

Southeast NM Community Action Corporation

1915 SAN JOSE BLVD, CARLSBAD, NM 88220

Phone: (575) 887-3939 Fax: (575) 887-6357

PAST DUE MORTGAGE LETTER

(To be filled out by Lender)

Date:	
Tenant Name:	
Tenant Address:	
Number of People at this address:	
You are behind on your mortgage for the month	of (current
month). Your monthly mortgage is \$	which is due on(date)
and you still owe \$ for the mor	nth. If any of this amount includes late
fees, please indicate how much are for late fee	es \$ The total amount of the
principle and interest (only) for the monthly pay	ment is \$
Are you currently in foreclosure status? Yes	No
If the monthly mortgage is more than \$1,000.00, that any amount over \$1,000.00 has been paid.	the client must provide a receipt during the appointment verifying
help with up to \$1,000.00 of your mortgage. I v	from the Community Action Program and, if you qualify, they can vill accept a voucher which, when signed and returned within the MCAC accounting department so a check can be mailed to me. It was ment.
Lender Name Le	ender Mailing Address
Lender Telephone Number Fo	ederal ID# or Social Security Number

Note: Signing this form does not obligate our agency to pay the mortgage indicated above. This is part of the application process only. No determination has been made.

Form W-9

(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not sand to the IRS

	1 Name (as shown on your income tax return). Name is required on this line; d	o not leave this line blank.												
	2 Business name/disregarded entity name, if different from above													
on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate				4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):									
e. ns	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC					Exempt payee code (if any)								
ty ctio	Limited liability company. Enter the tax classification (C=C corporation, S	=S corporation, P=Partnership)	-											
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.				Exemption from FATCA reporting code (if any)									
bec	Under (see instructions) ► 5 Address (number, street, and apt. or suite no.) See instructions. Requirements				(Applies to accounts maintained outside the U.S.) ster's name and address (optional)									
See S	o radioso (names), street, and apt. of suite no.) see manualions.	Ledi	dester s name a	ina ada	ress (op	lonal								
Ø.	6 City, state, and ZIP code													
Ì	7 List account number(s) here (optional)							1						
Part	Taxpayer Identification Number (TIN)													
Enter y	our TIN in the appropriate box. The TIN provided must match the nar	me given on line 1 to avoid	Social sec	urity n	umber									
backup	o withholding. For individuals, this is generally your social security nurnat alien, sole proprietor, or disregarded entity, see the instructions for	mber (SSN). However, for a												
entities	s, it is your employer identification number (EIN). If you do not have a	number, see How to get a] [
TIN, la			or											
Note: Numbe	If the account is in more than one name, see the instructions for line 1 or To Give the Requester for guidelines on whose number to enter.	. Also see What Name and	see What Name and Employer identification number											
	or to are the risquester for guidelines on whose number to enter.			-										
Part	II Certification													
The second of the	penalties of perjury, I certify that:													
2. I am Serv	number shown on this form is my correct taxpayer identification num not subject to backup withholding because: (a) I am exempt from barice (IRS) that I am subject to backup withholding as a result of a failuring result to backup withholding; and	ckup withholding, or (b) I have	ve not been n	otified	by the	Internal	Reve	enue at I am						
3. I am	a U.S. citizen or other U.S. person (defined below); and													
	FATCA code(s) entered on this form (if any) indicating that I am exem													
you hat acquisi other th	cation instructions. You must cross out item 2 above if you have been now failed to report all interest and dividends on your tax return. For real estion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, because in the contribution of the contributio	state transactions, item 2 does ions to an individual retiremen	s not apply. Fo	r morto	gage int and ger	erest pa nerally, r	aid, payme	ents						
Sign Here	Signature of U.S. person ▶	Date I	•											
	neral Instructions	 Form 1099-DIV (dividen funds) 	ds, including	those	from st	ocks or	mutı	ual						
Section references are to the Internal Revenue Code unless otherwise noted.		 Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) 												
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9. Purpose of Form An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information		 Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) Form 1099-S (proceeds from real estate transactions) Form 1099-K (merchant card and third party network transactions) 												
									 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) Form 1099-C (canceled debt) 					
									Form 1099-C (canceled debt) Form 1099-A (acquisition or abandonment of secured property)					
		Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.												
			s include, but are not limited to, the following. n 1099-INT (interest earned or paid)	If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,										





AFFIDAVIT OF NO INCOME

Please Register with NM Workforce Connections https://www.jobs.state.nm.us/

I,	hereby certify that I have no income. Also I have not
Clients Name	
had any income for the last days.	
Do you need referral for food banks? Y or N circle on	ne
Requesting Assistance with:	
Reason for no income:	
How have you been paying your bills in the past?	
How do you plan on paying next month's bills?	
If this information is found	d to be incorrect, my services will be denied.
Clients Signature	Date
Social Security #	
Client Service Agent Signature	Data