

Application # \_\_\_\_\_

Date Received: \_\_\_/\_\_\_/\_\_\_

Initials of LHDME Staff Receiving Application: \_\_\_\_\_

## HOMEOWNER'S ASSISTANCE FUND PROGRAM APPLICATION

HOMEOWNER/APPLICANT NAME: \_\_\_\_\_

APPLICANT RACE:     American Indian/ Alaskan Indian     Asian  
                           Black/ African American                     White  
                           Native Hawaiian                                 Pacific Islander

Other: \_\_\_\_\_

APPLICANT ETHNICITY:     Hispanic     non-Hispanic     Other \_\_\_\_\_

PHYSICAL ADDRESS OF HOME: \_\_\_\_\_

MAILING ADDRESS: (If Different than above) \_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PLEASE LIST INFORMATION FOR ALL HOUSEHOLD MEMBERS: (Begin with applicant)

Name:	D.O.B.	Tribal Affiliation	M/F	Social Security No.	*Monthly Income
1.					
2.					
3.					
4.					
5.					

Total Gross Monthly Income: (Before Taxes) \$ \_\_\_\_\_ (The total of 1-5 above)

Total Gross Annual Income: \$ \_\_\_\_\_ ( The total monthly income times 12)

\*Please provide documentation of income

1. A household must be determined to be eligible to receive assistance from the Homeowners Assistance Fund . An "eligible household" is defined as a household with qualifying expenses. **THE HOME MUST BE THE HOMEOWNER'S/APPLICANT'S PRIMARY RESIDENCE.**

Please check all that apply to the homeowner/applicant:

- The home is my primary residence
- I am delinquent on my mortgage or home loan
- My home is in Foreclosure
- My home is overcrowded

- I have suffered a decrease in income due to COVID-19 (loss of income or employment)
- I am receiving unemployment due to COVID-19
- I have incurred significant costs or experienced a financial hardship after January 21, 2020
- I am at risk of experiencing homelessness or housing instability (past due utilities, mortgage default, foreclosure, etc.)

I have one of the following for my home:

- Deed
- Title
- Sales Agreement
- Loan Documents
- Homeowner's Insurance
- Letter from village Mayordomos (If traditional Home)
- Other Documentation

I have a home loan through one of the following:

- Section 184 Indian Home Loan Guarantee Program
- Federal Housing Administration (FHA)
- Department of Veterans (VA)
- U.S. Department of Agriculture (USDA)
- Other: \_\_\_\_\_

Name of Lender

2. The financial assistance which the applicant wishes to obtain is to be used for:

- Utilities and home energy costs (may include electric, propane/ natural gas, water, sewer, trash removal, oil, kerosene, and wood/ pellets, etc.)
- Mortgage related Assistance (may include mortgage arrears, reverse mortgage,
- Assistance to reinstate Mortgage
- Payment Assistance for Costs related to forbearance, delinquency, or default
- Minor home repairs:
  - Accessibility need modifications
  - Heating and cooling upgrades or repairs
  - Weatherization
  - Roof Replacement
- Measures to address overcrowding
- Other repairs related to habitability of the home

3. Please describe the nature of the hardship experienced in the box below. Please sign and date your written description.

/ /  
DATE

\_\_\_\_\_  
Signature

4. I have previously received assistance from another program for the same services within the last year.

Yes                       No

If "Yes", Name of program: \_\_\_\_\_

Assistance was given for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Amount of assistance provided: \$ \_\_\_\_\_

5. \*I am working with a HUD Certified Counselor.

Yes                       No

If "Yes", please provide information below.

Name of counselor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Agency Name: \_\_\_\_\_

6. I am involved in an active/ recent bankruptcy:

Yes                       No

7. I have received a foreclosure notice.

Yes                       No

8. I have received a notice of foreclosure sale.

Yes                       No

Please provide the date of sale: \_\_\_\_\_

9. I have received notice of eviction.

Yes                       No

Please provide the date of eviction: \_\_\_\_\_

\*If yes is checked for any of the above, please provide documentation.

10. Is one or more individuals unemployed as of the date of this application, or have any such individuals been unemployed for the 90-day period immediately preceding the date of this application? (If yes is checked, please provide documentation)

Yes                       No

By signing this application, I attest that the information provided is complete and true to my knowledge. I understand that providing any false information will void my application.

Additional attestations are attached to this application.

Homeowner/ Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_)

)ss.

COUNTY OF \_\_\_\_\_)

Before me personally appeared \_\_\_\_\_ who acknowledged to me that

he/she executed the foregoing instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**HAF STAFF ONLY:**

Does the household have a total income that is not more than 150% of the area median income?

YES  NO

Does the household have a total income that is not more than 100% of the area median income?

YES  NO

This applicant's household is eligible  ineligible

\_\_\_\_\_  
INTAKE SPECIALIST DATE

\_\_\_\_\_  
EXECUTIVE DIRECTOR DATE

**PERSONAL AFFIDAVIT FOR LAGUNA HAF PROGRAM**

I, \_\_\_\_\_ (Print Name), of legal age (18 years of age or older) do hereby affirm and attest that

1. I am unemployed as of \_\_\_\_\_ (Provide date unemployment began)
2. I am currently employed and work for \_\_\_\_\_,  
I work \_\_\_\_\_ hours per week at the rate of \$ \_\_\_\_\_.\_\_ per hour / week (Please circle one)

The financial impact I have suffered during the COVID-19 pandemic is:  
(Please check all that apply)

- Laid off from work
- Reduction in hours
- Loss of income due to quarantine
- Loss of income due to health issues related to contracting COVID-19
- Loss of income due to family loss from COVID-19
- Self-employment income decreased or lost
- increased childcare
- increase in cost of necessities including food, utilities, and healthcare
- Elderly or person with health issues or impairments
- Home unsafe or unhealthy living conditions
- Other Impact: (Please attach additional page if necessary)

I attest the information above is true and correct to the best of my knowledge and belief. I will provide documentation to verify the financial impact of COVID-19 on my household.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_)

)ss.

COUNTY OF \_\_\_\_\_)

Before me personally appeared \_\_\_\_\_ who acknowledged to me that

he/she executed the foregoing instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

## REQUIRED DOCUMENTATION

### 1. PROOF OF IDENTITY

- Driver's License and CIB or
- Tribal ID with picture
- Passport

### 2. PROOF OF INCOME

If employed:

- Three (3) current paycheck stubs
- Signed letter or documentation from employer verifying wages or

If self-employed:

- Profit and loss statement for the most recent 3 months or
- Full tax return including Schedule C

If unemployed:

- Documentation verifying payment history reflecting gross payment amount, deductions, and recent payments

Social Security, pensions, retirement, annuities, disability, survivor's benefits:

- Current benefits letter

Public Assistance:

- Current benefits letter

Child support or alimony:

- Current benefits letter
- Court documents

Net rental income, income from interest bearing assets, royalty income, interest from estates and trusts:

- Most recent statement

Armed forces pay:

- Two current statements

3. Housing Cost- Please provide documentation **ONLY** for the type of housing assistance you are requesting.

Privat Financing Assistance:

- Evidence of total balance due broken down by month:
  - Current unredacted loan statement; or
  - Current unredacted past-due notice from servicer; or
  - current unredacted reinstatement quote from servicer

Real estate contract assistance:

- Evidence of total balance due broken down by month:
  - Current escrow payment statement; or
  - Balance due notice; or
  - Current unredacted reinstatement quote from escrow company or seller

Mobile or manufactured home loan assistance:

- Evidence of total balance due broken down by month:
  - Current mobile or manufactured home loan statement; or
  - Current unredacted reinstatement quote

Property taxes:

- Evidence of total balance due
  - Current property tax bill

Homeowner's insurance:

- Evidence of total balance due:
- Account ledger; or
- current notice of payment amount and balance due

Loss mitigation denial/ unaffordability:

- Loss mitigation denial letter on servicer letterhead; and/or
- Documentation demonstrating the loan payment offered is not affordable because the monthly housing cost exceeds forty percent (40%) of monthly household income