectors, GCFI outlets and light switches.
8. Other health and safety-related repairs may be considered on a case-by-case basis.

Eligibility Requirements

Applicant Requirements

- Must be 62 years of age or older.
- Must be a primary resident of the home or rental unit to be repaired.
- Name Must appear on the home's title or lease agreement and must have resided at the address for at least 12 months.
- Must be current on mortgage or rent payments and not under bankruptcy protection.
- Applicants must be current on all federal and state taxes, including income and property taxes.
- Must provide proof of total household income, which must **not exceed 80% of Area Median Income (AMI)**, based on HUD's 2025 income limits (see table below).

2025 HUD Income Limits (80% AMI – Example Figures)*

Household Size	1	2	3	4	5	6	7	8
Max Income	\$45,500	\$52,000	\$58,500	\$64,950	\$70,150	\$75,350	\$80,550	\$85,750

***Income limits are subject to change based on annual HUD updates.**

If a household does not meet the AMI limit, other hardship indicators such as unemployment, housing insecurity, or participation in public benefit programs (e.g., Medicaid, SNAP, CHIP) may be considered.

Property Eligibility Requirements

To qualify, the property must:

- Be located in New Mexico, excluding Bernalillo County.
- Be a single-family home, townhome, condo, apartment, duplex, or manufactured/mobile home.
- Be owner-occupied or tenant-occupied with landlord consent.
- Be current on property taxes and mortgage/rent payments.
- Must not exceed \$5,000 in total repair costs per household.
- All repairs require approval based on a healthcare professional's assessment.

Prequalification and Home Visit Requirements

- **Prequalification:** A prequalification step, conducted by a Housing Coordinator or Housing Specialist, is required to ensure the home is accessible and prepared for a full assessment. This allows the healthcare professional to safely and thoroughly evaluate all necessary areas of the home. This process is applied uniformly to all applicants and is designed solely to support an effective and fair evaluation in compliance with HUD's nondiscrimination and accessibility requirements.
- **Healthcare Professional Assessment:** A licensed healthcare professional assigned by our organization will conduct a comprehensive home visit to assess safety and accessibility needs.
- **Licensed Contractor Cost Estimate:** A visit with a licensed contractor assigned by our organization is necessary to obtain an accurate cost estimate for the recommended repairs. Only homes meeting both assessment and budget criteria will be approved.

How to Apply

Step 1: Gather Required Documentation

- **Proof of Age:** Driver's License or Government-issued ID.
- **Proof of Residency & Tenure:**
 - For Homeowners: Property deed, mobile home title, property tax statement, or mortgage statement.
 - For Renters: Signed rental lease with a minimum of 12 months' residency.

Proof of Household Income:

- Two most recent pay stubs (for current employment income)
- Most recent federal and state tax returns (for annual income verification)
- Social Security award letter (for retirement and disability income)
- Pension statements or documentation of other retirement income
- Unemployment benefit statements (if applicable)
- Supplemental Security Income (SSI) award letter
- Temporary Assistance for Needy Families (TANF) benefit statements
- Child support or alimony court orders or payment receipts
- Bank statements showing regular deposits (if income is irregular or self-employed)
- Proof of any other regular income (e.g., rental income, veterans benefits)
- Statement of zero income signed by the applicant if no income is received

Step 2: Download and Complete the Application

- Access the form here: <https://www.nonmetroaaa.com/senior-home-repair-program>
- Applications are also available at your **local senior center**.

Step 3: Submit Your Application

- Email:
 - Sandra P. Sosa – Housing Coordinator: ssosa@ncnmedd.com (Northern NM)
 - Denise Barela – Housing Specialist: deniseb@ncnmedd.com (Southern NM)

Mail or Deliver to:

Non-Metro Area Agency on Aging
Attn: **OLDER ADULT HOME MODIFICATION PROGRAM (OAHMP)**
644 Don Gaspar Avenue
Santa Fe, NM 87505

Submit the application: Use the checklist below to complete your application and submit it for review. We will respond within two weeks of receiving your application.

Checklist

	<u>Application Form</u>	<ul style="list-style-type: none"> • Fill out all the required fields accurately and completely. • Sign the application.
	<u>Acknowledgments</u>	<ul style="list-style-type: none"> • Initial the acknowledgements on the last page of the application.
	<u>Attach Proof of Identity and Age</u>	<ul style="list-style-type: none"> • Provide a copy of your Driver's License or Picture ID
	<u>Attach Proof of Ownership and Occupancy</u>	Provide one or more of the following: <ul style="list-style-type: none"> • Home Title • Mobile Home Title • Property Tax Statement • Most Recent Mortgage Statement • Current, signed Lease Agreement
	<u>Attach Proof of Income</u>	Provide all that apply: <ul style="list-style-type: none"> • If employed, provide the last two copies of your most recent pay stubs. • If you receive Social Security benefits, a current Social Security award letter. • Documentation of retirement or any other form of income.
	<u>Submit the Application by Mail, Physical Delivery or Email</u>	Non-Metro Area Agency on Aging OLDER ADULT HOME MODIFICATION PROGRAM (OAHMP) 644 Don Gaspar Avenue Santa Fe, NM 87505
	<u>Questions? Contact Us.</u>	Sandra P. Sosa , Housing Coordinator Email Address: ssosa@ncnmedd.com Phone: 505-920-9257 (Northern NM) or Denise Barela , Housing Specialist Email Address: deniseb@ncnmedd.com Phone: 505-690-3387 (Southern NM)

What Happens After You Apply?

Approval Process:

Once your application is received, our Housing Coordinator or Housing Specialist will review and begin processing it. You will be notified of your application status within two weeks.

The possible statuses include:

- 1) eligible and complete,
- 2) eligible and incomplete, or
- 3) not eligible and is therefore rejected.

Once your application is **eligible and complete**, the next steps are:

- 1) **Schedule a Home Visit:** A health care professional working with the Non-Metro Area on Aging will visit your home to conduct an in-home assessment of your needs. The assessment will recommend specific home repairs.
- 2) **Order a Cost Estimate:** A contractor working with the Non-Metro Area Agency on Aging will inspect your home to prepare a cost estimate for the home repairs recommended in the assessment by the health care professional.

Approval and Next Steps:

Once the healthcare professional's assessment and the contractor's cost estimate have been reviewed and approved by the Housing Coordinator and Housing Specialist, you will be contacted to schedule the necessary home repairs.

Privacy and Data Use Notice

The Non-Metro New Mexico Area Agency on Aging (NM AAA) is committed to protecting your privacy and handling your personal information with care. The information you provide in this application is collected solely for the purpose of determining eligibility and administering the Older Adult Home Modification Program (OAHMP).

Your data will be kept confidential and shared only with authorized personnel, including program staff, licensed healthcare professionals, contractors, and U.S. Department of Housing and Urban Development (HUD) officials, strictly as necessary for:

- Verifying your eligibility
- Conducting home assessments and safety evaluations
- Planning and performing home repairs and modifications
- Program monitoring, reporting, and compliance

Photographs of your home may be taken before, during, and after repairs and may be used for documentation and reporting purposes by NM AAA and HUD. Your personal information will not be shared with any other parties or used for any purpose unrelated to this program without your consent.

You have the right to request access to your information and to ask for corrections if needed. If you have any questions about how your data is used or wish to exercise your rights, please contact Sandra P. Sosa, Housing Coordinator, at ssosa@ncnmedd.com or 505-920-9257.

By initialing and signing below, you acknowledge that you have read, understood, and agree to the terms of this Privacy and Data Use Notice.

Client Initials: _____

Client Signature: _____

Date: _____



Non-Metro New Mexico Area Agency on Aging



APPLICATION FOR OLDER ADULT HOME MODIFICATION PROGRAM

All information provided will be used solely for the purpose of determining eligibility for the Older Adult Home Modification Program. Information will be treated as strictly confidential and used solely for program-related purposes.

Applicant's Information:

First Name: _____ Middle Initial: _____ Last Name: _____ Phone Number: _____

Gender: F ☐ M ☐ Other ☐ Birth Date: _____ Social Security Number: _____

Applicant's email: _____

Marital Status: Married ☐ Single ☐ Widowed ☐ Divorced ☐ Legally Separated ☐

Property Address: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ County: _____

Ethnicity/Race: Unknown ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐

African American/Black ☐ Asian ☐ Caucasian/White ☐

Native American/Alaskan Native ☐ Pacific Islander ☐ Mixed/Multiracial ☐

Other ☐

Other Characteristics:

Disabled: Yes ☐ No ☐ Homebound: Yes ☐ No ☐ Receiving Medicaid: Yes ☐ No ☐

Primary Language: English ☐ Spanish ☐ Other Language ☐

Emergency Contact Information:

Please provide the names and phone numbers of **two** friends or relatives with whom we can contact in case we are unable to reach you:

Emergency Contact 1:

Full Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Emergency Contact 2:

Full Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Additional Information:

Have you received prior assistance in repairing your home before? (Select one) Yes ☐ No ☐

If yes, please provide the year and the name of the program that provided assistance.

Property Type: Please select the appropriate property type:

Single-Family Home ☐ Mobile Home ☐ Multi-Family ☐ Other ☐

What year was your home built? _____

What is your housing status? Own/Buying ☐ Renting ☐ Live with family ☐

If renting, what is your landlords name and phone number? _____

Program Referral: How did you hear about the Older Adult Home Modification Program?

Number of Elderly in Family: How many individuals 62 or older live in your household?

Number of People in Household: How many people live in your household? _____

Household Information

Name of each Household Member	Age	Relation to Head of Household	Gross Monthly Income

Please ensure that the information provided is accurate and up to date.

****Please provide a comprehensive description of the physical issues you are currently facing, and the home repairs you are seeking. Please offer as much detail as possible about any areas in your home that pose a hazard and require repair. This could include structural concerns, safety issues, or anything affecting your living conditions. Your detailed input will assist us to understand the scope of the necessary repairs and address specific issues.**

By signing below:

- 1. I attest that the information provided in this application and attachments to this application are true and correct under penalty of law;
- 2. I understand that the Non-Metro Area Agency on Aging may require additional information or documentation to process the application; and
- 3. I understand that I will receive a formal letter from the Non-Metro Area Agency on Aging, denying or approving this application. This application is not denied or approved until such a letter is received.

Signature: _____

Date: _____

*****The program is funded through the U.S. Department of Housing and Urban Development Office of Lead Hazard Control and Healthy Homes Older Adults Home Modification Grant Program***

ACKNOWLEDGEMENTS

As an applicant for and potential recipient of the Older Adult Home Modification Program.

I/we understand and agree to the following:

Initial Below

- _____ I/we certify that I/we are 62 years of age or older or are applying on behalf of someone who meets the eligibility criteria for this program.
- _____ I/we authorize Non-Metro Area Agency on Aging and its agents to verify information provided in this application, including ownership, income, age, and eligibility documentation.
- _____ I/we consent to the sharing of necessary information with program partners, contractors, and HUD officials for the purposes of inspection, work planning, and program reporting.
- _____ **Federal Funding:** I/we acknowledge that the Older Adult Home Modification Program is funded by the **U.S. Department of Housing and Urban Development Office of Lead Hazard Control and Healthy Homes Older Adults Home Modification Grant Program** with federal funds. Any fraud or abuse of the program will be investigated and prosecuted under the applicable regulations.
- _____ **Home Access:** I/we will provide safe and reasonable access to our home for in-home assessments and any construction or repair work required by the program. This includes ensuring that pathways are clear, pets are secured, and that conditions inside the home allow staff and contractors to safely perform their work.
- _____ **Maximum Cost:** I/we acknowledge that the program has \$5,000 maximum for home repairs. If the repairs exceed the limit, the Older Adult Home Modification Program will prioritize the most critical repairs. The Older Adult Home Modification Program may refer me/us to other programs for repairs that exceed the limit.
- _____ **Photo Release:** As the owner(s) of the property listed in this application, I/we agree to allow photographs to be taken of my/our home before, during, and after repair assistance is provided. These photographs may be used by North Central New Mexico Economic Development District/Non-Metro Agency on Aging and/or the **U.S. Department of Housing and Urban Development Office of Lead Hazard Control and Healthy Homes Older Adults Home Modification Grant Program**.
- _____ **Lead-Based Paint:** The pamphlet "Protect Your Family from Lead in Your Home" is accessible on the website at [Protect Your Family from Lead in Your Home \(English\) / US EPA](#). I/we have obtained and reviewed the pamphlet. If you need a printed copy of the pamphlet, please request one from Sandra Sosa at 505-920-9257 or ssosa@ncnmedd.com, Denise Barela at 505-690-3387 or deniseb@ncnmedd.com.